Challenging thoughts for challenging tasks:

Investigating the effectiveness of a cognitive behavioural intervention delivered by school staff for secondary pupils experiencing anxiety about their schoolwork

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A thesis submitted for the degree of Doctorate in Child, Community and Educational Psychology

Tavistock and Portman NHS Foundation Trust / The University of Essex

Date of submission: May 2020

Abstract

The wellbeing of children, adolescents and young people (CAYP) is a growing concern. Up to 20% are affected by notable anxiety, of which approximately half require specialist support. Flourishing research exploring school-based therapeutic approaches, such as cognitive behavioural therapy (CBT), highlights the benefits of collaboration with school staff, alongside the challenges posed by limited resources, training quality, facilitator competence and programme fidelity.

A mixed methods design over two sequential phases was employed. Phase one investigated the impact of a CBT-based intervention implementing 'Behavioural Experiments' (BEs) – a cognitive restructuring tool – on general and schoolwork anxiety reported by secondary-aged pupils from a mainstream school. Four Learning Support Assistants (LSAs) delivered six BEs session to individual CAYP (aged 14-15), testing the validity of negative cognitions experienced when undertaking challenging schoolwork. In phase two, LSAs shared views about the BEs intervention via a questionnaire.

Statistical analyses measured changes (pre- and post-intervention) in: general anxiety, perceptions of difficulties and engagement with motivated strategies for learning. Further analyses on CAYP schoolwork anxiety and confidence; perceived helpfulness of the BEs; and, likelihood of using BEs again were conducted. Thematic Analysis (TA) was employed to analyse phase two data.

A modest reduction in general anxiety across the CAYP was found, except for one individual who reported an increase. There was general agreement that the BEs were helpful and would be considered for future use, highlighting BEs as a potential therapeutic resource to be used by trained school staff for CAYP experiencing anxiety about schoolwork. However, careful consideration of individual need and response to intervention was

indicated. Participating LSAs reflected on the benefits and drawbacks of delivering an individualised therapeutic intervention in a school context, highlighting how CAYP, facilitator and systemic factors influence intervention delivery and impact. Implications for EP involvement and future research are discussed.

Acknowledgements

Firstly, I would like to extend my sincere thanks and gratitude to my research supervisor, Dr Richard Lewis, for his continued support, patience and faith throughout. This extends to the wider research team who offered helpful advice and containment. I would also like to express thanks to both my placement and personal supervisors, Dr Lexi Johnston and Dr Chris Shaldon, for sharing their wisdom and lending an ear when I most needed it.

Sincere and heartfelt thanks goes to all the school staff, young people and their parents, who gave precious time, energy and commitment to the process - I am incredibly grateful and indebted to them all.

Lastly, the greatest amount of gratitude goes to my dear friends, supportive partner and wonderful family for their unwavering understanding and encouragement. This extends, of course, to my fellow trainees who made the journey more special than I could ever have imagined – thank you.

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1. Introduction

This section provides an overview of children and young people's (CAYP) social, emotional and mental health (SEMH) in the United Kingdom (UK), with a particular focus on anxiety in relation to schoolwork considered as challenging. Cognitive Behavioural Therapy (CBT) approaches are discussed broadly, narrowing to the use and function of behavioural experiments (BEs). The role BEs play in alleviating emotional distress and developing metacognitive skills is highlighted. Then, the delivery of therapeutic interventions in school contexts and by school staff is discussed; followed by the current study's rationale, with reference to evident needs in the local context and the researcher's professional motivation for developing this research area.

1.1 A comment on language and terminology

For transparency, it is important to note how varied and divisive the language used to describe distressing emotional experiences can be. Although not an exhaustive list, frequent terms that exist in historical and current literature, legislation and policies include: 'mental health difficulties', 'mental health problems', 'common mental health problems', 'mental health conditions', and 'emotional or behavioural disorders'. References to symptomology and diagnoses are also common-place in line with published diagnostic health information in the *International Classification of Disease* (ICD-10) guidance (World Health Organisation, 2016) and the *Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition* (DSM-5) (American Psychiatric Association, 2013). As the current study draws on a range of literary sources and clinical criteria, varied terminologies are included throughout. However, within the Educational and Child Psychology (ECP) profession and literary platform, of which this study is contributing to, 'social, emotional and mental health' (SEMH) is most commonly used, and will be referred to in the first instance.

1.2 Background

1.2.1 National Context

CAYP SEMH remains high on the United Kingdom's (UK) government agenda. The National Health Services' (NHS) initiative: *Five Year Forward View for Mental Health*, published by NHS England (NHS, 2014), outlined key changes necessary to support CAYP health and wellbeing. An integral aspect of the long term plan involved service and workforce expansion - in both health and educational settings - to increase the number of CAYPs aged 0-25 accessing appropriate support. Integrating SEMH provision into school systems was also highlighted by the *Targeted Mental Health in Schools* project (Department for Children, Schools & Families, 2008), emphasising the need for strategic multi-disciplinary collaboration to enhance evidence-based practice and promote early intervention strategies. In response, the government proposed specific targets in the influential publication: *Transforming Children and Young People's Mental Health Provision: A Green paper* (Department of Health and Social Care & Department for Education, 2017). Part of the government's proposal to establish robust and effective treatment pathways for CAYP focused on early identification and prevention. Two initiatives have been introduced more recently, these include: 1) designated leads for mental health in schools and colleges; and, 2) mental health support teams (MHSTs). It is hoped these trailblazing provisions will foster and facilitate whole school approaches by developing up-to-date staff training and forging stronger links between school and NHS settings (Department of Health and Social Care & Department for Education, 2018).

Giving a voice to youth populations, as well as identifying person-centred support has never seemed more important; particularly when considering that one in eight - or 12.8% - of CAYP in the UK aged between 5 and 19 years have a diagnosable mental health problem (NHS, 2017). Statistical analysis conducted by the NHS (2017) into the prevalence and

nationwide impact of ‘emotional disorders’ distinguish between three key diagnoses: anxiety, depression and bipolar affective disorder. Further categorisation of subtypes using the International Classification of Disease (ICD-10) diagnostic criteria (World Health Organisation, 2016) has helped medical and health professionals differentiate anxiety disorders further: separation anxiety; generalised anxiety disorder; obsessive compulsive disorder; specific phobia; social phobia; agoraphobia; panic disorder; post-traumatic stress disorder; and, body dysmorphic disorder. NHS survey data (2017) obtained through use of the *Development and Well-Being Assessment* (DAWBA) tool suggests anxiety disorders (7.2%) are more common than depression (2.1%) in youth populations and prevalence is shown to increase with age. For example, 10.9% of girls aged 11 to 16 meet diagnostic criteria for an ‘emotional disorder’, doubling to 22.4% between at ages 17 to 19 years. In particular, anxiety disorders that manifest during childhood and adolescence have been shown to persist in to adulthood, impacting negatively on overall quality of life (Ginsburg et al., 2018).

The government’s poignant response to the green paper consultation (Department of Health and Social Care & Department for Education, 2017) highlighted: “these illnesses can have a devastating impact on their physical health, their relationships and their future prospects. The challenge often extends into a person’s adult life, with half of all mental health conditions beginning before the age of 14” (Department of Health and Social Care & Department for Education, 2018, p. 3). In addition, the government emphasised the role of schools and colleges in supporting CAYPs to gain the “qualifications, knowledge and resilience” (p.4), equipping them with the tools to lead fulfilling lives. Despite educational contexts appearing well-placed to identify, support and signpost CAYP experiencing SEMH difficulties, the government have acknowledged that schools and school professionals cannot do it alone.

1.3 Defining anxiety

For the purposes of this current study, focus remains primarily on CAYP experiences of anxiety in relation to challenging schoolwork. However, in the first instance it is important to contextualise how anxiety difficulties are conceptualised in the UK. Anxiety is conceived to be a "normal part of human development arising in relation to novel stimuli, strangers, heights, and separation during infancy and toddlerhood" (Eley et al., 2003, p. 945). Defined as an emotion, anxiety is a functional part of day-to-day life and can be helpfully viewed as part of a continuum: "at one end of the scale, mild anxiety can improve motivation and productivity; at the other end intense anxiety with the 'fight or flight' response promotes survival in response to danger" (Durant, Christmas & Nutt, 2009, p. 304). Cognitive theories of anxiety disorders suggest that excessive anxiety is maintained through preoccupation and overestimation of perceived threat, alongside an underestimation of one's ability to cope (Beck, Emery & Greenberg, 1985; Wells, 2000; Wells & Leahy, 1998). According to cognitive therapists, anxious schemas, commonly referred to as underlying assumptions or beliefs (e.g. thoughts about self, others and the world) and negative automatic thoughts (NATs), are central to how anxiety difficulties develop and persist (Beck, 2011).

Current UK national guidelines stipulated by the National Institute for Health and Care Excellence (NICE) categorise pronounced difficulties with anxiety and worry as: Generalised Anxiety Disorder (GAD) – also referred to as a 'common mental health problem' (Kendrick & Pilling, 2012). This definition, informed by the ICD-10 (World Health Organisation, 2016), suggests those with GAD have a range of different worries across multiple domains that appear excessive and out of proportion to the given situation. Accordingly, individuals can also experience irritability, restlessness, fatigue, difficulty concentrating or sleeping (NICE, 2019); they may also exhibit physical symptoms such as muscular tension, trembling, light-headedness, palpitations and dizziness. As highlighted in

the national context, the ICD-10 (World Health Organisation, 2019) further differentiate between diagnostic conceptualisations of anxiety disorders: agoraphobia; social phobia; specific phobia; panic disorder; obsessive-compulsive disorder; acute stress reaction; and, post-traumatic stress disorder. Given the scope and focus of this thesis, it is not necessary, nor helpful, to define them all. Yet, noting the number of differentiated anxiety diagnoses used in the UK (Kendrick & Pilling, 2012) further highlights the need for early intervention and preventative measures in CAYP populations.

1.3.1 Anxiety about schoolwork

CAYP anxiety and worry in relation to challenging schoolwork is central to this study's interest. A diagnosis for such specific difficulties does not exist; however, research continues to investigate the impact of anxiety and academic stress on CAYP SEMH and performance in learning tasks. The terms: 'stress', 'worry' and 'anxiety' are often used interchangeably in relevant literature (Putwain, 2007). Observations about use of language and terminologies are important, posing questions as to how CAYP anxiety is conceptualised and understood across health and educational domains.

Since the 1950's, psychologists have been interested in academic work pressures and resulting costs for CAYP wellbeing (Putwain, 2007). Gallagher and Millar (1996) conducted a robust investigation, sampling 3989 CAYP aged 13-18 to complete the 'Things I Worry About' scale, exploring self-report views on: "personal and social worries, including home life, school life, money, relationships with the opposite sex and so forth" (Putwain, 2007, p. 208). Results indicated that out of the top ten worries, six were related to schoolwork; in fact, the top worry pertained to passing examinations, followed by fears of failing and repercussions for future employment. Psychological and educational literature conducted in school contexts has predominantly focused on 'test' or 'exam' anxiety. Putwain, Daly, Chamberlain and Sadreddini (2016) define test anxiety as a "situation-specific form of trait

anxiety: that is, individual differences in the tendency to appraise performance-evaluative situations, such as an examination, as threatening" (p. 3). Research suggests interactive effects between cognitive, behavioural and emotional processes can influence anxiety levels in anticipation of, and during, an examination; for example, worry cognitions (e.g. fear of failing), procrastinating behaviours (e.g. avoiding revision) and somatising experiences (e.g. muscle tension, dry mouth or heart palpitations) can evoke a heightened state of anxiety and arousal, negatively impacting on performance (Putwain, 2014; Putwain, Daly, Chamberlain and Sadreddini, 2016; Putwain & Pescod, 2018). Empirical research has shown how high levels of test anxiety can alter working memory skills, interfering with attention (Owens, Stevenson, Hadwin & Norgate, 2014). Furthermore, CAYP anxious about tests can encounter cognitive difficulties with managing and organising thoughts, recalling previously acquired knowledge and completing tasks demanding significant cognitive skill (Dutke & Stöber, 2001; Putwain & Pescod, 2018; Richards, French, Keogh & Carter, 2000).

Highlighting the detrimental effects of test anxiety on learning provides further rationale for robust and meaningful interventions in school contexts. However, this study is particularly interested in the anxiety CAYPs experience when undertaking schoolwork perceived to be difficult or challenging – of course, such tasks may include examinations, but they might also include more general learning activities that occur in classroom or home settings. Carey, Devine, Hill and Szűcs (2017) measured: maths anxiety, test anxiety and general anxiety in combination with mathematic and reading skills in a UK sample of 1720 pupils in academic Years 4, 7 and 8. The researchers were particularly interested in 'self-relevant' factors such as anxiety-related cognitions (e.g. "I am bad at maths") and 'task-relevant' variables necessary for performance success. These concepts are helpfully integrated by the Self-Referent Executive Processing (S-REF) Model of Test Anxiety (Zeidner & Matthews, 2005) proposing three implicated systems: 1) executive processing; 2)

self-knowledge beliefs; and, 3) maladaptive situational interactions. In line with cognitive theories of anxiety (Beck, Emery & Greenberg, 1985; Wells, 2000), the S-REF model suggests executive processes (e.g. attention, planning and organisation) are influenced simultaneously by external (environmental) and internal (intrapsychic) factors. The latter refers to evaluative appraisals of a given situation (e.g. perceived likelihood of failure) and associated plans for coping – an important metacognitive skill. In the short term, acute distress can interfere with cognitive processes, limiting task performance (Zeidner & Matthews, 2005). From a long term perspective, real or perceived experiences of failure can further perpetuate anxiety: increasing the likelihood of hypervigilance towards threat, task avoidance and withdrawal from learning opportunities. Avoidant behaviours can ultimately serve to reinforce negative beliefs by reducing opportunities for CAYP to experience learning successes (Putwain & Pescod, 2018; Zeidner & Matthews, 2005).

Carey, Devine, Hill and Szűcs' (2017) findings suggested Year 4 pupils with the lowest anxiety profiles performed better on average in reading and mathematics; in fact, those with the highest anxiety profiles yielded the lowest scores in the sample. For Year 7/8 pupils, the results were less clear; the authors suggested more complex variability in the anxiety profiles of older CAYP. However, data suggested that "whilst those in the "high anxiety" profile do have some impairments in mathematics, this impairment is not as great as it is in children who have specifically higher academic anxieties" (p. 15). Two significant conclusions made by the authors suggested: 1) targeted interventions to reduce anxiety levels are highly indicated; and, 2) improving CAYPs' experiences of attempting a challenging subject (e.g. mathematics) is key, particularly as academia-related anxiety is shown, in part, to be a consequence of adverse experiences (such as poor performance). This highlights the importance of school support to alleviate anxiety through creating opportunities, however small, for success, and teaching alternative ways of tackling challenging schoolwork.

1.4 Cognitive behavioural therapy (CBT)

As highlighted, the demand for robust measures to identify, signpost, or offer direct support to CAYP with anxiety in school contexts is clear. However, the reality of intervention implementation within complex and often under resourced settings remains an important consideration. Growing empirical evidence over the past two decades suggests Cognitive Behaviour Therapy (CBT) is an effective intervention for the treatment and prevention of anxiety and low mood in CAYP (Attwood, Meadows, Stallard & Richardson, 2012). Central to CBT is the cognitive model, which "hypothesises that people's emotions, behaviours, and physiology are influenced by their perception of events" (Beck, 2011, p. 30). Accordingly, the lens through which a CAYP might perceive themselves, their family, friends, teachers, and the world around them, will influence how they feel and what they do. Unhelpful or distorted thinking processes are proposed as a key maintenance factor in psychological distress (Beck, 2011). According to cognitive theories underpinning CBT, thoughts (or cognitions) can be organised in to three interconnected, yet distinct, levels: 'automatic thoughts', 'intermediate beliefs' (underlying rules and assumptions), and 'core beliefs' – as shown in Figure 1 below.

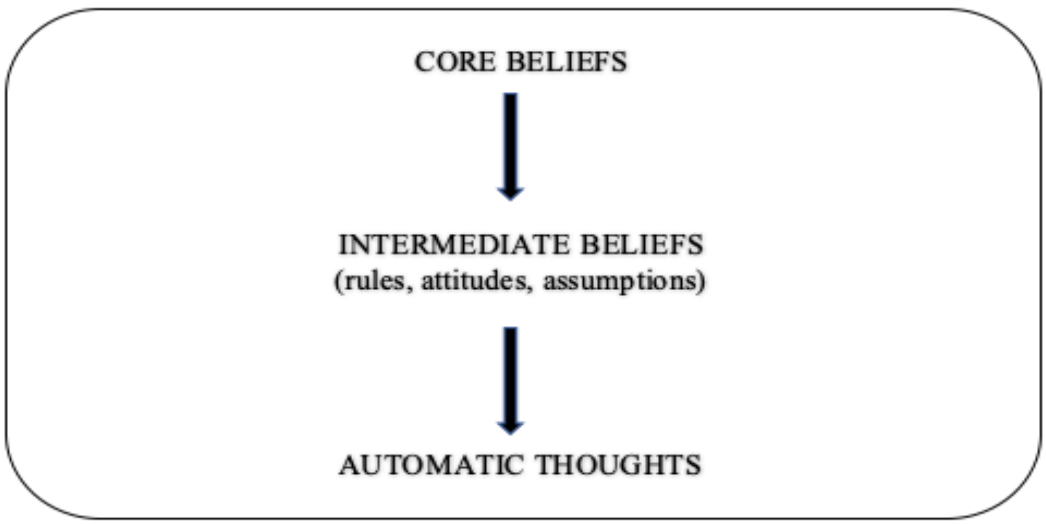

Figure 1: Cognitive model illustrating three levels of beliefs (Beck, 2011)

Automatic thoughts (ATs) occur continuously in response to "external situations and internal events" (Bennett-Levy et al., 2004, p. 29). ATs are words or images that go through a person's mind, and are described as the most superficial (or accessible) level of cognition. Negative automatic thoughts (NATs), as the label would suggest, constitute a negative appraisal of such situations or events. NATs are usually triggered when faced with real or perceived threat – for example; being asked to read in front of the class. Underlying assumptions are conceived as: unarticulated 'rules for living', or attitudes held about self, others and the world, influencing perceptions across a range of life domains such as: relationships, education, health, work, etc. An example provided by Beck (2011, p.35) helpfully illustrates this:

> Attitude: "It's terrible to fail."
>
> Rule: "Give up, if a challenge seems too great."
>
> Assumptions: "If I try to do something difficult, I'll fail. If I avoid doing it, I'll be ok."

Finally, CBT hypothesises that core beliefs begin in childhood and are the most fundamental level of belief: "global, rigid, and overgeneralise" (Beck, 2011, p. 34). Core beliefs about self, others and the world are not always accessible or articulated, yet they can powerfully influence how individuals navigate life, as though they are incontestable truths. All three levels of cognition are argued to impact on an individual's mood and behaviour, and vice versa. CBT therapists believe that it is not always necessary to unearth an individual's core belief, as this may evoke extreme feelings of vulnerability and can destabilise; rather, raising one's awareness of accessible NATs can provide opportunities to test out and modify beliefs, as well as to generate balanced and adaptive alternatives (Bennett-Levy et al., 2004; Beck, 2011; Clark & Beck, 2010). Beck (2011) helpfully clarified ten basic principles for CBT treatment:

Principle 1: CBT is based on an ever-evolving formulation of patients' problems and an individual conceptualisation of each patient in cognitive terms.

Principle 2: CBT requires a sound therapeutic alliance.

Principle 3: CBT emphasises collaboration and active participation.

Principle 4: CBT is goal oriented and problem focused.

Principle 5: CBT initially emphasises the present.

Principle 6: CBT is educative, aims to teach the patient to be her own therapist and emphasises relapse prevention.

Principle 7: CBT aims to be time limited

Principle 8: CBT sessions are structured

Principle 9: CBT teaches patients to identify, evaluate and respond to their dysfunctional thoughts and beliefs

Principle 10: CBT uses a variety of techniques to change thinking, mood, and behaviour. (p. 7-10)

Experts in CBT acknowledge that therapeutic benefits are enhanced when delivery is person-centred and tailored to individual need; however, adhering to core principles helps to ensure quality control and transparency between therapist and client (Beck, 2011; Beck, Rush, Shaw & Emery, 1979; Friedberg, Tabbarah & Pogessi, 2013). Research exploring CBT with CAYP populations have highlighted the growing need for a modular approach, whereby "essential components to treatment are extracted from manuals then systematically applied based on case conceptualisation" (Friedberg, Tabbarah & Pogessi, 2013, p. 3). The authors suggest modules can be comprised of specific CBT strategies and techniques including: psychoeducation; self-monitoring; cognitive reappraisal interventions; behavioural interventions; exposure to feared stimuli; and, experiments.

1.5 The role of behavioural experiments (BEs) in CBT

A growing school of research has emerged suggesting that experiential and behavioural tasks used to test the validity of negative predictions (or NATs) - including gathering evidence for and against such thoughts - are beneficial (Beck, 2011; Bennett-Levy et al., 2004; Clark & Beck, 2010). Wells (2000; 2013) emphasised behaviours that seem unhelpful, including excessive avoidance and safety behaviours, can appear to protect against real or imagined danger – a primal survival mechanism. Salkovskis (1991) argued that 'safety-seeking behaviours' help reduce anxiety in the short-term; yet, are implicit in preventing helpful cognitive change. Thus, paradoxically, the very strategy an individual draws upon in an attempt to cope, may well serve to reinforce distressing beliefs about the self, others or the world. Thus, experts conclude that an integrated approach combining both thought-challenging and behaviour change can enhance therapeutic outcomes (Bennett-Levy et al., 2004; Clark, 1999; Wells, 2013). Greenberger and Padesky (1995) suggested in their book, *Mind over mood:*

> Developing alternative and balanced thoughts for your Thought Records may be like writing in a new language for you. Like any new language, these new thoughts probably seem awkward and only partly believable…the best way to increase the believability of your alternative or balanced thoughts is to try them out in your day-to-day life. (p. 113)

According to CBT experts, BEs raise awareness of NATs (formulating their origins and effects on mood) through guided discovery and use of thought records (Bennett-Levy et al., 2004; Padesky, 1993). This valuable information is used to identify distressing NATs that can be tentatively tested in the context of a safe space. In essence, testing a NAT implies finding evidence, for or against it, through experience. To illustrate using a school-based example, if a CAYP feels they are the only one in their class who does not understand what to do (NAT: "I am the only one who can't do it"), the BE to test this NAT might involve the

CAYP looking for signs that other people might also be finding the work challenging. The therapist might help the CAYP to articulate and define what signals and behaviour to look for, then encourage to CAYP to log such behaviours in a diary. BE frameworks also encourage the co-construction of new adaptive perspectives, that can also be tested. These efforts are ultimately intended to foster flexible and balanced thinking to alleviate distress and improve quality of life (Bennett-Levy et al., 2004; Greenberger & Padesky, 1995). BEs can also provide useful opportunities to gather information that, ordinarily, might be outside of the individual's awareness. The real value of BEs lies in the unique opportunities they offer to challenge all three levels of cognition by actively seeking evidence for alternatives (Beck, Rush, Shaw & Emery, 1979). Highly skilled and experienced clinicians consider them essential to the CBT tool-kit, namely because "they promote greater cognitive, affective and behavioural change than purely cognitive techniques lacking an experiential component" (Bennett-Levy et al, 2004, p. 15). Developing BEs also requires planning and the practising of new behaviours, evoking valuable insights into the links between thoughts, emotions and behaviours through reflection with another. Fuggle, Dunsmuir and Curry (2012) suggested that CAYP "receiving therapy in relation to anxiety about school are likely to be engaged in tasks and behavioural experiments in the school setting" (p. 103). The authors added that behavioural experiments can be used instead of exposure techniques to challenge negative cognitions such as "I always feel worse when I am in a large group" and "maths lessons are horrible because I can't do the maths!" (p. 220)

BEs play a pivotal role in CBT, yet there is a deficit of literature pertaining to their specific effects in adult and, crucially, CAYP populations (Bennett-Levy et al, 2004). The effects of CBT interventions delivered in school contexts have been investigated and will be discussed in detail in this paper. However, data yielded from these investigations tends to pertain to CBT packages as whole, rather than the impact of specific CBT strategies (such as

BEs) on anxiety. Inspection of relevant research reveals a growing shift towards evaluating specific CBT interventions. For example, Pass, Sancho, Brett, Jones and Reynolds (2018) recently investigated Behavioural Activation (BA) - a CBT-informed treatment for depression - implemented across five schools in the UK. Findings suggested that delivering targeted CBT interventions in schools is feasible when researchers and senior educational professionals work collaboratively. An American study investigating effects of BEs on reducing social anxiety in a cohort of psychology students found that those using BEs to change their focus of attention, versus those using exposure techniques (with minimal emphasis on cognitions), showed significantly less self-focused attention and anxiety (Renner, Valentiner & Holzman, 2017). A more dated study by Bennett-Levy (2003) compared the use of BEs versus thought records to identify distressing NATs. Conclusions suggested equivalent success in building participants' self-awareness; however, higher levels of meaningful change to unhelpful cognitions and behaviours was produced through use of BEs. Importantly, the cited research also obtained qualitative data pertaining to experiences of taking part in both interventions. Findings indicated a consensus across those receiving the BEs intervention that experiential learning in particular (i.e. learning through action) increased the likelihood of accepting and believing an alternative, adaptive thought.

1.5.1 BEs and metacognition

Research into the links between CBT and metacognition (Wells, 2000; White & Frederikson, 1998) helps shed light on what makes BEs such powerful CBT tools. White and Frederikson (1988) suggested metacognitive processes require: prior knowledge of metacognition, an awareness of thinking, an ability to regulate thinking, and a preparedness to apply skills. Wells' (2000) metacognitive theory distinguished between declarative (factual) and procedural (implicit) memory, stating that "in order for metacognitive processing to change, it is necessary not only to develop a new declarative belief, but also to

develop a different procedural memory through the repeated enactment of a new plan" (Bennett-Levy et al, 2004, p. 18). For example, a CAYP faced with a challenging piece of English schoolwork might think: "I am a slow reader" (declarative memory: viewed as fact); and therefore, might choose to skip over paragraphs impacting on comprehension of the text (procedural memory: automatic and implicit plans). For metacognitive change, Wells (2000) argued BE interventions can impact across information processing systems, as opposed to strategies that focus primarily on verbal, declarative memory.

As explored, it appears BEs not only offer therapeutic value; they also have the potential to develop metacognitive skills which play an integral part in learning - arguably elevating their relevance to school contexts. Interestingly, the crucial 'planning' component central to BEs was inspired by the 'experiential learning cycle' developed by Lewin and Kolb (Kolb, 1984; Lewin, 1946). The cycle consists of four points: experience, observe, reflect, and plan.

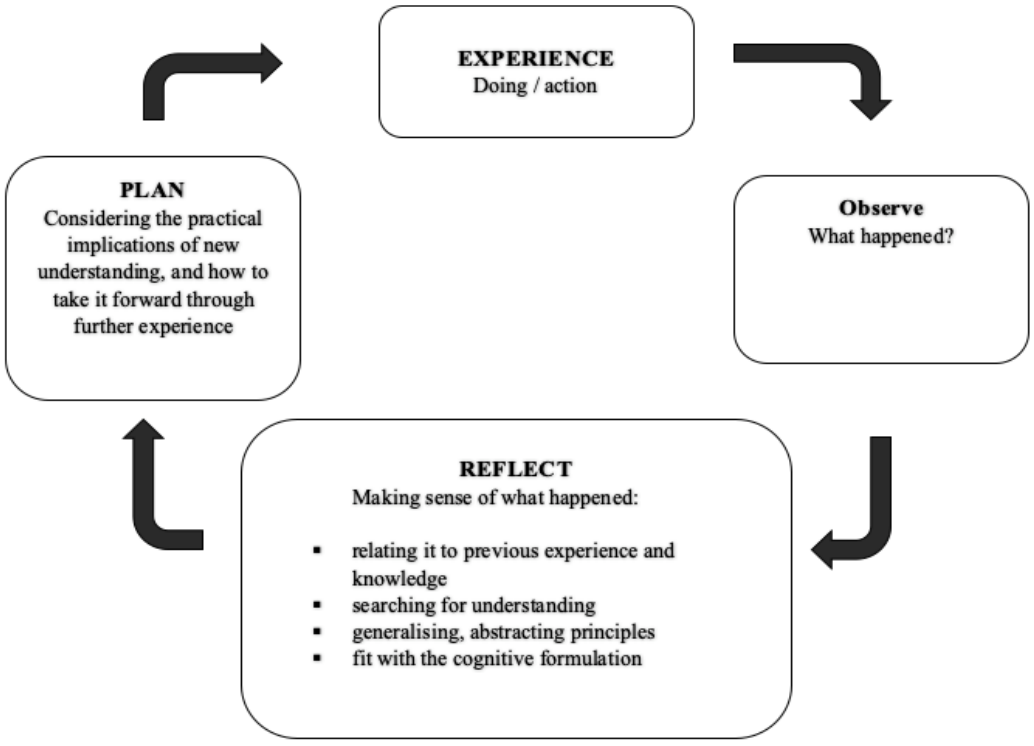

Figure 2: The Lewin and Kolb experiential learning cycle (Bennett-Levy et al., 2004, P. 19)

According to this procedural theory (Bennett-Levy et al., 2004), a specific starting point does not exist; the cycle connotes a fluid representation of learning through action. This work has greatly contributed towards the development of adult learning theories and is one of the most widely used models in education (Bennett-Levy et al., 2004, p. 18). Embedded in BE development, the "uniquely human attribute of reflective learning and its clarity of procedural description" is an intrinsic part of personal change, development and learning (Bennett-Levy et al., 2004, p. 19). The authors added that BEs are not solely for identifying and challenging unhelpful or distressing NATs; rather, it is the organisation, preparation, planning, observation, and reflection that are central to both BEs and adaptive learning. As CAYP mental health and metacognitive strategies to learn are high on school agendas (Department for Children, Schools & Families, 2008; Department of Health and Social Care & Department for Education, 2017; Georghiades, 2004), the implementation of BEs in school contexts could support multiple needs.

1.6 CBT interventions for anxiety in school contexts

Pugh (2010) - a UK-based educational psychologist (EP) and researcher - noted a revival in the delivery of empirically informed therapeutic interventions in schools. He suggested the most common psychological theories used by EPs in schools are: 1) solution focused; 2) person or client-centred; and 3) CBT. Furthermore, the EP profession has been closely involved with the Social and Emotional Aspects of Learning Curriculum (SEAL) programme applied across UK schools; an approach intended to promote the psychological skills necessary for effective learning and prosocial, positive behaviour - developed in accordance with cognitive behaviour principles (Attwood, Meadows, Stallard & Richardson, 2010; Hallam, 2009; Pugh, 2010). Research suggests that school-based therapeutic interventions are typically provided either: universally, to all CAYP to build resilience and prevent the development of more serious mental health problems; or, through targeted

interventions to reduce mild to moderate symptoms (Attwood, Meadows, Stallard & Richardson, 2012).

Research largely supports CBT as an effective intervention at individual, group and whole class levels to prevent and reduce anxiety (Lock & Barrett, 2003; Pugh, 2010). Research into the longitudinal impact of CBT interventions for CAYP anxiety in schools (Lock & Barrett, 2003) suggested those receiving the intervention experienced greater changes in self-reported anxiety, compared with those in the monitoring condition. In addition, the intervention was effective in reducing avoidance, facilitating greater exposure of challenging and stressful situations. The CBT intervention evaluated by Lock and Barrett (2003) is known as: "FRIENDS for life" (or, shortened to FRIENDS) (Barrett, 2004, 2010; Green & Atkinson, 2016) and was developed to "treat and prevent anxiety, increase emotional resilience and problem-solving abilities, and teach lifelong coping skills" (Barrett, 2010, p. 2). Participating CAYP are supported to identify and understand feelings; build empathy; pay attention to helpful and unhelpful thoughts; problem-solve; set goals; and, role-play.

Deeper analysis of CBT programmes, including FRIENDS, will be provided in the next chapter. However, it is helpful to contextualise the main findings to illuminate the need for this current study. Briesch, Hagermoser, Sanetti and Briesch (2010) conducted a systematic review of FRIENDS, concluding: "the user-friendly manual, short term of implementation and demonstrated effectiveness in reducing anxiety symptoms in children makes FRIENDS a viable option for anxiety prevention" (p. 163). In fact, 13 of the 14 studies included in the review could successfully deliver the intervention within the typical teaching day, highlighting that onsite implementation is possible. However, closer inspection of the results revealed only one study yielded positive outcomes at a statistically significant level; four of the studies indicated "marginal" or "promising" evidence (p. 161). Noting these

inconsistencies is, of course, not an attempt to undermine the widely acknowledged benefits of FRIENDS; yet it raises important questions about the application and impact of school-based CBT interventions in real world settings. The authors suggested that facilitator effects (e.g. relational skills, competencies or level of training) could be of importance. Of note, effect sizes for positive change were smaller when provided by teaching staff, as opposed to trained professionals. Given the highly pressured environment of schools and significant demands placed on teaching staff, expectations for schools to deliver high quality therapeutic interventions with minimal training may seem unrealistic and unsupportive. Therefore, Briesch, Sanetti and Briesch (2010) emphasised the need to extend this research base, shedding light on the delivery of therapeutic interventions by school staff, with particular focus on effectiveness (e.g. reductions in anxiety and improvement in coping skills) and feasibility (e.g. practicalities and implications of staff delivery).

1.7 Therapeutic interventions delivered by school staff

As highlighted, there has been a growing appetite to involve school staff in the delivery of therapeutic interventions. Several researchers report on this to improve the sustainability and generalisability of such interventions (Ruttledge & Petrides, 2012; Stallard & Buck, 2013). In addition, Squires (2010) argued the delivery of provision to support CAYP SEMH needs is the responsibility of all professionals; in fact, it is ‘everybody’s business’ (Department for Education and Skills [DfES], 2001).

Although some professionals argue that CBT programme facilitators should be trained at Masters or Doctoral level in psychology (Lochman, Curry, Dane & Ellis, 2001), others defend that CBT approaches are no longer exclusively for Child and Adolescent Mental Health Service (CAMHS) specialists – such as psychologists, therapists or counsellors. This argument is particularly salient in the face of increasingly limited availability of CBT therapists for CAYP (Stallard, Udwin, Goddard & Hibbert, 2007),

resulting in the development of the NHS-based Improving Access to Psychological Therapies (IAPT) services that are now nationwide and tailored to CAYP populations. Squires (2010) suggested that some CAYP will need highly specialised and individualised therapeutic approaches, for which CAMHS services (such as IAPT) would be indicated. However, he proposed that many CBT techniques can be safely and effectively delivered by school staff under EP guidance. These claims are further supported by CBT experts who suggest teachers automatically use CBT-type techniques in their work with CAYP. For example, they support pupils to identify and set goals, take risks with their learning, self-monitor and, crucially, evaluate their progress (Caddick, 2015; Mennuti, Freeman & Christner, 2006). This chimes with the relevance of learning theories highlighted previously, illuminating the multi-faceted aspects of learning and psychological development, as well as the integral role schools and teaching staff play in encouraging discovery about the self, others and the world.

Despite the potential of training school staff to deliver CBT interventions, issues remain. Green and Atkinson (2016) discussed drawbacks of FRIENDS research using activity theory as a key point of reference. Activity Theory (Engeström, 1999) highlights the importance of social, cultural and historical factors – for example, the influence of a school's culture and narratives about CAYP SEMH. Essentially, these factors can impact the delivery and efficacy of school-based interventions. Green and Atkinson (2016) conducted a small scale FRIENDS programme for five secondary aged CAYP; it was delivered by trained learning mentors in a UK mainstream school. Results suggested the programme delivered deviated from the handbook and was incomplete, raising concerns about implementation fidelity. Furthermore, factors such as lack of time, space and "the experience, skill and training of the learning mentors to modify and deliver the programme" (p. 228) were key. This raises questions about school capacity and investment into delivering therapeutic interventions. Again, Green and Atkinson (2016) strongly encourage further research to

develop feasible and helpful interventions for anxious CAYP, whilst empowering school staff and school systems further to be active agents for change.

1.8 Local context and rationale for research area

As a trainee educational psychologist (TEP), the researcher of this current study was uniquely placed in a UK mainstream secondary school 2 days per week. Through regular consultation with the school's special educational needs and disabilities coordinator (SENDCo), themes pertaining to CAYP anxiety and the need for a school-based therapeutic intervention emerged. Numerous CAYP in Key Stage Four were reported to have high levels of schoolwork anxiety, many struggling to cope with increased pressures and work demands. Fortunately, the school's special educational needs (SEN) department benefitted from a large cohort of learning support assistants (LSAs) offering individual and group based intervention, as well as classroom support. Prior to educational psychology training, the researcher obtained a Postgraduate Diploma (PgDip) in Cognitive Behavioural Therapies and had acquired experience of work as a CBT Therapist in IAPT services. Therefore, in response to identified needs within the local context, access to a skilled workforce, and in line with the researcher's professional interest and competence, there was an important opportunity to extend the research area by: 1) investigating the effects of a CBT intervention, delivered by school staff, for CAYP experiencing anxiety about schoolwork; and, 2) exploring the experiences of participating school staff.

The current study incorporated BEs as the primary intervention, given their potential for therapeutic (e.g. reducing anxiety) and learning gains (e.g. utilising metacognitive strategies). The participating school conceptualised metacognition as a key pillar of teaching and learning; therefore, the benefits of BEs complemented the school's identified needs and core teaching values. In line with research attesting to difficulties with implementation fidelity, BEs offer a formulaic approach that could be applied with training and supervision

from a professional (Bennett-Levy et al., 2004). Broader CBT programmes drawing on a range of techniques can pose a challenge, particularly in the context of increasing pressures and divisions of labour (Green & Atkinson, 2016). Consequently, the use of BEs in the current study sought to empower school staff with an accessible and economical therapeutic tool to reduce CAYP anxiety about schoolwork, and increase engagement with metacognitive strategies.

Finally, the explicit process of 'learning through reflection', in combination with evaluating the costs and benefits of behaviour change, distinguishes BEs from other problem-solving techniques (Bennett-levy et el, 2004). However, there is limited empirical research in the UK pertaining to the explicit use and effects of BEs in health and educational contexts. Established CBT programmes (e.g. FRIENDS; Barrett, 2010) encourage experiential learning through action and participation in role-play and games; however, the significance and impact of these experiential tasks on developing cognitive insight and facilitating change (e.g. "What does this tell me about my thoughts and beliefs? How else can I view this situation?") is less clear. Therefore, further research is indicated to investigate the effects of BEs on reducing schoolwork anxiety and promoting use of metacognitive strategies in CAYP populations.

1.9 Chapter summary

In this chapter a context and rationale for this study was provided. The next will present a comprehensive review of relevant literature.

2. Literature review

The main purpose of this review was to identify and appraise current research pertaining to CBT interventions in UK school contexts to support CAYP experiencing anxiety. In line with the current study's rationale, particular focus was given to: 1) the use of BEs in schools; 2) the involvement of school staff in delivering interventions; and, 3) the factors pertaining to effectiveness, feasibility and staff experience.

2.1 Search strategy and criteria

The EBSCO platform was used to search multiple databases from psychological and educational domains. These include: APA PsyInfo; APA PsycArticles; APA PsycBooks; Psychology and Behavioural Sciences Collection; and, Education Source. The following keywords and abbreviations were combined initially to capture relevant journals: "cognitive behavioural therapy" or "CBT" or "cognitive behavioural approaches" or "cognitive behavioural interventions" AND "school*" or "classroom*" or "pupils" or "students" AND "anxiety" or "anxious" or "worry" or "worried". The explicit use of terms regarding use of school staff were not deemed necessary, as the initial search obtained all studies investigating CBT interventions in UK schools, and therefore, would have included CBT interventions delivered by external professional and/or school staff. Where it was not clear from the abstract whether school staff were involved in the delivery, the paper was reviewed in more depth to obtain this key information. Limiters were also applied to identify and prioritise appropriate sources: "peer reviewed" and "language – English".

Although BEs are derived from CBT, it was deemed necessary to conduct an additional search (using EBSCO and the aforementioned databases) with explicit use of the term "behavioural experiments" and "adolescent" or "teenage*" or "youth" or "child". Given the relative dearth of empirical literature pertaining to the use of BEs in educational contexts,

a broader search of BEs in general youth population was used to ensure a comprehensive exploration of the literature.

The searches combining general school-based CBT interventions and BE interventions with CAYP initially yielded 238 papers, narrowing to 155 after inclusion of the aforementioned limiters. A thorough inspection of the titles and abstracts was conducted in accordance with the following review inclusion criteria:

1) Full paper available in English;
2) Papers pertaining to CBT interventions, or use of BEs, in school contexts for CAYP experiencing SEMH difficulties, with specific focus on anxiety difficulties; studies focused on depression symptoms and social difficulties were considered if the CBT intervention (or BEs) was delivered in school contexts with the involvement of school staff, as this is a key area of research for review;
3) School-aged participants;
4) Papers investigating the role of school staff in delivering CBT interventions, or BEs;
5) Papers exploring the experiences of school staff involved in delivering CBT interventions, or BEs;
6) Research conducted in the UK.

After application of the inclusion criteria for all 155 cases, nine papers were retained for deeper analysis and comparison. Refer to Appendix A to access individual analysis of each paper detailing: sample details; background and aims; methodology; analysis procedures; intervention; main findings; conclusions; and, implications for practice. To systematically critique the research, evaluative frameworks for both quantitative and qualitative articles were used where appropriate (Holland & Rees, 2010). Frameworks helpfully facilitate a thorough examination of literature, highlighting important factors, such

as, empirical rigour; trustworthiness; methodological strengths and limitations; key findings; and, implications for real-world settings (Holland & Rees, 2010; Knowles & Gray, 2011).

2.2 Key findings from the review

2.2.1 Group-based CBT interventions in school contexts

All nine studies included in the review implemented CBT interventions tailored for groups (Brown et al., 2019; Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Rodgers & Dunsmuir, 2013; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Squires & Caddick, 2012; Weeks, Hill & Owen, 2017). This is a significant finding, particularly as the word 'group' was not included in the search terms, suggesting that this particular area of research is predominantly comprised of school-based CBT provision for small groups, whole classes or larger cohorts of pupils. This highlights a potential gap in literature pertaining to individualised CBT interventions in school contexts.

One paper (Brown et al., 2019) investigated the impact of a one-day DISCOVER workshop, delivered by clinical psychologists, to a large cohort (155) of sixth-form pupils. The CBT-derived intervention was intended to provide coping strategies for personal and academic stresses, including specific support for tackling coursework, social anxiety and managing parental expectations. The authors argued that providing a one-day structure served to improve attendance and accessibility for CAYP under significant stress. In addition, Brown et al (2019) suggested fitting the intervention into a day enabled greater ease for timetable amendments - as opposed to recurring sessions over six to eight weeks - reducing the burden on school staff to ensure adequate time, space and availability of key people.

Two papers (Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015) reflected that delivering CBT in small groups, or whole classes, increased opportunities for peer-to-peer interaction and friendship development, integral to maintaining CAYP SEMH.

Burke, Prendeville and Veal (2017) reviewed qualitative data from interview transcripts alongside observational data, noting that the group facilitation supported emotional expression, reduced social isolation and fostered a sense of belonging – as reportedly specifically by a CAYP taking part. It is important to note that this particular study recruited a small group of CAYP (aged 10 to 11 years) all diagnosed with autism spectrum disorder (ASD) and further categorised as 'high functioning'. The 'FRIENDS for Life' CBT programme (Barrett, 2004) was delivered, but adapted to meet the presenting needs of the group. Adaptations included particular emphasis on Theory of Mind (ToM) (Baren-Cohen, 2000) to support participants in recognising the feelings in oneself and others, facilitating the verbalisation of thoughts and emotions to aid social interaction (e.g. "How do you think that made Suzie feel?"). Therefore, additional changes made to this intervention based on group need to enhance experiences of social connection, may not be replicated for every CAYP participating in the 'FRIENDS for Life' CBT programmes (Barrett, 2004) across the UK. O 'Callaghan & Cunningham (2015) delivered 10 sessions of 'Cool Connections' (Seiler, 2008) - CBT-informed intervention – to nine CAYP (aged 8-11) in a primary school context. The authors reflected that perceptions of decreased social isolation were an unexpected gain from group-based aspects of the intervention. Some of the qualitative feedback from CAYP participants included: "the most enjoyable thing about Cool Connection was making new friends" (O 'Callaghan & Cunningham, 2015, p. 320). Such findings highlight the importance of forums for discussion and normalisation of anxiety or worries.

A potential drawback of group-based CBT interventions pertains to the time anxious CAYP need to understand and process their intrapsychic experiences. O 'Callaghan & Cunningham (2015) highlighted that the 'Cool Connections' manual allocates 90 minutes per module, however, implementation data revealed some of the modules required up to two hours; additional sessions were also included to "allow more time for participants to share

experiences and normalise responses and prevent rushing already anxious pupils during session tasks" (p. 321). Therefore, for CAYP experiencing significant anxiety, a group-based setting may not provide enough one-to-one, person-centred time to focus on their individual needs. In addition, Weeks, Hill and Owen (2017) reflected that although CBT group-based interventions in school contexts are effective in reducing anxiety, there are likely fewer opportunities to foster positive and supportive therapeutic alliances with facilitators; particularly as facilitators have to focus on delivering the content in a meaningful and safe way, whilst adhering to key components of each module. Accordingly, the individual needs of each child, although important, may not always be adequately identified, monitored and nurtured in a group setting. The authors argue that the crucial involvement of school staff in the co-delivery and implementation of the intervention can help embed the learning outside of therapeutic sessions, and staff can stay connected with participants across the week to provide containment and problem solve any barriers that arise.

2.2.2 Investigating effects versus capturing experiences

Three out of the nine studies included (Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Weeks, Hill & Owen, 2017) implemented mixed methodologies to collect quantitative data on intervention effects, as well as questionnaires, interviews or focus groups to obtain qualitative data: the views of those taking part, including CAYP, teaching staff and parents. Weeks, Hill and Owen (2017) emphasised the responsibility of research developing this area to capture the views of those taking part: "the central question here relates to how, or why, it did or did not work (measured qualitatively), which can lead to a deeper understanding and learning experience than simply: did it work?" (p. 15). Furthermore, they suggest quantitative approaches can enhance objectivity, reliability and validity, thus providing important data on which to build upon. However, numerical data cannot accurately convey crucial individual, idiosyncratic factors (e.g. thoughts, feelings and

experiences) and nuanced, contextual (e.g. school culture and capacity) influences that shape how an intervention is delivered, taken up and embedded by those involved (Weeks, Hill & Owen, 2017).

Brown et al ‘s (2019) quantitative data analysis revealed the male population of sixth form students from the target population were significantly under-represented. In fact, 81% of those attending the one-day workshop on coping skills were female. The authors referred to literature suggesting adolescent males approaching young adulthood are more reluctant to seek help for SEMH-related needs. Furthermore, they highlighted the need for male teaching staff and helping professionals to de-stigmatise the use of therapeutic strategies within older adolescent male populations. In addition, statistical data revealed that 11% of participants attended only part of the workshop, with far fewer Year 13 pupils attending. The authors concluded that given the heightened stress of completing A-levels, it might not have seemed a priority for these pupils. Although the self-referral system appeared, on the whole, to be advantageous, Year 13 pupils might have benefitted from further support and encouragement by school staff. The findings highlight the benefits that quantitative data provides for further analysis and reflection, clarifying the powerful contributions made through combining quantitative and qualitative data, and yielding rich, contextually-informed research.

2.2.3 Intervention effects on anxiety symptoms

Seven of the nine studies included in the review measured the impact of a school-based CBT intervention on CAYP self-report anxiety symptoms (Brown et al., 2019; O ‘Callaghan & Cunningham, 2015; Rodgers & Dunsmuir, 2013; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Weeks, Hill & Owen, 2017). Out of those studies, five yielded symptom reduction at a statistically significant level; the effect sizes ranged between: 0.23 (Luxford, Hadwin & Kovshoff, 2017); 1.09 (O ‘Callaghan & Cunningham, 2015); $F = 15.94$, $p < .001$ (effect size

not reported) (Rodgers & Dunsmuir, 2013); $F = 5.84$, $p < .003$ (effect size not reported) (Stallard, Simpson, Anderson, Hibbert and Osborn, 2007); 0.36 (high anxiety group) and 0.006 (low anxiety group) (Stallard et al., 2014). Such findings are generally in support of claims that group-based CBT interventions delivered in school contexts can be an effective and impactful therapeutic provision for CAYP experiencing anxiety. Three of those studies used 'The FRIENDS for Life' CBT programme (Barrett, 2004) and there was a general consensus across authors that benefits extended beyond the 10-week sessions (Rodgers & Dunsmuir, 2013; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014). One study noted a greater reduction in anxiety for the intervention group (compared to the wait-list) at the four-month follow-up (Rodgers & Dunsmuir, 2013); the authors argued that participants may have needed time to practise and consolidate new skills and techniques acquired, such as, "using positive self-talk, relaxation strategies and challenging unhelpful cognitions" (p. 17). Conclusions suggested that 'separation anxiety' in particular, was significantly reduced over time; it was wondered whether aspects of CBT, such as including homework tasks, provided additional (or special) time with parents, experienced by CAYP as intrinsically rewarding. Furthermore, the authors reflected that joint homework activities provided additional opportunities for collaborative problem-solving and thought challenging, helping to gain alternative perspectives and reframe internal or external triggers to anxiety (Rodgers & Dunsmuir, 2013).

Two studies employed alternative manualised group-based CBT programmes: 'Exploring Feelings' (Attwood, 2004; Luxford, Hadwin & Kovshoff, 2017) and 'Cool Connections (O 'Callaghan & Cunningham, 2015; Seiler, 2008). As noted, both provided empirical support for the use of CBT interventions in school contexts to reduce CAYP anxiety. The latter study highlighted important considerations regarding pupil identification and referral processes. Prior to the intervention, facilitators noted a wide variation in anxiety

scores across the sample: some responders reporting severely elevated symptoms of anxiety and depression; others reporting no significant levels (O 'Callaghan & Cunningham, 2015). Although this diversity reflects the individual differences that exist across CAYP populations and even within local contexts (e.g. same class in same school), it highlights the need for well-trained facilitators and supporting professionals to ensure individualised support is provided to CAYP whom are in need of it. In a similar vein, Weeks, Hill and Owen's (2017) study suggested that although pupils of concern were identified as anxious by school staff, the quantitative data indicated anxiety was not a specific area of need for some of them. The participating school's pastoral lead - who co-facilitated the intervention with the researcher - acknowledged further training and guidance for key signs and symptoms of SEMH difficulties in CAYP populations would be highly valuable. Therefore, when considering intervention effects on anxiety with regard to validity and ethics, the research included highlights how vital it is for clear contracting and appropriate identification to ensure that those receiving a school-based CBT intervention are likely to benefit.

Of note, two of studies investigating the effects of a group-based CBT intervention delivered in school contexts did not find statistically significant changes in anxiety symptoms post-intervention (Burke, Prendeville & Veale, 2017; Weeks, Hill & Owen, 2017). One of the papers employed a sample of CAYP with high functioning ASD (Burke, Prendeville & Veale, 2017); the authors argued that levels of anxiety remained largely unchanged pre- and post-intervention contrasts with previous FRIENDS findings obtained from typically developing CAYP (Briesch, Sanetti & Briesch, 2010), yet is consistent with previous research investigating CBT in populations with ASD (Slack, 2013). The authors suggest caution when using scales to assess anxiety with this population as scales may not demonstrate accurate construct validity, particularly where those reporting might struggle to reflect or verbalise cognitive and emotional states (Burke, Prendeville & Veale, 2017).

2.2.4 The role and impact of intervention facilitators

Given the involvement of school staff in delivering therapeutic interventions within school contexts was a key focus of the current study, reviewing such involvement in the literature base was crucial. Excluding two, seven of the studies employed school staff, such as teachers, teaching assistants (TA), an education welfare officer, a pastoral worker and school nurses, to support or co-facilitate the CBT programmes (Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Squires & Caddick, 2012; Weeks, Hill & Owen, 2017). Burke, Prendeville & Veale (2017) advocated the inclusion of school staff to support the embedding of CBT knowledge and skills outside of therapeutic sessions. Their investigation of the FRIENDS programme (Barrett, 2004) concluded that skill generalisation is a key facet of effective CBT, hence the frequent use of homework tasks to practise and consolidate learning in different areas (Bennett-Levy et al., 2004). The authors reflected that without school staff engagement and commitment, the therapeutic sessions alone - particularly when delivered in large groups or whole classes - may not be sufficient time process and action the psychoeducation provided. Similarly, Luxford, Hadwin and Kovshoff (2017) employed TAs to support the delivery of the 'Exploring Feelings' CBT programme (Attwood, 2004). Interestingly, each TA was asked to maintain contact with CAYP participants outside of sessions to reinforce strategies throughout the school day. The authors highlighted earlier findings that "for school-based interventions to be effective in terms of generalisation and maintenance of effects, there is a need for teachers to incorporate strategies that promote these qualities (e.g., teaching new skills in natural settings and using everyday consequences to reinforce new behaviours)" (Luxford, Hadwin & Kovshoff, 2017, p. 3905). Furthermore, analysis of findings across self-report from participating CAYP, teachers and parents indicated CBT skills taught in the

sessions elicited symptom change across different contexts (for example, both in class and at home).

A randomised control trial (RCT) included in the review developed a methodology to examine differences between health-led and school-led FRIENDS interventions (Barratt, 2004; Stallard et al., 2014); a third control group termed ‘usual school provision’ was also employed, whereby CAYP participants attended PSHE lessons. Primary objectives of the RCT were to investigate facilitator effects to gather further insights into the feasibility and sustainability of school-based CBT interventions. The school-led condition utilised school staff (trained over 2 days) as lead professionals, with access to supervision from a professional with CBT expertise; the health-led condition included two health professionals, in receipt of identical FRIEND training, working alongside a class teacher. Findings suggested that although lead professionals from both experimental conditions (health-led versus school-led) attended the same FRIENDS training, there were notable differences between the two outcomes. Essentially, the health-led FRIENDS programme was shown as more effective in reducing anxiety symptoms, compared to school-led and usual school provisions. The authors concluded that whilst manualised mental health programmes may, in many respects, be economic and sustainable; the evidence suggests the professional background of the lead facilitator can influence intervention effectiveness (Stallard et al., 2014). Further analysis revealed that whilst treatment fidelity was high in the school-led condition, 40% of the lessons homework assignments were not completed; therefore, the continued practise of newly acquired skills, as mentioned previously, appeared absent – perhaps negating positive effects of the therapeutic sessions. Moreover, analysis revealed that despite attending the same training, teachers did not consistently engage in the supervision offered. The authors argued that school staff have strong competencies in classroom management and differentiation to support varying needs, yet, they are less familiar with the

cognitive models underpinning CBT. Consequently, by missing supervision, they had fewer opportunities to familiarise and consolidate theoretical knowledge (Stallard et al., 2014).

Squires and Caddick (2012) delivered a bespoke school-based CBT intervention to a group of CAYP (aged 12-13) exhibiting externalising behaviour difficulties; an experimental and control group was employed. Although primary intentions were to change behaviour, rather than reduce symptoms of anxiety, the study was included due to the collaboration between an EP and school pastoral manager. Findings suggested CAYP participants from the CBT intervention reported positive improvements, feeling better able to manage their behaviour at school; CAYP from the control group actually reported a deterioration in behaviour over time. Interestingly, teachers reported positive changes in behaviour within both conditions, suggesting teacher and pupil perceptions about intervention effects are not always aligned – an important consideration when using school staff perception to evaluate the effectiveness of interventions. Squires and Caddick (2012) suggested making school staff integral to the delivery and evaluation of therapeutic interventions can create change at individual, group and wider, systemic levels: "While targeted intervention would focus on one part of the system, the effects would be felt more widely…it can lead to development of capacity within the system to respond more effectively to children's behaviour using CBT models and principles" (p. 34). Crucially, researchers originally predicted that as teachers can hold negative attributions about the 'poorly behaved' pupils, they would assume all CAYP in the control group would show little to no 'improvement' over a short space of time – however the contrary was found, with teachers perceiving improvements in both. The authors hypothesise such findings attest to role of normalising processes, whereby school-based intervention lead to subtle yet meaningful changes to school rules, culture, ethos and standards: all of which can shape the experiences and perceptions of school staff.

In a similar vein, Stallard, Simpson, Anderson, Hibbert and Osborn (2007) also advocated the involvement of school staff in therapeutic interventions. They designed a pre- and post-intervention experiment using 'FRIENDS for Life' (Barrett, 2004) to reduce anxiety and promote emotional resilience in a large cohort (104) of primary-aged children. Findings revealed a significant reduction in anxiety and improved self-esteem over time. Crucially, the intervention was delivered by school nurses trained to use FRIENDS, supported by a clinical psychologist with CBT expertise who offered monthly supervision. The authors concluded that under guidance from a professional with specific CBT expertise, non-mental health professionals (including school staff) can deliver a therapeutic programme with competence and to good effect. In addition, analysis revealed that CAYP with the lowest self-esteem or highest levels of self-reported anxiety, also benefitted from taking part. Valuable feedback from teachers pertained to the increase in supportive discussions about anxieties and worries, helping to validate and de-stigmatise CAYP experiences.

2.3 Research purpose and aims

The review of literature pertaining to school-based CBT interventions delivered by staff for anxious CAYP highlighted salient areas for research development. Firstly, research on universal, group-based interventions appears to be flourishing; such provisions are shown with general consistency to offer effective therapeutic support to a wider CAYP population experiencing SEMH difficulties (Luxford, Hadwin & Kovshoff, 2017; O 'Callaghan & Cunningham, 2015; Rodgers & Dunsmuir, 2013; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014). However, it remains less clear whether individual CBT-type sessions, delivered or supported by school staff, can be used successfully and effectively as an alternative. Research has also noted that some CAYP require additional one-to-one with school staff to implement and consolidate newly acquired CBT knowledge (Burke, Prendeville & Veale, 2017; O'Callaghan & Cunningham, 2015; Stallard et al., 2014; Weeks,

Hill & Owen, 2017); in addition, therapeutic sessions have needed to be extended (O'Callaghan & Cunningham, 2015). Furthermore, the programmes included in the review contain 10 sessions on average (each lasting up to two hours) – requiring significant commitment from schools (Green & Atkinson, 2016). To further clarify whether BEs can offer a helpful alternative to schools, the current study sought to investigate the effects a individualised intervention for CAYP experiencing anxiety about schoolwork.

Secondly, research has shown that interventions delivered by school staff can be therapeutically and economically beneficial. However, there is inconsistency and a lack of clarity in the findings (Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Squires & Caddick, 2012; Weeks, Hill & Owen, 2017); researchers have called for further exploration of staff involvement. As such, the current study employed school staff as key facilitators of the intervention and explored their experiences of taking part.

Finally, despite widespread use amongst experienced therapists and researchers (Bennett-Levy et al, 2004), the specific benefits of BEs for children and young people (CAYP) in schools remain less clear. As highlighted in Section 1.8, BEs are shown to combine cognitive restructuring and action to facilitate belief change, reduce anxiety symptoms and encourage use of metacognitive strategies integral to learning (Bennett-Levy et al., 2004; Clark, 1999; Greenberger & Padesky, 1995; Wells, 2013). Therefore, the current study sought to investigate the specific use of BEs delivered by school staff for CAYP experiencing anxiety about their schoolwork. In accordance with the key aims described, the following evaluative and exploratory research questions were developed:

2.3.1 Evaluative questions (phase one)

The following research questions were addressed through use of quantitative procedures and analysis outlined in Section 3.

Key dependent variables (pre- and post-intervention).

(1) To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported anxiety?

(2) To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported difficulties?

(3) To what extent do BEs, delivered by LSAs in a school, increase CAYP self-reported identification with, and use of, motivated strategies for learning?

Sessional data.

(4) To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported anxiety experienced when completing challenging schoolwork?

(5) To what extent do BEs, delivered by LSAs in a school, increase confidence CAYP confidence experienced when completing challenging schoolwork?

(6) How helpful are BEs, delivered by LSAs in school, as reported by CAYP?

(7) How likely are CAYP to use BEs as a strategy for future challenging schoolwork?

2.3.2 Exploratory questions (phase two)

The second phase of the current study served to address the following qualitative research question: What are the experiences of the LSAs delivering the BEs intervention? The following questions were posed to the LSA participants through an online questionnaire to explore their experiences of the BEs intervention:

- What, if any, are the key points that stand out from taking part in delivering the CBT intervention?
- Thinking back on the whole process from training to the final CBT session, what did you find most useful?

- Thinking back on the whole process from training to the final CBT session, what did you think was most useful for the pupil?
- What went well?
- What went less well?
- How might the intervention be improved?
- Any other thoughts or points you would like to share?

2.4 Chapter summary

This chapter detailed the process of obtaining and reviewing relevant literature. Key papers were analysed and explored in relation to their contributions to the research base. The latter part provided a rationale and intentions for the current study.

3. Methodology

Chapter Two provided an overview of research pertinent to the current study. This chapter outlines the methodological approach taken to address the research questions outlined in Section 2.3. Firstly, the researcher's epistemological and ontological stance is discussed with reference to post-positivist and constructivist paradigms. Thereafter, the research methodology will be outlined, detailing the study's procedure within an educational setting. Information pertaining to participants, the intervention and outcome measures used is then described. Lastly, salient ethical considerations are highlighted, including actions taken to ensure ethical practice and the safety of all participants.

3.1 Epistemology and ontology

Reflecting on what constitutes a 'real' world: how it might be observed, captured and measured - albeit through objective and subjective perspectives - is a crucial process when undertaking any research (Gray, 2013; Heaviside, 2017). Although variability between conceptualisations of ontology and epistemology exists, there is a general consensus that *ontology* refers to the nature of reality (e.g., what is 'real'?), and *epistemology* denotes the nature of knowledge (e.g. the lens used to determine what is 'real'). Both concepts are strongly influenced by the relationship between the "knower and the would-be known" – or the researcher and the phenomena in question (Mertens, 2014, p. 11).

The philosophical orientations, or paradigms, used to inform research have implications for the entire process, such as, the development of research questions, methodologies employed to answer them, and the steps taken to analyse and evaluate data (Mertens, 2014). As such, "a paradigm is a way of looking at the world---composed of certain philosophical assumptions that guide and direct thinking and actions" (Mertens, 2014, p. 8). Categorising and condensing all psychological research into distinct paradigms is a complex task; however, literature has specified four key positions: positivism (or post-

positivism), constructivism, transformative (also termed critical theory), and pragmatism (Lincoln, Lynham & Guba, 2011; Mertens, 2014). For the purposes of the current study and in accordance with the researcher's position, post-positivist and constructivist paradigms are discussed.

3.1.1 Post-positivism

Contemporary discourses propose a central belief of positivist approaches includes the existence of objective facts, or truths: experienced, observed and investigated through scientific rigour and empiricism (Robson & McCartan, 2016). Distinguishing between facts and values, literature refers to purist positivist research as a 'value free', rationalistic philosophy (Mertens, 2014). Its successor: post-positivism, rejected the view that human experience could only be understood through observation; on the contrary, intrapsychic (e.g. thinking, feeling) and social processes (e.g. culture, societal laws) are not easy to objectify or quantify, and yet offer invaluable information about what it is to be human in the world (Mertens, 2014). Advocates of post-positivist suggest objectivity and generalisability are important research pursuits; however, any conclusions drawn from research should be construed as probable, rather than certain – further highlighting the importance of a critical lens.

3.1.2 Social constructivism

The constructivist paradigm stems from hermeneutics, involving the study of interpretive understanding and how meaning is attributed to experiences that occur (Clegg & Slife, 2009; Mertens, 2014). A basic assumption of the constructivist paradigm suggests knowledge is socially constructed by people, including those involved in developing and participating in research. From an ontological perspective, constructivists argue that "multiple mental constructions can be apprehended, some of which may be in conflict with each other, and perceptions of reality may change throughout the process of the study"

(Mertens, 2014, p. 18). Unlike the post-positivist position, constructivism denies the existence of an objective reality to be captured, rather, it suggests the ultimate goal of research is to explore complex and diverse social constructions of knowledge. As such, this paradigm celebrates the importance of lived experience, proposing that research is closely aligned with the values of the researcher.

3.1.3 The researcher's theoretical position

Noting the fundamental principles of post-positivist and social constructivist paradigms demonstrates the importance of researcher transparency, and illustrates how philosophical lenses influence methodology. This research had two clear objectives and phases: firstly, to investigate the impact of a BEs intervention, delivered by school staff, on the CAYP anxiety about schoolwork and use of metacognitive strategies; and secondly, to explore the experiences of participating staff delivering the intervention. In light of these aims, specific and distinct research hypotheses were developed to explore the impact of the intervention on CAYP anxiety as well as to capture the experiences of the lead facilitators.

As a reminder, Phase one research questions were:

(1) To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported anxiety?

(2) To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported difficulties?

(3) To what extent do BEs, delivered by LSAs in a school, increase CAYP self-reported identification with, and use of, motivated strategies for learning?

(4) To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported anxiety experienced when completing challenging schoolwork?

(5) To what extent do BEs, delivered by LSAs in a school, increase confidence CAYP confidence experienced when completing challenging schoolwork?

(6) How helpful are BEs, delivered by LSAs in school, as reported by CAYP?

(7) How likely are CAYP to use BEs as a strategy for future challenging schoolwork

Phase two questions were:

- What, if any, are the key points that stand out from taking part in delivering the CBT intervention?
- Thinking back on the whole process from training to the final CBT session, what did you find most useful?
- Thinking back on the whole process from training to the final CBT session, what did you think was most useful for the pupil?
- What went well?
- What went less well?
- How might the intervention be improved?
- Any other thoughts or points you would like to share?

As one might observe from the research questions, certain assumptions were made about 'reality' (ontology), and how it might be viewed or understood (epistemology) to develop and carry out the research. Imagine an ontological continuum with *realism* (e.g. all knowledge can be measured and defined through scientific explanation; objective facts exist) and *relativism* (e.g. all knowledge is historically, culturally and socially constructed; there are no objective facts) occupying opposite poles. For this study, the researcher adopted a *critical realist* (CR) position (perhaps occupying the centre of the continuum) combining elements of empiricism and interpretivism (Zachariadis, Scott & Barrett, 2013). CR assumes there is a reality to be investigated, yet how it is experienced and interpreted depends on personal psychological attributions, alongside wider historical, social, cultural and political factors (Bhaskar, Archer, Coller, Lawson & Norrie, 1998; Robson & McCartan, 2016).

On one hand, this research refers to the existence of emotions and metacognitive skills, such as anxiety and motivated strategies for learning; it was assumed that psychological constructs can be observed, quantified and measured across a small group of CAYP. It was also hypothesised by the researcher that aspects of the BEs process, particularly in relation to the identification of NATs and noticing the impact of NATs on emotions and coping styles, might lead to changes in reported engagement and identification with motivational learning styles. This assumption was made in reference to theories on metacognitive processes highlighted in Section 1.5.1, suggesting that changes to both declarative (cognitions) and procedural (actions) memory are important for meaningful metacognitive change (Wells, 2000). Given BEs are thought to target both procedural and declarative memory simultaneously, through both discussion and experiential practice, the researcher sought to examine whether BEs can in fact increase CAYP perceived engagement in helpful strategies for learning – hence the inclusion of the Motivated Strategies for Learning Questionnaire – Shortened Version (MSLQ-SV, Pintrich & De Groot, 1990; Pintrich, Smith, Gracia & McKeachie, 1991). As such, it is important to note that the methodology employed and research questions developed in this study make clear assumptions about the nature of causality. On the other hand, the qualitative phase of this research sought to gather and explore the personal views of participating LSAs. The researcher of the current study argues that the apparent effectiveness of an intervention can have multiple conceptualisation. For example, if a school-based therapeutic intervention were found to significantly reduce CAYP schoolwork anxiety and promote use of metacognitive strategies, yet caused significant stress to staff, then this might influence the extent to which the intervention is deemed effective, and by whom; thus, further investigation and exploration of the intervention would be indicated to further understanding of such an

outcome. Therefore, the current research falls within a critical realist ontology, and is influenced by post-positivist and social constructivist epistemological positions.

3.2 Research design

A mixed-method design was implemented, drawing on quantitative and qualitative methods of data collection and analysis to address the research questions outlined. As highlighted, inclusion of both quantitative and qualitative data provided opportunities to measure intervention impact whilst considering the experiences of key facilitators to explore the realities of intervention implementation. Data was collected over two sequential phases.

3.2.1 Phase one

The first phase involved a pre- and post-test quasi-experimental investigation of the school-based BEs intervention developed for use by LSAs to support CAYP experiencing anxiety about schoolwork. During phase one, all CAYP participants were exposed to the same independent variable (IV): the BEs intervention. Three key dependent variables (DV) were employed to measure any impact of the IV; they are as follows: 1) Youth self-report measure of state anxiety (Spence Child Anxiety Scale, SCAS; Spence 1998) (see Appendix B); 2) Youth self-report measure of general mental health (Strengths and Difficulties Questionnaire, SDQ; Goodman, 1997) (see Appendix C); and, 3) Youth self-report measure of metacognitive strategies for learning (Motivated Strategies for Learning Questionnaire, MSLQ-SV; Pintrich & De Groot, 1990; Pintrich, Smith, Garcia & McKeachie, 1993) (see Appendix D). Utilising a within-groups design allowed for helpful comparison between two data sets: Time 1 (T1) and Time 2 (T2) to evaluate the impact of the BEs intervention over time, as shown in Figure 3.

Figure 3: Phase one methodological design

The researcher concluded that the implementation of a control group (e.g. waiting list) would not be necessary for the current study given the infancy of BE implementation in school settings with CAYP. However, this would be an important consideration for future studies in the research area. T1 and T2 DV data was collected independently by same researcher within school premises to maintain reduce risk of administration bias.

Additional Likert-type scale data was obtained from CAYP during each session (referred to throughout as sessional data). This information pertained to CAYP experiences of taking part and pertained to: schoolwork anxiety, schoolwork confidence, perceived helpfulness of the BEs, and likelihood of reusing the BEs strategies.

3.2.2 Phase two

To enrich insights from the pre- and post-test DV and sessional data, the four participating LSAs from phase one also completed an online questionnaire. Primary focus of phase two was to explore LSA experiences of using BEs in a school context with CAYP experiencing schoolwork anxiety. The following questions were posed:

- What, if any, are the key points that stand out from taking part in delivering the CBT intervention?
- Thinking back on the whole process from training to the final CBT session, what did you find most useful?
- Thinking back on the whole process from training to the final CBT session, what did you think was most useful for the pupil?
- What went well?
- What went less well?
- How might the intervention be improved?
- Any other thoughts or points you would like to share?

To maintain confidentiality, all data gathered through phase one and two were anonymised using a number coding system and were kept be kept in a locked office under guidance from British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2014).

3.2.3 Implementing a mixed methods design

A mixed methods design (also referred to as multi-strategy research) was employed to yield a fuller description regarding the impact of the BEs intervention delivered by school staff for CAYP experiencing anxiety in relation to schoolwork. Mixed methods research "attempts to consider multiple viewpoints, perspectives, positions and standpoints (always including the standpoints of qualitative and quantitative research)" (Johnson, Onwuegbuzie & Turner, 2007, p. 4). Campbell and Fiske (1959, as cited by Johnson, Onwuegbuzie & Turner, 2007) suggested that combining methodologies creates opportunities to consider and explore the wider context around a phenomenon in question. For the purposes of the current study, it was deemed important to explore intervention effects on reported anxiety and use of metacognitive strategies (quantitative), as well as to explore the experiences of those

delivering the BEs intervention (qualitative). As highlighted in Section 3.1.3, LSA perspectives provide valuable information about the feasibility and sustainability of the BEs intervention; the need for further research in this area was highlighted in Section 2.2.2 by Weeks, Hill & Owen (2017). The researcher concluded that a study exploring the impact of BEs on reported anxiety, identification with difficulties and engagement in motivated strategies for learning in isolation, without reference to the valuable views of those delivering the intervention, would miss salient, real-world insights. This is particularly important as previous research discussed in Section 2.2 highlighted notable implementation barriers, advocating for further research exploring the feasibility of therapeutic interventions delivered by school staff in school contexts.

Analysis of the data took place over two sequential phases. Firstly, statistical analysis was conducted using the Statistical Package for the Social Sciences 25.0 (SPSS) to examine effects of the IV on the specified DVs and sessional data. Thereafter, thematic analysis (TA; Braun & Clarke, 2006), sought to identify salient themes from the qualitative data obtained through the online questionnaire completed by participating LSAs. Additionally, written data acquired from consultations with LSAs was also included in the TA analysis. Further information on methods of analysis employed in the current study is provided in Section 3.8. Following separate analysis of quantitative and qualitative data, the findings were combined for further reflection to explore implications for further research and EP practice.

3.3 Participants

3.3.1 Context

The current study was conducted in an inner London secondary school, delivered by a TEP who had worked with the school over a 2-year period; therefore, the researcher had an in-depth understanding of the school's organisational structure, as well as internal policies and procedures. The researcher also had regular access to whole school and departmental

staff meetings – this also included access to resource cupboards and training facilities which supported the organisation and implementation of the BEs training and intervention.

The participating school educates a diverse cohort of CAYP across Key Stages 3 and 4 (an attached Sixth Form). It has well-established special educational needs (SEN) department which is overseen by a lead special educational needs and disabilities coordinator (SENDCo), supported by three deputy SENDCos holding different responsibilities within the team to support SEN across the school. The school also has access to a range of external professionals, including three speech and language therapists and a child and adolescent psychotherapist. These professionals support the school with individual pupil assessments as well as wider training and focused group interventions where appropriate. The school cohort is diverse; over a third of residence in the borough identify as black and Asian ethnic minorities, and a further 22% identify as white, non-British. Localised data also suggests that 163 different languages and dialects are spoken by CAYP and families; Arabic, Somali and Bengali are believed to be in the top three most widely spoken languages in the local area (Local Authority, 2020). This is an important consideration when planning and developing therapeutic interventions in schools, particularly to support wider access for CAYP and families who use English as a second language. Resources, such as use of interpreters and translation of participant information materials, might be necessary to improve the accessibility and generalisability of therapeutic approaches within diverse populations.

Another important contextual factor pertains to the researchers' professional background. As highlighted in Section 2.3, the researcher has a PgDip in CBT, involving rigorous study of CBT theories and therapeutic practice alongside practical placements where the researcher developed the necessary competencies to support young people and adults experiencing moderate to severe anxiety and depression. Upon completion of CBT training,

the researcher worked as a provisionally accredited CBT Therapist in the NHS for a year before undertaking educational psychology training.

3.3.2 Participant selection (CAYPs)

Nine CAYP participants aged 14-15 years initially agreed to take part in the BEs intervention. However, one withdrew after completing the pre-test measures after reporting they did not feel they needed an intervention for schoolwork anxiety. Parents were informed and a debriefing session was provided to the CAYP to give opportunities to ask questions, as well as to mark the ending. Consequently, a total of eight CAYP participated in the BEs intervention.

To identify CAYP most in need of an individual BEs intervention to reduce schoolwork anxiety, the researcher consulted with staff in the school's weekly multi-disciplinary (MDT) meeting. This was attended by the SENDCo, four heads of houses (HoH), a speech and language therapist (SaLT), safeguarding leads and pastoral workers. It was deemed an appropriate setting for CAYP selection given the opportunities to discuss concerns for particular pupils across the school. This platform to discuss need and identify appropriate levels of provision was already in place in the school, reducing the burden on valuable time resources. As staff were familiar with the process, the researcher was able to provide details of the study, as well as be available to answer specific questions or queries pertaining to the intervention and suitability of CAYP candidates. As discussed, previous research highlighted the importance of clear procedures to identify CAYP who would benefit most from the support (O 'Callaghan & Cunningham, 2015; Weeks, Hill & Owen, 2017). The following inclusion and exclusion criteria were provided to all staff. Some points are expanded to offer context as to why decisions were made:

3.3.2.1 Inclusion criteria.

- CAYP participants must be aged 14-15 at the time of the intervention.

- Anxiety or worry in relation to learning task or schoolwork must be a primary area of need. This is the focus of BE intervention and is necessary to examine any changes in anxiety as a result of taking part. Anxiety might present as: expressed worry, avoiding or rushing work, truanting lessons, day dreaming, disrupting others or perfectionism. CAYP might also experience anxiety about other aspects of their life (e.g. friendships or family), however, it must be made clear that the focus of this intervention is to help with anxiety, worry or negative thinking experienced about schoolwork. Professionals are able use their judgement and can consult with the researcher during the selection process. This reflects the reality of real-world contexts, where staff will make decisions for and with children about appropriate interventions.
- CAYP participants may also experience other forms of distress (e.g. anger, sadness, low mood, outbursts, agitation) in addition to anxiety. Such children should not be excluded unless it is felt the intervention might exacerbate difficulties. In the event of this, other support packages may be more appropriate (e.g. further assessment by educational psychologist or children and adolescent mental health practitioners).
- CAYP participants must be attending school so they can access the intervention on a weekly basis.
- CAYP participants should feel able to work on a one-to-one basis with an adult for 30 minutes. Those that may experience such activities as 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.
- CAYP participants with learning disabilities, social communication difficulties, and/or speech and language difficulties can take part if the referring adult feels the CAYP could be supported to identify and express thoughts, feelings, behaviours and experiences. The BEs materials can be adjusted to incorporate pictures, imagery and

translations where necessary. Staff can use their discretion to assess whether this intervention might be unsuitable before referring to the researcher.

- CAYP participants should have a basic grasp of English because the intervention requires exploration of thoughts, feelings and behaviours through talking, writing and drawing, as such it is important that the LSA and CAYP participants can communicate effectively with each other.

3.3.2.2 Exclusion criteria.

- CAYP participants actively in receipt of CBT or other psychotherapeutic interventions at the time of recruitment and intervention delivery should not take part. This is firstly to provide greater rigour for this current study by minimising the influence of extraneous variables on the DVs. From an ethical standpoint, it is also important that the CAYP participants do not feel overwhelmed by multiple, and potentially conflicting, sources of therapeutic support at one given time.
- CAYP participants that are entirely avoidant of school will not be able to take part as the BEs intervention must be carried out in school within timetabled hours.

3.3.3 Participant selection (LSAs)

Four LSAs were recruited through opportunity sampling. The researcher attended a weekly departmental meeting chaired by the school's SENDCo and LSAs to share participant information. Participant information sheets with consent forms (see Appendix O) were also sent to all LSAs via the school' internal email system. The inclusion criteria for participation was also outlined in the information shared.

3.3.3.1 Inclusion criteria.

- LSA participants must be available to participate in phases one (delivering the six-week intervention) and two (completing the questionnaire) of the study. Due to the therapeutic nature of BEs, where CAYP participants are encouraged to discuss

emotive and sensitive topics (e.g. thoughts about their work and selves as learners), it is important to maximise consistency and minimise potential disruptions to the intervention.

After reading the participant information and inclusion criteria, LSAs interested in taking part were asked to express this directly to the researcher via email, followed by returning a signed consent form (see Appendix O). Nine LSAs responded via email, however, two of those could not fully commit to taking part in phases one and two. They were thanked for their time and an explanation for why they could not participate was provided. Seven LSAs were deemed eligible for participation. They were all given a random code; five codes were picked at random to take part in the study. The two LSAs not selected as part of the randomised sampling process were notified. They were also invited to attend the BEs intervention training, as it was decided that should any of the LSA participants withdraw from the study, there would be an opportunity for an LSA on the reserve list to take over and continue the intervention. Both LSAs on the reserve list consented to attending the BEs intervention with the full understanding that they would not use the strategies unless they became an active participant in the study. Prior to commencing the BEs intervention, one CAYP participant withdrew taking part in the intervention. As a result, one of the LSAs no longer had a pupil with whom they could deliver the intervention. The LSA was fully debriefed on the process and thanked for their time. In total, eight CAYP participated in the BEs intervention and four LSAs took part in phases one and two of the study.

3.3.3.2 Background information on participating LSAs.

To maintain the anonymity of participants, limited information was obtained regarding: details on previous training; number of years working in role; and, number of years working in the participating school. It was decided that the information would be summarised

generally and not linked directly to LSAs as this would make them identifiable. Three of the four LSA participants provided the information shown below:

Previous training:

- Undergraduate degree in psychology
- Undergraduate degree in primary education
- Master's degree in psychology
- Master's degree in philosophy and ethics

Number of years working in an LSA role:

- 2.5 years
- 4 years
- 6 years

Number of years working in the participating school:

- 1.5 years
- 3 years
- 3 years

3.3.4 CAYP sample description

Due to the small sample size and in the interests of maintaining confidentiality and anonymity, limited participant information is provided. At the point of recruitment and intervention delivery, all eight CAYP participants were in curriculum Year 10 and attended the participating school on a full time basis.

CAYP	Gender	Age	Ascribed Pseudonym	Allocated LSA
1	Male	14	Harry	LSA 3
2	Female	15	Lisa	LSA 3
3	Male	14	Aaron	LSA 1

4	Female	14	Fatma	LSA 1
5	Female	15	Charlotte	LSA 2
6	Male	14	Ahmed	LSA 2
7	Male	14	Kamran	LSA 4
8	Female	14	Laura	LSA 4

Table 1: Research participants' gender, age and ascribed pseudonym

3.4 The BEs intervention

The BEs intervention ran for six weeks in total. The intervention process stipulated for CAYP participant to receive 30 minutes of one-to-one time, per week, with their allocated LSA, focusing on using BEs to overcome difficulties with challenging work. Training slides and materials were developed by the researcher with reference to key CBT literature: both empirical and theoretical (Beck, 2011; Bennett-Levy, 2003; Bennett-Levy et al., 2004; Teasdale & Barnard, 1993; Wells & Leahy, 1998), as well as key principles from learning theories (Kolb, 1984; Lewin, 1946); the researcher also drew upon their professional background and experience. For example, reference was made to literature stipulating what BEs relevant to CAYP in school settings might look like (Fuggle, Dunsmuir & Curry, 2012, p.221):

> Ryan's predictions were evaluated through a series of behavioural experiments aimed at trying out ways to manage his anger more effectively. For example, he did some problem-solving which produced a number of options as to what he could do when he noticed he was becoming frustrated or stressed in the classroom...As a first step, Ryan was asked to self-monitor when he felt stressed and to communicate this with his teacher...The next session Ryan reported back that his prediction was not supported by what happened and agreed to try using this strategy more in the future.

A 15-step intervention plan (see Appendix K) and BEs checklist (see Appendix M) were provided to all participating LSAs to support session structure, planning, delivery and evaluation. Again, all materials were developed by the researcher with reference to key CBT literature (Beck, 2011; Bennett-Levy, 2003; Bennett-Levy et al., 2004; Teasdale & Barnard, 1993; Wells & Leahy, 1998).

As highlighted in the introductory chapters, this study has focused on an individualised CBT intervention for anxiety, delivered in the context of a one-to-one relationship rather than a group or universal setting. Part of the rationale for this stemmed from prior research attesting to the importance of adequate time and space for CAYP to engage in therapeutic interventions. For example, O'Callaghan and Cunningham (2015) highlighted that particularly anxious CAYP might benefit from more time to explore and practice techniques with the support of an adult, particularly as their group sessions tended to overrun suggesting the time allotted was not sufficient. Furthermore, Weeks, Hill and Owen (2017) suggested that group-based activities can promote flexible thinking and encourage exploration of alternative views through sharing and discussion; however, such approaches might be challenging for CAYP, so providing school staff with an alternative individualised intervention to support CAYP embed and practise skills was deemed important. Lastly, as mentioned in Section 2.2.1, UK-based studies exploring CBT delivered by school staff pertains to group-based intervention, with a notable dearth in one-to-one approaches. Therefore, the researcher observed a gap in the literature to be explored further.

3.4.1 BEs intervention: Structure of sessions

This section provides an extract taken from the BEs training materials to clarify how LSAs were trained and support to develop BEs in sessions with CAYP. The guidance is written to address LSAs directly with a level of informality to enhance accessibility:

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 produce a clear script to adhere to. 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), particularly if you have any concerns about the sessions.

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

Step 2: The student will then read through the task instructions independently, or with help if necessary.

Step 3: You then ask the student to complete two questions:

a. How anxious do you feel about starting this work? (rating out of 7)
b. How confident to you feel about starting this work? (rating out of 7)

Step 4: 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 student continues with the task. So, allow them to start the task unsupported for 2 minutes, you might 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 the student can be 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 and feelings. 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, such as, "what would your teachers/parents/friends say that you do?"

Step 8: You then need to help them identify an alternative thought to test out. 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?"

"What would your favourite teacher say?"

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

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

Step 9: This is an important stage. You now need to help the student turn their alternative thought into a prediction so that they can test it out.

For example:

Original Cognition / Thought: "I am really bad at maths".

Feelings / Emotions: Sad, frustrated, angry.

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

Alternative Cognition / 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

Original Cognition / Thought: "I am really bad at maths" (believed 90/100).

Feelings / Emotions: Sad, frustrated, angry.

Usual Coping Strategies: "Sit and stare out of window"; "talk to my friends"; "go to an easier question".

Alternative Cognition / 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).

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 7)

b. How confident would you feel to complete the same or similar task again? (rating out of 7)

c. How helpful was the behavioural experiment activity you tried? (rating out of 7)

d. How likely are you to use the strategy you tried in the experiment again? (rating out of 7)

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).

3.5 Procedure

3.5.1 Phase one

Following the aforementioned participant sampling process, parental consent was sought through telephone calls and email communication. To adhere to data protection processes, emails sent to parents were anonymised to remove identifying information. If parents expressed initial interest, both parent and CAYP versions of the participant

information sheet detailing the BEs intervention were sent (see Appendices E and F, respectively), with attached consent forms. Parents were encouraged to speak with their child about the intervention to gauge their understanding and interest. If both parents and CAYP consented to taking part, parents were asked to return the consent form. Written CAYP consent was obtained at the first point of contact with the researcher, before pre-test DV data was collected. In this meeting, CAYPs were reminded again of the study's purpose and procedure; an opportunity to ask questions was provided and CAYP were reminded of their rights to withdraw at any point during the process. Once consent was obtained in writing, the researcher supported each CAYP to complete three pre-test DV measures outlined in Section 3.2.

Once all pre-test DV data was collected, seven LSA participants (five delivering the BEs intervention; two on the reserve list) attended a 130-minute-long training facilitated by the researcher. The training provided an overview of CBT theoretical principles, the evidence base and the application of BEs in practice. A rationale for the involvement of school staff in delivering CBT techniques to CAYP schoolwork anxiety was also provided. Then, the LSAs had the opportunity to practise developing BEs in pairs and small groups; role-play was encouraged and there were regular opportunities to feedback. The training was supplemented with visuals, including clinical vignettes to trial the development of BEs (see Appendices G, H & K). During the training, LSA participants were also instructed to keep an intervention diary throughout the six weeks on their work laptop so that it could be kept secure – LSAs had access to password encrypted work laptops. They were informed that this diary would help them in delivering the sessions as they could be discussed in consultation with the researcher. Furthermore, it was emphasised that their reflections might help with phase two. Further information on the BEs training structure and process can be found in Section 3.4.

After the LSA participants completed the training, the eight CAYP participants were randomly allocated to an LSA. Each LSA participant therefore had two CAYP participants with whom they would deliver the intervention. Random allocation using a numerical coding system was chosen as an attempt to control for the influence of pre-existing relationships on the impact of the BEs intervention on CAYP anxiety about schoolwork and use of metacognitive strategies. However, in line with safety and ethical principles, the LSAs were encouraged to seek support from the researcher should they have concerns about delivering the intervention to their allocated CAYP. It was felt that although providing rigour was important, any potential costs to participant wellbeing remained highest priority.

Upon the completion of pre-test DV measures, the BEs training and random allocation of CAYP participants to LSA participants, the six-week BEs intervention started. LSA participants were able to choose when they wanted to deliver the intervention in collaboration with their allocated CAYP participants; they were asked to, where possible, commit to securing a regular and predictable slot. The researcher consulted with the team's administrator to notify them of the study and implications for LSA timetables and time. It was agreed that the LSAs could consult with the administrator to create a time slot for the intervention. Flexibility was given to the LSAs to support implementation and optimise the quality of intervention delivery. The researcher assessed that providing a degree of autonomy would enable LSAs and participants to find a time and space that worked for their individual needs. Once all four LSAs had planned the date and times of their sessions with the CAYP participants, they proceeded to deliver the BEs intervention on a weekly basis over a six-week period within school grounds and during school timetabled hours. Each session was intended to last 30 minutes.

At the start of each BE session, CAYP participants were supported by their LSA to complete two self-report Likert-type scales measuring anxiety and confidence in relation to a

challenging learning task they were due to start (see Appendix I). After the completion of both questions, CAYP participants were then asked to start the challenging work they either brought by themselves or the LSA. Prior to the intervention, LSAs were given access to bespoke exercises developed by one of the school's curriculum lead. The schoolwork was especially developed by teaching staff for this current study and was based Key Stage Four (KS4) curriculum content for mathematics. The work was divided into levels of difficulty: lower, intermediate and higher attainment. Therefore, CAYP participants could choose a piece of work that they might find challenging but was realistic in the context of their skill set. The schoolwork was designed to be reasonably challenging, as the researcher proposed that tasks perceived to be simpler may not evoke the anxious feelings that were identified by CAYP, parents and referrers as the primary focus of the intervention. Utilising schoolwork differentiated by experienced school staff with expert knowledge helped standardise the activities, helping LSAs and CAYPs to undertake work that would be challenging, yet meaningful and realistic. Involving teachers, including curriculum leads, harnessed their expertise to develop work tasks that stretched and challenged, whilst retaining relevance to the curriculum and the CAYP participants' varying skill sets.

LSAs used the BE intervention with CAYP participants to identify NATs that emerged whilst completing the task. The process required them to work collaboratively, making explicit links between thoughts, emotional and physical experiences, using the exercise sheets provided to LSAs by the researcher (see Appendices J & K). LSA participants then helped CAYP participants to develop experiments to challenge and test out the validity of their NATs, in addition to determining alternative thoughts. Together, they planned experiments the CAYP participant could try out in the session; they also planned experiments CAYP participant could use independently before meeting again the following week (see Appendix L).

At the end of each session, CAYP participants were asked to complete four self-report Likert-type scales measuring: schoolwork anxiety; schoolwork confidence; perceived helpfulness of the BE strategy; and, likelihood of using the BE strategy again (see Appendix I). Collecting the Likert-type data at the start and end of each session - rather than between sessions - was an attempt by the researcher to identify changes in reported schoolwork anxiety and confidence as a direct result of engaging in each BE exercise. It was felt the immediacy of eliciting this data at the start and end of each session would help to minimise the risk of confounding variables that might occur between sessions – such as, additional help provided by other school staff in lessons. Furthermore, collecting data on emotional states, such as confidence and anxiety, over extended time points (e.g. 30 minutes versus one week) would make it more difficult to explore whether changes were a result of the specific BE session. For example, if a CAYP experienced a positive Monday morning in Week 1, but a challenging morning in Week 2, their experiences earlier in the day might influence how they rate the BEs intervention; obtaining and comparing the data within a much shorter time frame means both sets of data are exposed to the same biases from day-to-day life. This approach to data collection was also deemed appropriate as BEs can target different triggers, situations and NATs, and each CAYP had the freedom to bring different pieces of work each week; therefore, comparing BEs across sessions may have been difficult for CAYP and LSAs as the content and focus had the potential to vary markedly. By focusing discretely on each session, the researcher hoped to minimise confusion for all participants, maintaining transparency and clarity about which BE session was the focus of evaluation.

Two minutes at the end were also protected to review and debrief the session. As the sessions were likely to be emotionally arousing, this helped their transition back into the school day. There was a maximum of six sessions in total. Over the intervention period, LSA participants were offered weekly 30-minute consultation slots with the researcher on school

premises. This provided a space for questions or concerns pertaining to the intervention, including questions around theory, skills, problem-solving, as well as any concerns regarding the wellbeing and safety of CAYP or LSA participants. LSAs were asked to attend at least two of the six consultation sessions; one of which had to be at the end of the intervention to ensure any key information regarding LSA and CAYP participant welfare could be identified and supported where necessary. After each session, LSAs ensured that any sensitive information - including the six self-report Likert-type scale responses – were locked securely in their work lockers until the end of the entire BEs intervention. The researcher then collected the data from LSA participants and stored it securely on school premises.

After the six-week period, the researcher met with all CAYP participants to complete the three post-test DV measures. During this session, the researcher gave thanks for their time and provided a debrief, supporting CAYP participants to ask any questions they might have, as well as to note the ending of the intervention process. Any concerns that arose from the ending of sessions were discussed with the school's SENDCo to ensure follow-up if necessary. Due to the therapeutic nature of the BE intervention, it was essential for all CAYP and LSA participants to receive a full debrief. Thus, the researcher also met with each LSA participant to mark the ending, answer any questions and prepare them for taking part in phase two – including providing information on how to access the online questionnaire and deadlines for completion. Figure 4 presents a diagrammatic representation of phase one.

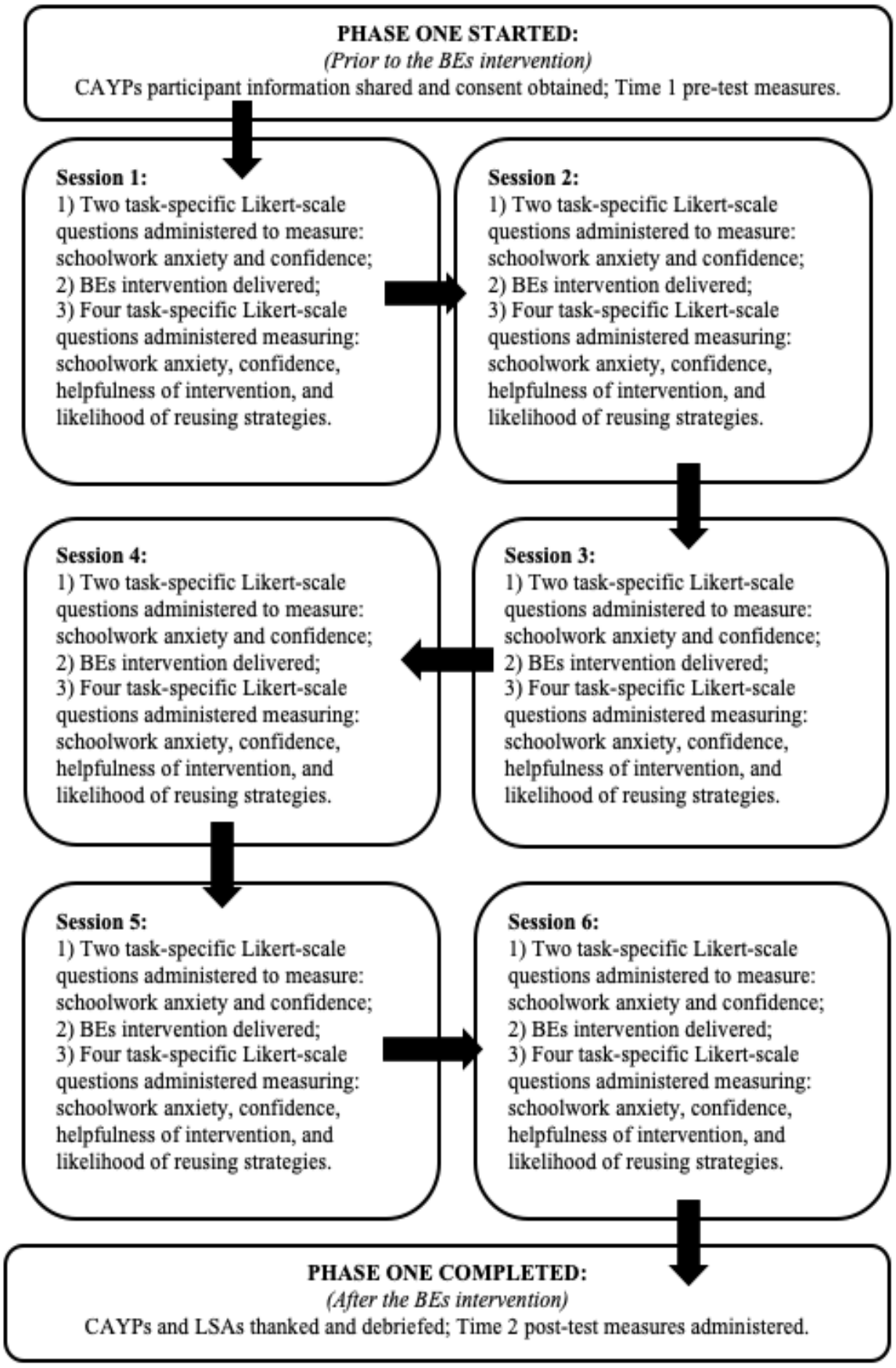

Figure 4: Diagram of phase one procedure

3.5.2 Phase two

In phase two, all four LSA participants completed an online questionnaire exploring their experiences of delivering the BEs intervention. This did not include the two LSAs who attended the training but did not deliver the intervention. To support their thinking, LSAs were reminded to refer to their intervention diaries kept during phase one. They were asked to complete the questionnaire within two weeks of the intervention completion to ensure reflections were based on recent experiences. The online responses were stored on a password-encrypted website to ensure confidentiality and were collated at a later date for qualitative analysis.

3.6 Phase one: Quantitative measures

3.6.1 Spence Children's Anxiety Scale (SCAS; Spence, 1998)

The SCAS was utilised in the current study to measure one of the three DVs: CAYP self-reported anxiety, as part of the pre- and post-test procedure. The SCAS (see Appendix B) consists of 44-item questionnaire items suitable for CAYP (aged 7-16 years) pertaining to six anxiety categories: generalised anxiety, social phobia, panic, separation anxiety, obsessive compulsive disorder and fears of physical injury. The measure is designed to evaluate change over time in response to interventions or treatments, as well as to identify CAYP at risk of developing anxiety problems (Spence, 1998; Lake, 2014). Items include a statement (e.g. "I worry about things") and a corresponding four-point scale ranging from: "never", "sometimes", "often", and "always". The SCAS measure has been demonstrated to have good construct and convergent validity, high internal reliability (coefficient alpha of 0.92) alongside good test-retest reliability (coefficient alpha: .63) (Ramme, 2018; Spence, Barrett & Turner, 2003). The measure is helpfully concise and uses language accessible to English-speaking CAYP populations (Lake, 2014; Ramme, 2018).

3.6.2 Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997)

The SDQ - a brief self-report questionnaire - was employed to investigate any changes, as a result of the BEs intervention, in the degree to which the CAYP participants perceived themselves as having SEMH difficulties. The measure is shown to be suitable for CAYP aged 11-16 years and consists of 25 items divided into five subscales: emotional symptoms, conduct problems, hyperactivity-inattention, peer problems and prosocial behaviour. Items include self-statements, such as, "I try to be nice to other people, I care about their feelings" accompanied by a three-point scale: "not true", "somewhat true", and "certainly true" (Goodman, 1997). Higher scores on subscales indicate difficulties, except for the prosocial behaviour section whereby high scores reflect relative strength (Muris, Meesters & Frank van den Berg, 2003). Goodman (1997) established evidence attesting to the SDQ's concurrent validity; it is also shown to demonstrate good internal consistency (coefficient alpha: .73) and retest stability (coefficient alpha: .62) (Elander & Rutter 1996, cited by Goodman, 1997; Goodman, 2001; Tudor, 2014). Although the primary focus of the current study was to investigate the effects of the BEs intervention on anxiety, as the intervention targeted changes in cognitive and behavioural domains (Bennett-Levy et al., 2004) it was deemed appropriate to use the SDQ (Goodman 1997) to examine potential changes in self-perception.

3.6.3 Motivated Strategies for Learning Questionnaire – Shortened version (MSLQ-SV; Pintrich & De Groot, 1990; Pintrich et al., 1991)

The MSLQ-SV was developed in line with a social cognitive framework suggesting motivation is closely linked with metacognition, and is regulated by constructs such as "goal orientation, self-efficacy, perception of task difficulty, task value beliefs, and personal interest in the task" (Liu et al., 2012, p. 19). This measure is comprised of two key components: motivation and strategies for learning. The shortened version was developed due to demands for a simplified and accessible questionnaire suitable for school-aged CAYP,

as opposed to those attending higher education (e.g. university). The self-report measure consists of 44 items with five subscales: self-efficacy, intrinsic value, cognitive strategy, test anxiety and self-regulation. Respondents are required to read statements, such as, "I have an uneasy, upset feeling when I take a test" and score how true the statement is to them on a seven-point Likert-type scale ranging from: 1 = "not at all true of me" to 7 = "very true of me". There is an apparent dearth in research pertaining to the validity and reliability of the MSLQ-SV, as well as data pertaining to mean scores provided by participants. This is because the revised and shortened version of the MSLQ is in its infancy and the version used by the researcher has only been implemented by one other study (Liu et al., 2012); the authors employed the MSLQ-SV in their study to analyse its psychometric properties. Liu et al. (2012) used the revised version in a sample of 780 secondary aged pupils in Singapore and concluded the measure has relatively robust psychometric properties, although there are concerns regarding its limited convergent validity – particularly as the scales cover broad psychological constructs. Their data on the psychometric properties suggests high reliability (coefficient alpha: .93) and analysis of all items produced Cronbach alpha values of $\alpha > .7$.

3.6.4 Self-designed quantitative measures (sessional data)

It is important to note that except for the MSLQ-SV questionnaire (Pintrich & De Groot, 1990; Pintrich, Smith, Gracia & McKeachie, 1991, 1993; Liu et al., 2012), the other DV measures used in the current study pertain to general anxiety (Spence, 1998) and identification with positive and negative attributes (Goodman, 1997). Thus, the researcher deemed it necessary to design bespoke measures specific to schoolwork anxiety and related psychological constructs, serving to enrich and optimise data yielded from CAYP participants. A total of six Likert-type scale questions (with a seven-point scale) were designed for completion during each BE session (see Appendix I):

3.6.4.1 Likert-type scales administered at the start of BE session.

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

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

3.6.4.2 Likert-type scales administered at the end of BE session.

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

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

3) How helpful was the behavioural experiment you tried in the session or classroom?

4) How likely are you to use the strategy you tried today for a similar piece of work again?

As these measures have not been developed before it is not possible to comment on their psychometric properties. However, Likert-type scales instruments are frequently used to measure psychological constructs, including cognitions and emotions. Research suggests "they can provide highly reliable person ability estimates" and "the data they provide can be profitably compared, contrasted, and combined with qualitative data-gathering techniques" (Nemoto & Beglar, 2014, p.2). For the current study, a 7-point Likert-type scale was employed to enhance measure sensitivity through providing more response options for CAYP to choose from. It was also intended to provide a more accurate picture of potential change over time.

3.7 Phase two: Qualitative measures

3.7.1 Online questionnaire for LSA participants

In phase two of the current study, a questionnaire was designed to elicit the views and experiences of all four LSAs who took part in delivering the BEs intervention. The decision to implement a questionnaire, rather than interview the LSAs, was taken to elicit genuine and authentic responses – particularly as phase two of the study sought to explore both positive and negative aspects of taking part. The researcher reflected that interviewing participants with whom they shared a pre-existing professional relationship - due to working closely with the participating school - might introduce unnecessary bias. This approach served to reduce

the effects of social desirability. In addition, research suggests that questionnaires require less reliance on interpretation in the analysis of responses, especially when questionnaire items are predetermined and structured, as found in the current study (Coolican, 2014). The following questions were constructed by the researcher:

(1) What, if any, are the key points that stand out from taking part in delivering the CBT intervention?
(2) Thinking back on the whole process from training to the final CBT session, what did you find most useful?
(3) Thinking back on the whole process from training to the final CBT session, what did you think was most useful for the pupil?
(4) What went well?
(5) What went less well?
(6) How might the intervention be improved?
(7) Any other thoughts or points you would like to share?

3.8 Data analysis procedures

3.8.1 Quantitative Analysis

SPSS 25.0 was employed to analyse: 1) any effects of the IV (BEs intervention) on the pre- and post-intervention DVs (SCAS, Spence, 1998; SDQ, Goodman, 1997; MSLQ-SV, Pintrich & De Groot, 1990; Pintrich, Smith, Gracia & McKeachie, 1991, 1993); and 2) changes in CAYP self-reported schoolwork anxiety, schoolwork confidence, perceived helpfulness of intervention, and likelihood of reusing strategies. Paired-sample t-tests were employed to measure changes in pre- and post-intervention data, followed by a series of binomial signs testing to examine effects of the BEs intervention on CAYP schoolwork anxiety and confidence experienced before and after each therapeutic session. Thereafter,

analysis of median differences in CAYP reports of how helpful the BEs were, and the likelihood of reusing them in the future. These analyses are all presented sequentially in Sections 4.1. to 4.6.

3.8.2 Qualitative Analysis

Phase two data pertaining to the LSA participants' experiences of delivering the BEs intervention to CAYP experiencing anxiety about schoolwork was analysed in accordance with Braun and Clarke's (2006) six stage model of Thematic analysis (TA). As the electronic data was typed by participants there was no need for transcribing. The coding and analysis was supported by the MAXqda software. This tool is a computer-assisted qualitative analysis programme that allows the user to develop codes, record memos and create thematic maps to illustrate meaningful links between emergent themes. The six TA stages were followed sequentially:

(1) Data set familiarisation

(2) Generating initial codes

(3) Theme development

(4) Reviewing themes

(5) Defining themes

(6) Producing the final thematic map and reflection.

Although the questionnaire was pre-determined by the researcher, and thus shaping and directing participant responses (widely considered as a deductive approach), an inductive approach was used to code the data (Alhojailan, 2012). This means coding and theme development were directed by the content of the data, rather than pre-existing concepts or ideas. A 'bottom up' style of analysis is subject to interpretive bias: "the researcher is never a blank slate, and inevitably brings their own social position and theoretical lens" (Willig & Rogers, 2017; p. 22). Therefore, a research diary was kept whilst completing the TA process

to enable the researcher to reflect on their own response to the material. After the initial coding (step two), the researcher then coded data obtained from consultations with the LSAs. This enriched the material and provided additional context about the intervention. The overarching and sub themes were then developed from the initial codes generated from questionnaire and consultation data.

3.9 Ethical approval and safety procedures

This study was developed in accordance with the British Psychological Society's Code of Ethics and Conduct (BPS, 2018). Full ethical approval for was granted by Quality Assurance and Enhancement Team on behalf of the Tavistock and Portman NHS Trust in June 2019 (see Appendix N); verbal and written consent was provided by the participating school's Assistant Principal and SENDCo. This section will now outline key ethical considerations pertinent to the conception and delivery of this study.

The CAYP participants taking part were under 16 years of age and were selected based on the premise they were experiencing anxiety about schoolwork. Additionally, the BEs intervention required CAYP participants to share their private thoughts and feelings; therefore, careful consideration was given to the prospect that both LSA and CAYP participants might find the process distressing and challenging. During the recruitment process, it was explained clearly to both parents and CAYP that the intervention would focus on identifying difficult thoughts and feelings, with the view to exploring strategies to reduce anxiety and bolster confidence. Unambiguous, user-friendly information sheets and consent forms with simplistic language were developed to outline the purpose of the research, detailing what participants would be required to do and what would happen to their data once the intervention concluded (see Appendix F). CAYP participants were given a minimum of two opportunities to consent to taking part: collaboratively with parents and again with the researcher prior to the intervention. At both junctures it was emphasised that CAYP

participants could withdraw at any point up until the point of data analysis. Parents were also informed that should they wish for their child to take part, but their child no longer wanted to, their child reserved the right to withdraw on their own accord.

Building in opportunities for LSA participants to consult with the researcher on a weekly basis was deemed appropriate in light of the sensitivity of information shared between CAYP and LSA participants. LSA participants were not obliged to use every slot offered as it was agreed that monitoring requests for consultation would be an important reflection for analysis purposes. However, to ensure participant safety they were asked to attend the first and last slot to ensure sufficient support at the beginning and end phases of the intervention. In addition, it was clearly stipulated that content shared by CAYP participants pertaining to risk of harm to self or others, would need to be shared with the researcher, SENDCo and, where necessary, the school's designated safeguarding officer. To provide boundaries for discussions had between LSA and CAYP participants, it was emphasised in the training session that all BEs intervention sessions should focus on thoughts in relation to the schoolwork. However, it was noted that given the unpredictability of what might emerge, it was acknowledged that CAYP participants may well make connections to other experiences. In the training, LSA participants practiced empathising with unexpected disclosures (e.g. experiences relating to home, family or friendships), whilst gently guiding CAYP participants back to experiences of schoolwork. Given the researcher's experience of CBT training and delivery, it was agreed that any concerns brought by LSA participants in the consultation sessions could be satisfactorily explored and contained.

Further consideration was also given to the researcher's established relationship with the school as a trainee educational psychologist, including pre-existing professional relationships with LSA participants. Although the researcher had consulted with some of them as part of separate clinical work for CAYP attending the school, the researcher had no

other involvement such as supervision, recruitment or management. It was emphasised during recruitment that their choosing to take part, or not, or asking to withdraw from the study would not impact their employment rights and entitlements. Furthermore, it was stressed that LSA participants were not appraised or evaluated for their involvement. Any details pertaining to their involvement would not be fed back to other members of staff (e.g. Line Manager), unless there were significant concerns for LSA or CAYP participant safety.

In line with stipulated debriefing processes (BPS, 2014), the researcher met with all CAYP participants after the final BEs intervention session to provide an opportunity for questions, concerns and to mark the ending. Signposting for further support was prepared for in advance by the researcher in liaison with the school SENDCo. As all CAYP participants were under 16 years of age, they were notified that any information shared that raised concerns regarding the safety of the CAYPs or others, would need to be shared with legal guardians where appropriate. The researcher also debriefed parents over the phone and created capacity for face-to-face meetings if requested. Parents were reminded that specific content of the sessions would not be shared to maintain CAYP confidentiality, however, as noted above, information pertaining to risk of harm was communicated if necessary. No parents followed up with the researcher to seek additional support for their child. One CAYP who was unable to attend her final session due to illness, requested to meet with the researcher as a way of ending the process. This was facilitated, but no further referrals or signposting processes were necessary.

Finally, upon completion of phase one, LSA participants met with the researcher in a consultation session, providing a space to process and digest the intervention: an opportunity to share any concerns regarding CAYP or LSA wellbeing. After phase two, LSA participants were invited to meet the researcher for a final time; this was voluntary as a full debrief had

taken place after phase one. CAYPs, parents and LSAs were all offered access to a summary of key findings.

4. Research findings

This chapter provides an overview of the data obtained in phases one (quantitative) and two (qualitative) of the current study. In the first instance, quantitative data analyses conducted using SPSS 25.0 are outlined in relation phase one research questions. Thereafter, salient themes derived from TA (Braun & Clarke, 2006) will be discussed, with specific focus on the experiences of LSAs delivering the BEs intervention in a school setting to CAYP experiencing anxiety about schoolwork.

4.1 Quantitative data analyses (phase one)

4.1.2 Phase one research questions

SPSS 25.0 was employed for analysis purposes to investigate the following research questions (RQ):

RQ 1: To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported anxiety (SCAS)?

RQ 2: To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported difficulties (SDQ)?

RQ 3: To what extent do BEs, delivered by LSAs in a school, increase CAYP self-reported identification with, and use of, motivated strategies for learning (MSLQ-SV)?

RQ 4: To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported anxiety experienced when completing challenging schoolwork (self-designed Likert-type scale)?

RQ 5: To what extent do BEs, delivered by LSAs in a school, increase confidence CAYP confidence experienced when completing challenging schoolwork (self-designed Likert-type scale)?

RQ 6: How helpful are BEs, delivered by LSAs in a school, as reported by CAYP (self-designed Likert-type scale)?

RQ 7: How likely are CAYP to use BEs, delivered by LSAs in a school, as a strategy for future challenging schoolwork (self-designed Likert-type scale)?

4.1.3 RQ 1: SCAS scores

A paired-samples t-test was initially used to examine changes in self-reported anxiety scores (SCAS) before and after the BEs intervention (between T1 and T2). Higher self-reported SCAS scores are indicative of higher levels of anxiety and the maximum possible score is 114.

One outlier (Fatma: Participant Four) was detected that was more than 1.5 box-lengths from the edge of the box in the boxplot (see Figure 5). Further inspection of its value via SPSS 25.0 did not reveal it to be extreme, therefore it was initially kept in the analysis. Of note, Figure 5 reflects how all other scores are in the negative ranges, indicating a reduction in SCAS scores for the majority of CAYP participants.

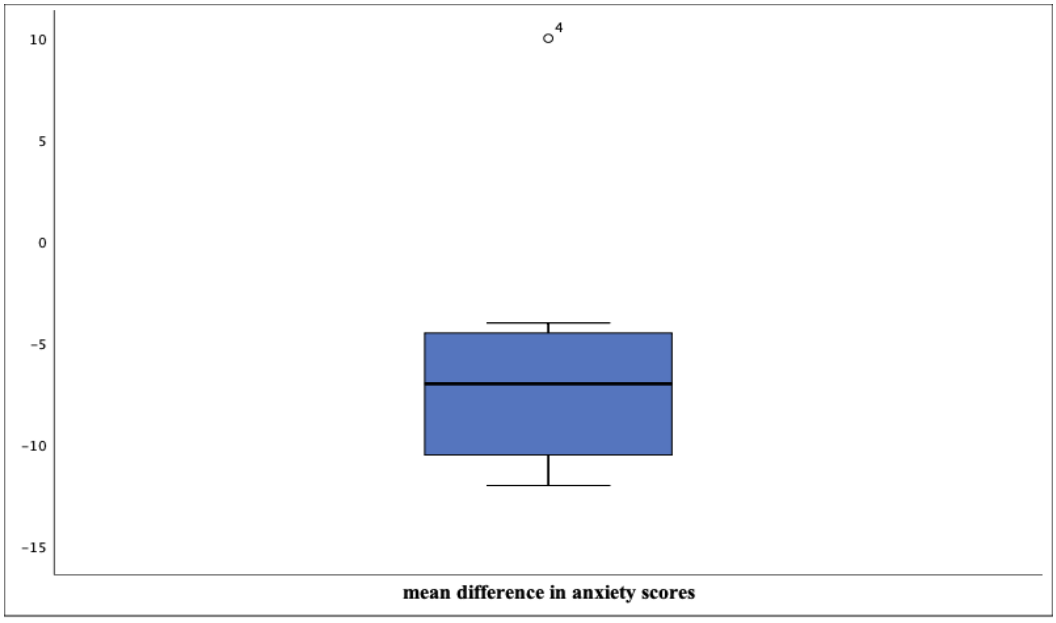

Figure 5: A boxplot to detect data outliers in SCAS scores

However, the Shapiro-Wilk's test was then used to test the assumption of data normality and yielded a significance level of p = .03, indicating the data was not normally distributed. As an assumption of the paired-samples t-test had been violated, the related-samples Wilcoxon signed-rank test was conducted to measure differences in anxiety scores (SCAS) between pre-and post-intervention time points. Of the 8 CAYP participants who took part, 7 reported a reduction in anxiety scores, whereas 1 (Fatma: Participant Four) experienced an increase. The test detected an overall median decrease in self-reported anxiety between T1 (*Mdn* = 38.50) and T2 (*Mdn* = 31.00) for 7 participants (*Mdn* = -7), however this change was not statistically significant (z = -1.75, p = 0.8).

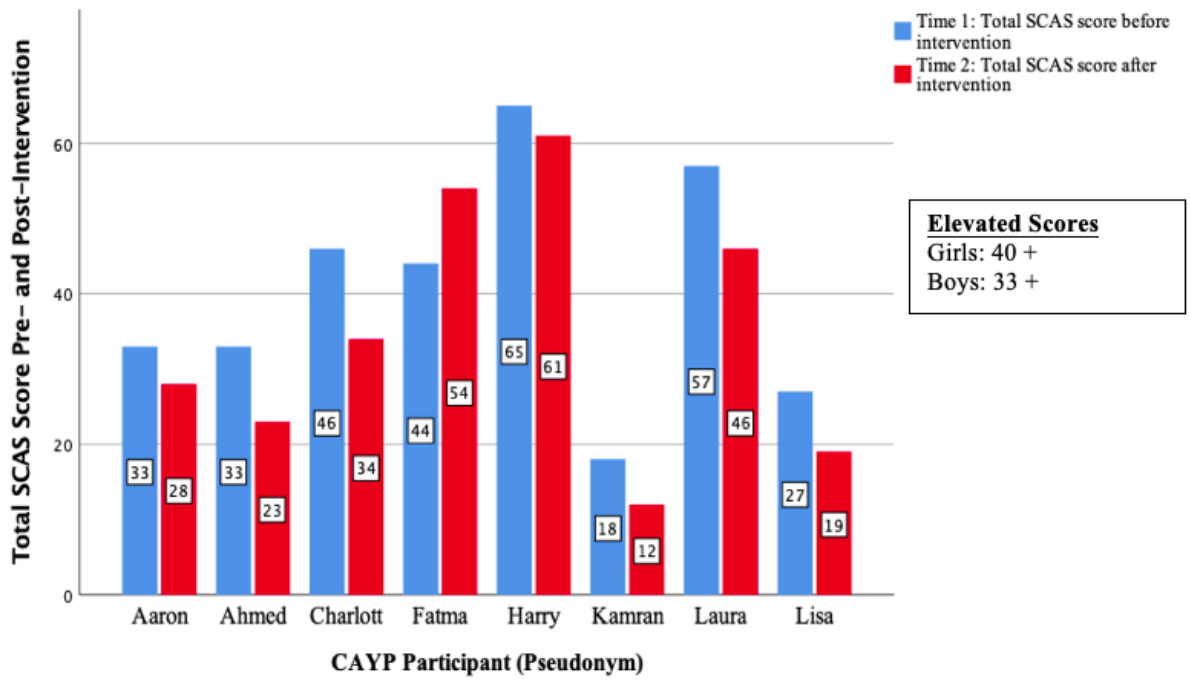

Figure 6: A bar graph presenting total CAYP SCAS scores pre- and post-intervention

The graph depicted in Figure 6 illustrates that all except one of the participants' anxiety scores decreased, although there was variability in score differences across all. The table below shows score differences alongside descriptors; the researcher used descriptor

thresholds directly from the SCAS scoring manual to compare with the SCAS data collected as shown in Table 2.

Participant	SCAS Score Difference	SCAS Descriptor (T1)	SCAS Descriptor (T2)
Aaron	-5	Elevated	Normal
Ahmed	-10	Elevated	Normal
Charlotte	-12	Elevated	Normal
Fatma	+10	Elevated	Elevated
Harry	-4	Elevated	Elevated
Kamran	-6	Normal	Normal
Laura	-11	Elevated	Elevated
Lisa	-8	Normal	Normal

Table 2: SCAS score differences with descriptors pre- and post-intervention (T1-T2)

Information in Table 2 reveals that three of the participants (Aaron, Ahmed and Charlotte) moved from 'elevated' to 'normal' levels of anxiety as reported by the SCAS measure. Three of the participants remained in the 'elevated' ranges; however, two of those saw a reduction of -4 (Harry) and -11 (Laura). Both Harry (total = 65) and Laura (total = 57) also reported the highest levels of anxiety in the total sample prior to the intervention. One of the participants (Fatma) reported an increase in anxiety between T1 and T2, remaining in the 'elevated' range upon completion of the intervention. The remaining two participants (Kamran and Lisa) also reported a reduction in anxiety: -6 and -8, respectively. However, both scored within 'normal' ranges at T1, so no changes were observed to their corresponding symptom severity descriptions.

As highlighted, Fatma (Participant Four) was the only participant for whom self-reported anxiety increased; further exploration of this important finding is presented in the Section 5.2.4 in the discussion. However, to further examine whether the inclusion of her

data skewed any overall effects of the intervention on anxiety, Fatma's SCAS data was treated as an outlier and excluded from further analysis for RQ 1.

Once removed, the remaining SCAS scores was analysed again to see if assumptions for parametric analyses were met. In this case, the assumption of normality was not violated, as assessed by Shapiro-Wilk's test (P = .60). Thereafter, a paired-samples t-test revealed a statistically significant decrease of -8.00 (95% CI: -10.87, -5.12) in anxiety (SCAS) scores ($t(6)$ = -6.81, p < 0.001) between T1 (M = 39.85) and T2 (M = 31.85).

4.1.4 RQ 2: SDQ scores

A paired-samples t-test was then implemented to measure any effects of the intervention on CAYP perceptions of their strengths and difficulties (SDQ). Higher self-reported SDQ scores are indicative of a stronger identification with perceived difficulties (e.g. "I get easily distracted"), as opposed to perceived strengths and includes a maximum score of 40 (excluding prosocial scores). The researcher decided to use the full SDQ measure, rather than selecting the 'emotional symptoms' subscale, to provide opportunities to observe any potential generalising effects of the intervention on CAYPs' identification with difficulties.

Similarly, to analyses for RQ 1 a boxplot was used to assess for outliers, but none were found.

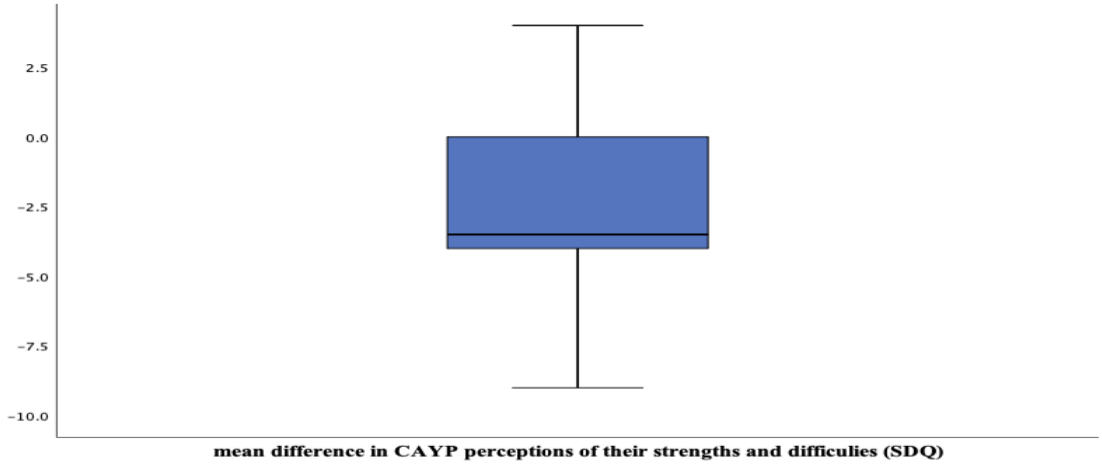

Figure 7: A boxplot to detect data outliers in SDQ score

The assumption of normality was not violated (*p* = .61), as indicated by Shapiro Wilk's test. Inspection of the means revealed a notably modest decrease of -2.5 (95% CI: -5.72, .72) in mean SDQ scores between T1 (*M* = 18.38) and T2 (*M* = 15.88); the paired-samples t-test revealed this difference was not statistically significant (*t*(7) = -1.83, p = .11).

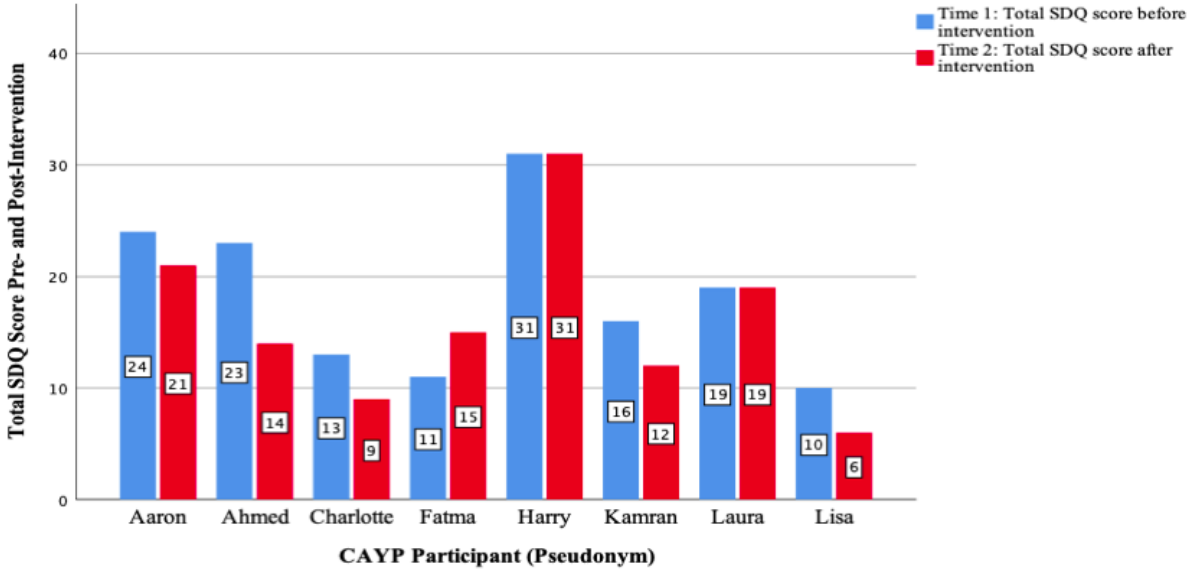

Figure 8: A bar graph presenting total CAYP SDQ scores pre- and post-intervention

Table 3 below illustrates the difference in self-reported SDQ scores pre- and post-intervention for all participants; the researcher used descriptor thresholds reported in the SDQ scoring manual to analyse the data. Four of the participants (Aaron, Ahmed, Charlotte and Kamran) reported modest to notable decreases in identification with difficulties described in the SDQ questionnaire. Ahmed moved from difficulties described as "very high" to "close to average" and Kamran moved from "raised" to "close to average"; Aaron and Charlotte's scores did not move them to a different descriptor category. The same CAYP also reported reductions in anxiety (SCAS) between T1 and T2. Two of the participants (Harry and Laura) did not report any change over time, although both reported decreases in anxiety as discussed previously. One participant (Fatma) reported an increase in identification with difficulties and moved from "close to average" to "raised"; this was reported alongside increases in anxiety as reported in Section 4.1.3.

Participant	**SDQ Score Difference**	**SDQ Descriptor (T1)**	**SDQ Descriptor (T2)**
Aaron	-3	Very High	Very High
Ahmed	-9	Very High	Close to Average
Charlotte	-4	Close to Average	Close to Average
Fatma	+4	Close to Average	Raised
Harry	0	Very High	Very High
Kamran	-4	Raised	Close to Average
Laura	0	High	High
Lisa	-4	Close to Average	Close to Average

Table 3: SDQ score differences with descriptors pre- and post-intervention (T1-T2)

4.1.5 RQ 3: MSLQ-SV scores

A paired-samples t-test was used to examine changes in CAYP self-reported identification with, and use of, motivated strategies for learning between T1 and T2. Items of the MSLQ-SV are positively and negatively worded, therefore reverse scoring was applied where indicated by the scoring manual. The overall score represents the positive wording of all items, so higher scores indicated greater levels of the positive construct being measured (e.g. “I expect to do very well in this class”). The maximum possible score is 308. As investigated in prior analyses, an inspection of outliers was conducted but none were found.

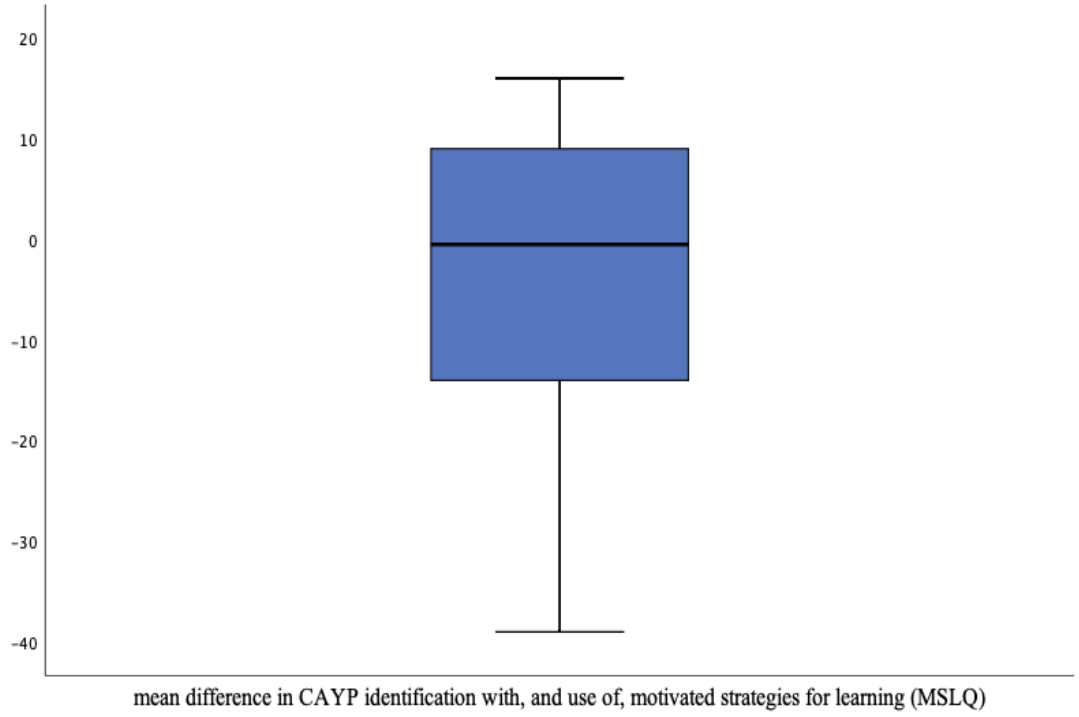

Figure 9: A boxplot to detect data outliers in MSLQ-SV scores

The data was also shown to be normally distributed through the Shapiro Wilk’s test (p = .48), thus meeting a central assumption for parametric analysis. Results from the paired-sample t-test revealed a small decrease in mean MSLQ-SV scores between T1 (M = 196.00) and T2 (M = 191.75) [95% CI: -19.21, 10.71], although this was not statistically significant, $t(7) = -.67$, $p = .52$.

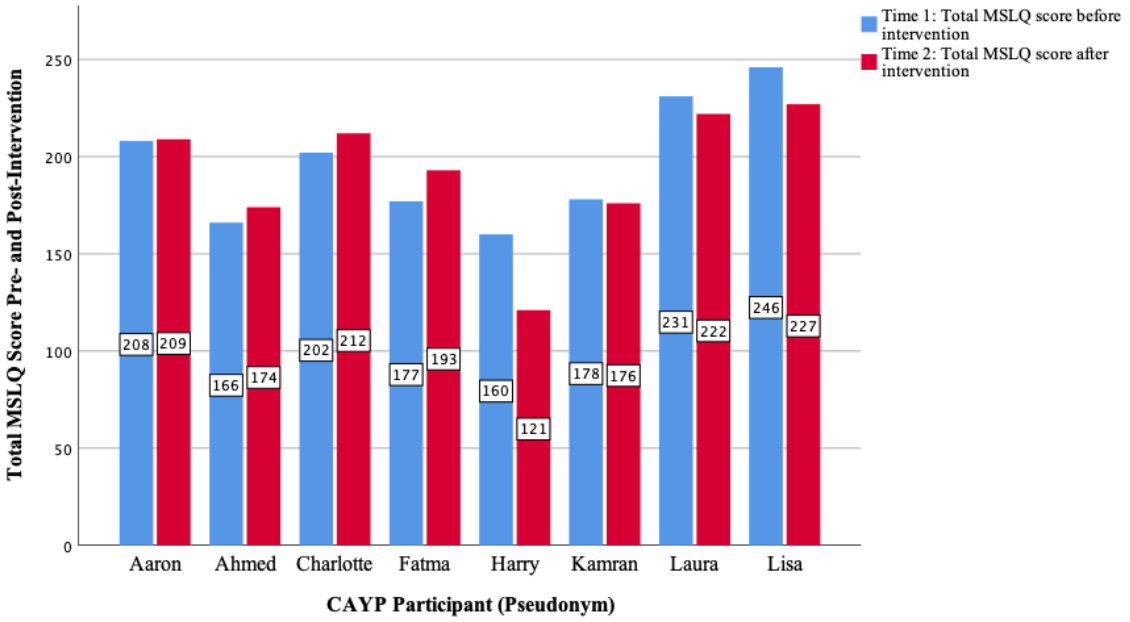

Figure 10: A bar graph presenting total CAYP MSLQ-SV scores pre- and post-intervention

As represented in Figure 9, four of the participants (Harry, Kamran, Laura and Lisa) reported a reduction in identification with, and use of, motivated strategies for learning between T1 and T2; Harry and Lisa's MSLQ-SV scores reduced notably by 39 and 19 points, respectively. For the remaining participants an increase in MSLQ-SV scores were reported ranging from +1 (Aaron) to +16 (Fatma).

4.1.6 Analysis of sessional data

4.1.6.1 RQ 4 and 5: Self-reported schoolwork anxiety and confidence

A binomial signs test was conducted to examine effects of the BEs intervention on CAYP anxiety and confidence experienced before and after completing a piece of challenging schoolwork. Schoolwork anxiety and confidence Likert-type scores were obtained from eight CAYP participants at the start and end of each session, producing paired data for analysis. It is important to note that a total of 9 sessions (out of a possible 48; 6 per CAYP) were missed across the whole CAYP cohort. This did not affect analysis for the pre- and post-intervention analysis as a full battery of data was collected.

Binomial signs analysis was employed via SPSS 25.0 to calculate overall pre- and post-session median differences in schoolwork anxiety and confidence and the results are displayed below. As a reminder, the scores were obtained with Likert-type scales (see Appendix I); the following symbols - and + reflect a decrease or increase in schoolwork anxiety and confidence.

Session one:

Anxiety: a reported median decrease of -1.00 was found; this was not a statistically significant difference (p = .37) between scores obtained at the start (*Mdn* = 5) and the end (*Mdn* = 4).

Confidence: no indication of a median increase or decrease in scores obtained at the start (*Mdn* = 3) and the end (*Mdn* = 4) was found

Session two:

Anxiety: a reported median decrease of -1.00 was found; this was not a statistically significant difference ((p = .12) between scores obtained at the start (*Mdn* = 4) and the end (*Mdn* = 4).

Confidence: a reported median increase of +1.00 was found; this was not a statistically significant difference (p = .21) between scores obtained at the start (*Mdn* = 3) and the end (*Mdn* = 4).

Session three:

Anxiety: a reported median decrease of -.50 was found; this was not a statistically significant difference (p = 1.00) between scores obtained at the start (*Mdn* = 5) and the end (*Mdn* = 3).

Confidence: no indication of a median increase or decrease in scores obtained at the start (*Mdn* = 3) and the end (*Mdn* = 4.5) was found.

Session four:

Anxiety: no indication of a median increase or decrease in scores obtained at the start (*Mdn* = 5) and the end (*Mdn* = 4) was found.

Confidence: no indication of a median increase or decrease in scores obtained at the start (*Mdn* = 3.5) and the end (*Mdn* = 4.5) was found.

Session five:

Anxiety: no indication of a median increase or decrease in scores obtained at the start (*Mdn* = 4) and the end (*Mdn* = 4) was found.

Confidence: a reported median increase of +1.00 was found; this was not a statistically significant difference (*p* = .12) between scores obtained at the start (*Mdn* = 4.00) and the end (*Mdn* = 6.00).

Session six:

Anxiety: a reported median decrease of -.5 was found; this was not a statistically significant difference ((*p* = 1.00) between scores obtained at the start (*Mdn* = 4.50) and the end (*Mdn* = 4.00).

Confidence: a reported median increase of +.50 was found; this was not a statistically significant difference (*p* = .5) between scores obtained at the start (*Mdn* = 3.50) and the end (*Mdn* = 4.50).

A closer look at the sessional data is displayed in Table 4 shows that of the 25 score differences in self-reported CAYP schoolwork anxiety, 19 (with a range of -1 and -4) of those revealed a reduction over the six-week period; 6 scores showed an increase (maximum increase of +1); 14 indicated no change in anxiety, and there were a total of 9 sessions missed. Data in Table 5 shows that of the 24 changes to CAYP schoolwork confidence, 19 (with a range of +1 and +6) of those showed an increase in confidence over the six-week period; 5 scores showed a decrease (maximum decrease of -2); 15 showed no change in

confidence; and, a total of 9 sessions were missed. It is important to note that the changes in schoolwork anxiety and confidence highlighted in Tables 4 and 5 occurred over one session, rather than between sessions, and each CAYP was supported by their allocated LSA to complete these measures. There is, therefore, a strong potential for responder bias, particularly as the scores were given in the presence of the supporting LSA. The researcher attempted to limit this potential bias by focusing the questions on the BE itself; however, it is an inevitable limitation that some of the CAYP may well have felt hesitant or uncomfortable in providing less favourable scores.

The overall visual inspection of the signs of difference in Tables 4 and 5 below revealed a numbers of CAYP reported no change in schoolwork anxiety and confidence before and after sessions; however, of those that did report a difference, 76% (19/25) of the changes showed a reduction in anxiety, and 79% (19/24) showed an increase in confidence. The abbreviation ‘md’ (shortened to represent ‘missing data’) is displayed in Tables 5 and 6 to clearly differentiate between sessions that led to no change in schoolwork anxiety and confidence, versus sessions that did not occur. It was deemed important to distinguish between missing data and sessions were no change was reported for transparency and to highlight salient points for later discussion.

CAYP	Session 1		Session 2		Session 3		Session 4		Session 5		Session 6	
	Difference in anxiety score	**Sign of difference**	**Difference in anxiety score**	**Sign of difference**	**Difference in anxiety score**	**Sign of difference**	**Difference in anxiety score**	**Sign of difference**	**Difference in anxiety score**	**Sign of difference**	**Difference in anxiety score**	**Sign of difference**
Aaron	3	-	0	-	3	-	1	+	md		md	
Ahmed	1	-	1	-	3	-	1	+	1	-	md	
Charlotte	1	+	1	-	1	+	0		1	+	md	
Fatma	md		md		0		2	-	3	-	1	+
Harry	0		2	-	0		2	-	0		1	-
Kamran	2	-	1	-	1	-	0		md		md	
Laura	3	-	0		4	-	2	-	md		0	
Lisa	0		0		0		0		0		-1	

Table 4: Schoolwork anxiety sessional data with score difference and sign of difference

CAYP	Session 1		Session 2		Session 3		Session 4		Session 5		Session 6	
	Difference in confidence score	**Sign of difference**	**Difference in confidence score**	**Sign of difference**	**Difference in confidence score**	**Sign of difference**	**Difference in Confidence score**	**Sign of difference**	**Difference in confidence score**	**Sign of difference**	**Difference in confidence score**	**Sign of difference**
Aaron	6	+	0		3	+	0		md		md	
Ahmed	1	+	2	+	2	+	1	-	1	+	md	
Charlotte	0		1	+	0		0		2	+	md	
Fatma	md		md		1	+	2	+	4	+	0	
Harry	1	+	1	-	1	-	1	+	1	+	1	+
Kamran	1	-	0		0		0		md		md	
Laura	2	-	1	+	0		3	+	md		1	+
Lisa	0		1	+	0		0		0		0	

Table 5: Schoolwork confidence sessional data with score difference and sign of difference

4.1.6.1.1 Missing data

The data highlighted in Tables 4 and 5 revealed that 50% (4/8) of CAYP did not receive six BEs session. Furthermore, 37% (3 out of 8) of CAYP (Aaron, Kamran and Fatma) received ¾ of the sessions. Consequently, Fatma, Aaron, Kamran and Laura did not complete the full six-session intervention as intended. The researcher noted that Fatma and Aaron were supported by LSA 1, whilst Kamran and Laura were helped by LSA 4. LSA 1 highlighted during a consultation with the researcher that they experienced difficulties arranging a time and space to see their allocated CAYPs. Furthermore, Both Participant 1 and 4 reported in the consultations that it was hard at the start of the intervention to get permission from teachers to take the CAYP from their classes, despite the consent given by parents, key school staff and, importantly, the CAYPs themselves. Therefore, two participating LSAs experienced notable barriers to implementation which impacted on the number of sessions their CAYP received - this is explored further in Section 4.2.6 exploring the impact of the wider context on the experiences of LSAs delivering the intervention. Interestingly, LSA 3 reported little difficulty in implementing the sessions in the questionnaire and consultations; she was the only LSA to deliver all six sessions to both her allocated CAYP (Harry and Lisa). In Section 3.3.3.2, basic information pertaining to the participating LSAs' background is presented; the researcher reviewed this data to explore whether previous LSA training and years of experience is associated with perceptions around intervention implementation. Consideration of this did not reveal salient or meaningful patterns to note. Attempts to anonymise participant limited the degree of background data the researcher could collect, analyse and present, particularly as information pertaining to previous academic training and years spent in the participating school is likely to make participants identifiable. Further research could expand knowledge of how the experiences of LSAs, including their educational and training backgrounds, might influence the implementation of therapeutic interventions in school

contexts. For example, does having more experience in a role and time spent in a school prepare school staff for adequately for overcoming potential barriers inherent in complex school systems and hierarchies? If so, how can the researcher ensure that training and negotiation with key school stakeholders supports lead facilitators in their roles?

4.1.6.2 RQ 6: Helpfulness of BEs

All 8 CAYP participants were asked to rate how helpful they found the BE they used at the end of each session. Thus this measure was only taken at six time points (once per session). A score of 1 indicated 'not at all helpful', 4 indicated 'somewhat helpful' and 7 indicated 'extremely helpful'. Analysis using descriptive statistics across sessional data revealed:

- Session one (n=6): median of 5; mean of 5.17; 4 (minimum score) and 7 (maximum score)
- Session two (n=7): median of 6; mean of 5.57; 4 (minimum score) and 7 (maximum score)
- Session three (n=8): median of 5; mean of 5.13; 3 (minimum score) and 7 (maximum score)
- Session four (n=7): median of 5; mean of 4.71; 2 (minimum score) and 7 (maximum score)
- Session five (n=5): median of 5; mean of 5.00; 4 (minimum score) and 6 (maximum score)
- Session six (n=4): median of 5; mean of 4.50; 4 (minimum score) and 6 (maximum score)

Over the six sessions, an overall median of 5 and an overall mean of 5.01 was found, suggesting - as depicted in Figure 11 - that BEs were generally reported as helpful by the CAYP.

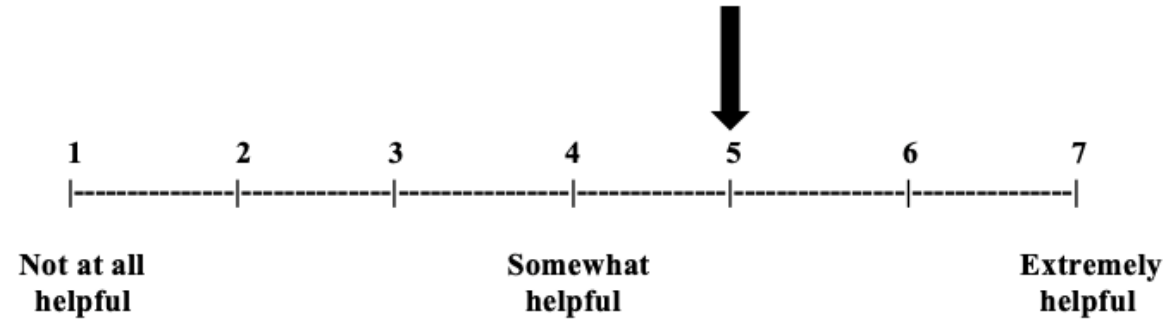

Figure 11: A Likert-type scale reflecting how helpful the BEs were according to the CAYP

Given that one of the CAYP reported a score of 2 for perceived helpfulness a BEs sessions, it was deemed important to explore the data further to ascertain any possible factors that contributed towards this. This score was provided by Ahmed in his fourth BEs session. His helpfulness scores in the previous three sessions were all 6, thus highlighting a marked reduction in perceived helpfulness for this particular session. As noted later in the qualitative analysis, Ahmed was supported by LSA 2, who shared in their Phase Two questionnaire that they sensed Ahmed found the sessions repetitive at times; it was noted by LSA 2 that several of the sessions focused on the same difficulties and topics which they felt led to Ahmed disengaging. In line with this, a potential hypothesis for the low score might pertain to Ahmed's negative experience of repetition. This finding has important implications for EP practice, which is outlined in Section 5.8.

4.1.6.3 RQ 7: Likelihood of reusing BEs strategies

All 8 CAYP participants were also asked to rate how likely they were to use the BE strategy tried in the session again for a similar piece of schoolwork again. This measure was also only taken at six time points (once per session). A score of 1 indicated 'will never use it again, 4 indicated 'somewhat likely to use it again' and 7 indicated 'will definitely use it again'. Analysis using descriptive statistics across sessional data revealed:

- Session one (n=7): median of 4; mean of 4.71; 3 (minimum score) and 7 (maximum score)
- Session two (n=7): median of 5; mean of 5.29; 4 (minimum score) and 7 (maximum score)
- Session three (n=8): median of 5; mean of 4.88; 3 (minimum score) and 7 (maximum score)
- Session four (n=7): median of 5; mean of 4.71; 3 (minimum score) and 7 (maximum score)
- Session five (n=6): median of 5; mean of 5.00; 3 (minimum score) and 6 (maximum score)
- Session six (n=4): median of 5.5; mean of 5.25; 3 (minimum score) and 7 (maximum score)

Over the six sessions, an overall median of 5 and an overall mean of 4.97 was found, suggesting - as depicted in Figure 12 - that CAYP would generally consider reusing the strategies practised in the BEs sessions again.

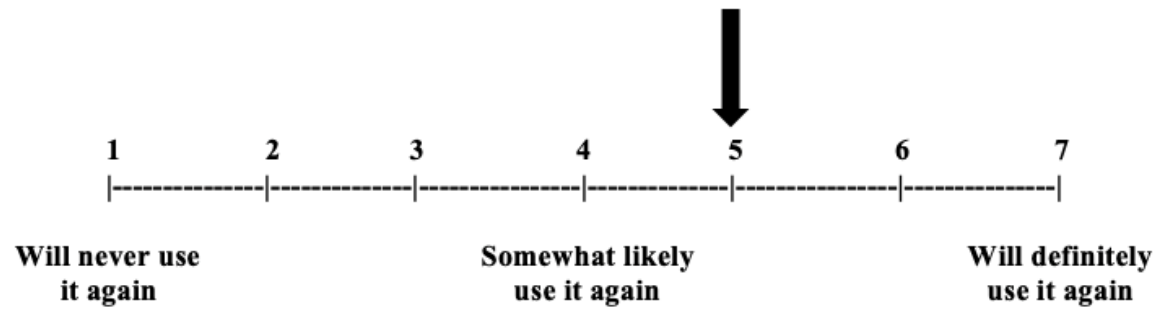

Figure 12: A Likert-type scale reflecting the overall likelihood of CAYP reusing BE strategies

4.2 Qualitative data analysis (phase two)

The analysis presented in this section outlines key themes generated from the responses of LSAs who took part in phase one of the current study to address the following research question: What are the views of the LSAs participating in the BEs training and intervention? To gather these views, the following questions were asked via an online questionnaire:

- What, if any, are the key points that stand out from taking part in delivering the CBT intervention?
- Thinking back on the whole process from training to the final CBT session, what did you find most useful?
- Thinking back on the whole process from training to the final CBT session, what did you think was most useful for the pupil?
- What went well?
- What went less well?
- How might the intervention be improved?

The qualitative data obtained for analysis included all answers provided by the LSAs through an online questionnaire. In addition, the researcher's notes from consultations with the LSAs over the course of the intervention were included in the analysis to further insight into the experiences of participants over time. The origin of all extracts are clearly stated for transparency; it is important to note that the consultation notes pertain to a mixture of the researcher's reflections, as well as direct comments made by LSAs. Tables are used in this section to summarise all overarching and associated subthemes, supplemented with examples of linked extracts. A thematic map is also included to provide an overall visual representation of the qualitative data (Braun & Clarke, 2006). It has not been possible to provide a detailed description of all subthemes included given this study employed a mixed methodology;

however, attention has been drawn to subthemes that represent:1) frequently expressed views (a general consensus); 2) notable discord (divergent views); and 3) profound experiences. A list of all overarching themes and subthemes with every corresponding data extracts identified from the data can be found in Appendix P.

4.2.1 Final thematic map

Before exploration of the salient themes identified via the TA process, this section presents the final thematic map with all overarching (shown in black) and associated subthemes (shown in green and yellow). Links across subthemes subsumed by overarching domains are depicted with a faint black line.

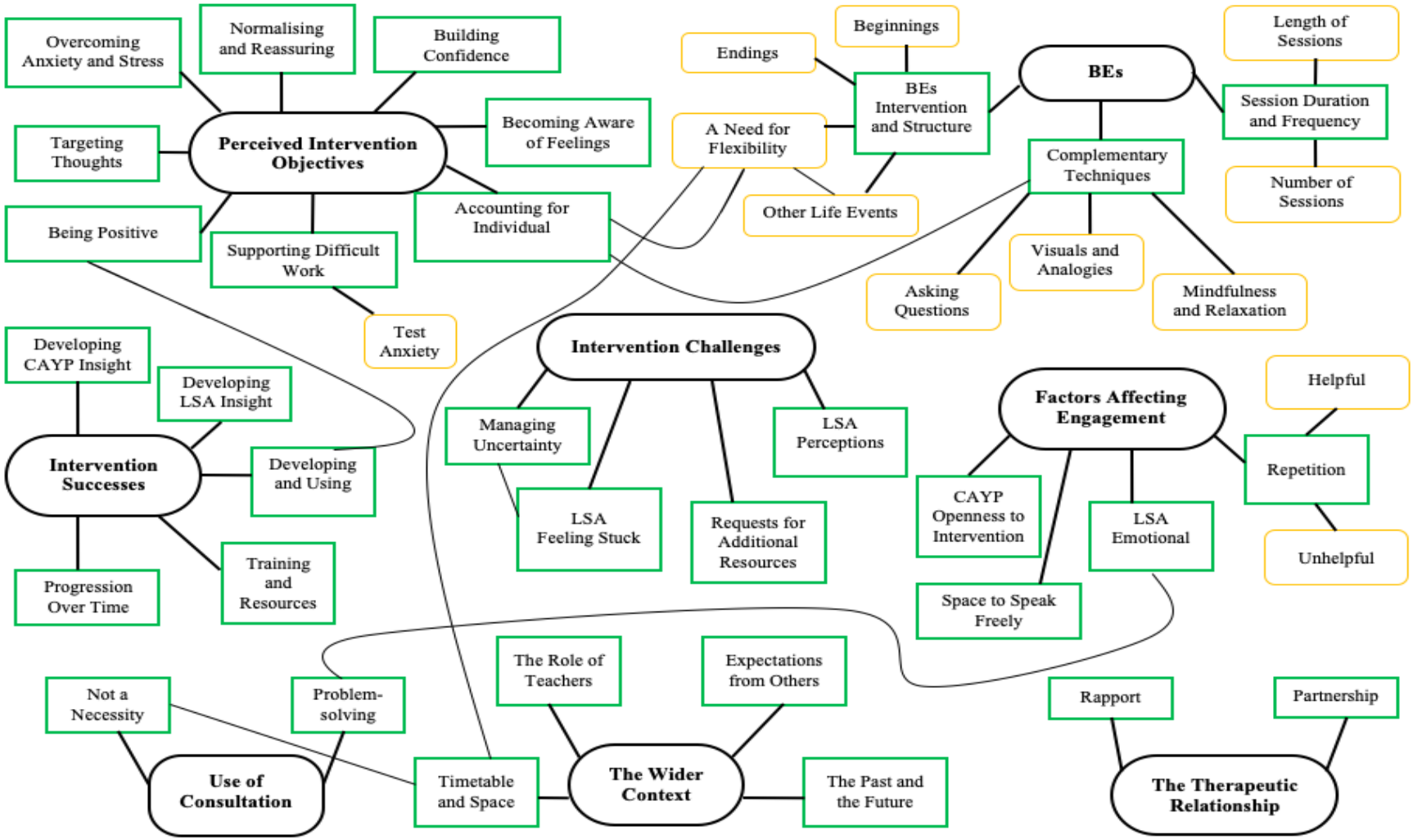

Figure 13: The final thematic map

4.2.2 'Perceived Intervention Objectives'

Overarching Theme	Subthemes	Example of Linked Extracts
1. Perceived Intervention Objectives	1.1 Overcoming Anxiety and Stress	***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"*
	1.2 Targeting Thoughts	**Participant One (consultation notes):** ***"****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"* **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 process"*
	1.3 Becoming Aware of Feelings	**Participant One:** *"Working out strategies. The student being able to understand how they are feeling"* **Participant Two (consultation notes):** *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)"*
	1.4 Supporting Difficult Schoolwork	**Participant One (consultation notes):** *"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 so these would be helpful"*
	1.4.1 Test Anxiety	**Participant Two (consultation notes):** *"Tests are a real trigger and concern for Ahmed: ("I have to remember things": "they make questions look hard")* *"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"*
	1.5 Accounting for Individual Differences	**Participant Three:** *"The first CBT session should be devoted to the identification of the individual student. Character, difficulties strengths, etc"*

1.6 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"*
1.7 Building Confidence	**Participant Three (consultation notes):** *"LSA spoke with them about changing their perspectives towards difficult work. Checking in and Harry is feeling more confident and positive"* **Participant Four:** ***"****Students seemed to become more and more confident"*
1.8 Normalising and Reassuring	**Participant One:** *"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"*

Table 6: Overarching theme one with corresponding subthemes, extract examples and links to quantitative analysis

The first overarching theme: 'Perceived Intervention Objectives' represents the LSAs' interpretations of the BE intervention's main focus and purpose. As illustrated in Table 6, eight subthemes emerged relating to the interventions' relevance to both psychological (e.g. 'Overcoming Anxiety and Stress') and educational (e.g. 'Supporting Difficult Schoolwork') domains, as identified by the LSAs (see Appendix P). Subtheme 1.2: 'Targeting Thoughts', represents views raised most frequently by the LSAs pertaining to key terms such as "beliefs" and "opinions". Participant One expressed in a consultation that Fatma demonstrated an awareness of her thoughts and feelings, as well as the skills to identify and label them in sessions; the LSA noted that the BE exercises generated discussions about Fatma's strongly-held beliefs about being "correct", although it is important to note that these are Participant One's interpretations of the discussions with

Fatma. Participant One hypothesised that these beliefs were key drivers in maintaining Fatma's checking and reassurance seeking from adults around her (see Appendix P). Further inspection of the consultation notes revealed that Participant One's experiences of identifying and targeting thoughts with Fatma were shared in the final consultation with the researcher; as such, Participant One's reflections formed part of reviewing the sessions alongside the researcher. There is limited information from the consultation notes to speculate further on Participant One's experiences of supporting Fatma, however, it seems the LSA was referring to difficulties challenging Fatma's NATs as opposed to identifying them.

Three of the LSAs noted using techniques from the intervention to explore cognitive processes and develop alternative thoughts (subtheme 1.2); Participant Three emphasised their intention was not to change CAYP opinions of schoolwork, rather they sought to boost CAYP positivity and confidence. The notion of imparting positivity and bolstering confidence appeared particularly important for Participant Three who referred to this in the questionnaire and during consultations with the researcher. Participant Two also highlighted the identification of positive thoughts to "override" negative thoughts. Such perspectives are important to note as although the intervention referred to helping CAYP develop "different", "new" and "alternative" thoughts (see Appendix P); there was not an explicit emphasis on helping CAYP to think more positively. Crucially, this is not a criticism of the LSAs interpretation; on the contrary, it shines a light on the importance of language and the potential influence of subjective meaning-making on how an intervention is experienced and delivered by a facilitator.

Subtheme 1.4: 'Supporting Difficult Schoolwork' relates to the LSAs direct experience of helping CAYP with challenging work in the BEs sessions. It was suggested by Participant One that Aaron found structured and broken down tasks easier to access. There was a suggestion that exercises involving longer, complex sentences and detailed information

were more difficult for Aaron, hence the suggestion by Participant One that he was quicker to complete mathematical tasks. It was also posed by Participant One in consultation with the researcher that Aaron had a speech and language difficulty, however, when the researcher enquired further with SEN department, it was noted that such difficulties were suspected but not diagnosed. This further attests to the complex nature of such interventions, including what is known or not known about the CAYP, and how perceptions can impact the experiences of facilitators and recipients. In addition to aspects of supporting difficult schoolwork, Participant Two shared challenges of supporting Ahmed with test anxiety (subtheme 1.4.1). The LSA noted that tests appeared to be a significant trigger for Ahmed (See Appendix P) and together they reportedly identified particular aspects of tests that were more or less difficult. It is important to note that the researcher did not offer additional training for supporting CAYP with exam anxiety, rather the intervention was designed to be flexible and applicable to a range of challenging schoolwork activities. There was support offered to Participant Two in the consultation about developing BEs to challenge NATs associated with tests and exam conditions, but this was in line with the BEs process outlined in training (see Appendix G) and intervention structure (see Appendix K) provided to all LSAs.

There also appeared to be a general awareness across LSAs that individual needs of the CAYP required reflection and consideration throughout the process. Participant Three (subtheme 1.5: 'Accounting for Individual Differences') noted the importance of understanding the uniqueness of each CAYP with regard to their character, including "strengths and weaknesses", and advocated for an initial session to meet and become acquainted with each CAYP. Furthermore, Participant One reflected on the uncertainty that comes with supporting an unknown CAYP. They showed curiosity about how the CAYP

might present in different contexts and wondered whether the opportunity to observe the CAYP in the classroom might offer further insights.

4.2.3 'BEs'

Overarching Theme	Subthemes	Example of Linked Extracts	Link to Quantitative Data
2. BEs	**2.1 BEs Intervention Structure and Process**		
	2.1.2 A Need for Flexibility	**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"*	Refer to section 4.1.6.2: Helpfulness of BEs
	2.1.3 Other Life Events	**Participant Three (consultation notes):** **"***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"*	
	2.1.4 Beginnings	**Participant One (consultation notes):** *"LSA feels there is a need for practising together at the beginning"* **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";*	
	2.1.5 Ending	P**articipant One (consultation notes):** *"Agreed we would meet for the last week to think about the ending";* **Participant Two (consultation notes):** ***"****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****".***	Refer to section 4.1.6.1.1: Missing data
	2.2 Session Duration and Frequency		
	2.2.1 Number of Sessions	**Participant Four (consultation notes):** **"***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"
2.2.2 Length of Sessions	**Participant Four (consultation notes):** *"30 minute sessions felt like long enough time to go through materials and develop a BE to try out in the classroom"*
2.3 Complementary Techniques	
2.3.1 Mindfulness and Relaxation	**Participant Two (consultation notes):** *"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"*
2.3.2 Visuals and Analogies	**Participant Three (consultation notes):** *"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)"*
2.3.4 Asking Questions	**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?"*

Table 7: Overarching theme two with corresponding subthemes, extract examples and links to quantitative analysis

Theme two broadly termed: 'BEs' signifies responses pertaining to the development and use of BEs that were further divided into three core subthemes: 'BEs Intervention Structure and Process', 'Session Duration and Frequency', and 'Complementary Techniques'. A key perspective shared by two of the LSAs regarding the intervention's structure and process involved the necessity for flexibility (subtheme 2.1.2: 'A Need for

Flexibility'). As highlighted in Table 6, Participant Three described how they worked in partnership with one CAYP to develop BEs to be practised outside of sessions; then, together, they used the following session to review the outcome and salient learning points. During the training, LSAs were encouraged to follow the guidance provided (see Appendices K & L), however, it was also acknowledged that for CAYP keen to implement strategies outside of sessions it would not always be feasible to develop, carry out and review a BE in one session. Consequently, it was discussed during the training workshop that BEs should be reviewed at a later date if it was not possible to try it out in the session. There is an important link here to the quantitative analysis - presented in Section 4.1.6.2 - highlighting findings pertaining to the CAYPs' perceptions of how helpful the BE was at the end of each session. Views expressed by some of the LSAs highlighted challenges for helping CAYP to rate BEs that had not necessarily been completed – a reflection noted in the 'Limitations' (Section 5.5).

Another idea raised by Participant Two in relation to intervention flexibility, suggested the BE structure could be altered part way through to focus on other aspects of the CAYP's life – albeit, to deviate from targeting anxiety in relation to challenging schoolwork. This perspective highlights different meanings that can be attributed to the term 'flexible'. For Participant Three it appeared that the flexibility to start and review BEs over different sessions yielded better outcomes for one CAYP, whilst Participant Two wondered whether the applications of the intervention to other life domains could be feasible. Therefore, connotations of what flexibility might look like appeared different across LSAs. This links helpfully with subtheme 2.1.3 (see Table 7) titled 'Other Life Events'. This derived from comments made by two participants about stressful life events, including other pupils at school and moving house. These helpful reflections are a reminder of context and the undeniable importance of accounting for individual differences – referred to previously. Both

participants felt, at times, the CAYP they supported wanted to talk about other important life challenges; again, these valuable insights reinforce how organic and unpredictable the process is in reality, requiring LSA participants to be attuned to each CAYP: actively observing and responding to the material as it unfolds.

Two further subthemes termed ‘Beginnings’ (2.1.4) and ‘Endings’ (2.1.5) emerged in relation to ‘BEs Intervention Structure and Process’ (2.1). The first subtheme reflects views offered by two participants about the need to practise together from the outset, as well as to have time at the beginning to build rapport (see Table 7). Another participant also advocated for the opportunity to initially observe the CAYP in classroom contexts to gain a sense of how they engage with schoolwork, including gauging how anxious they might be. Although these highlighted perspectives offer nuanced insights into the importance of beginnings and what might be helpful earlier on, they also demonstrate how mindful the LSAs were about being prepared, not only in having access to salient information about the CAYP, but also in fostering a meaningful rapport. In relation to ‘Endings’ (2.1.5), the researcher noted a dearth in reflections on this part of the process, except when LSAs agreed to attend the final consultation session. None of the questionnaire or consultation data specifically mentioned LSA experiences of the end. Points were raised about the process, in terms of learning points, successes and areas for improvement, however, data related to the ending of sessions specifically, did not emerge. It was noted in Section 4.1.6.1.1 of the quantitative analysis that only 25% of CAYP participants received six sessions; three also did not attend or receive their final session, suggesting potential uncertainty about when the ending might be. Perhaps the difficulties associated with ending therapeutic relationships were challenging to think about or share with the researcher; or from an alternative perspective, the research process may not have provided adequate space to enable LSAs to process and reflect on latter phases on the intervention.

The subtheme named ‘Complementary Techniques’ (2.3) captures three further subthemes: ‘Mindfulness and Relaxation’ (2.3.1), ‘Visuals and Analogies’ (2.3.2), and ‘Asking Questions’ (2.3.3). As shown in Table 6, these subthemes represent how LSAs incorporated techniques to complement the BEs process. Although the use of questions, visuals and relaxation techniques were highlighted in the training, the responses suggest LSAs worked in collaboration with the CAYP, drawing on preferred strategies chosen or even introduced by the CAYP themselves. These findings appear to link with reports by some of the LSA participants to create a responsive, child-led approach (subtheme 1.5: ‘Accounting for individual Differences’).

4.2.4 ‘Intervention Successes’

Overarching Theme	Subthemes	Example of Linked Extracts
3. Intervention Successes	3.1 Developing CAYP Insight	**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”* **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”*
	3.2 Developing LSA Insight	**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.”* *“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”*
	3.3 Developing and Using BEs	**Participant Three:** *“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”* **Participant Four:** (in response to the question “What went well?”)

	"The coping strategy discussion, because students were prompted to talk about their experience and reflect on themselves"
3.4 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"* **Participant Three:** **"***The training was really useful as it gave us all the strategies and preparation on the CBT sessions"*
3.5 Progression Over Time	**Participant Four*:*** *"Students seemed to become more and more confident and opened up regarding their feelings, thoughts and emotions about themselves"*

Table 8: Overarching theme three with corresponding subthemes, extract examples and links to quantitative analysis

As illustrated in Table 8, the third overarching theme 'Intervention Successes' is comprised of five subthemes: the development of CAYP (3.1) and LSA (3.2) insights, 'Developing and Using BEs' (3.3), LSA views on 'Trainings and Resources' (3.4), and, 'Progression Over Time' (3.5). The notion of 'developing CAYP insight' stemmed from language used by the LSAs in relation to CAYP "beginning to realise and appreciate", "seeing" their thoughts and understanding more about the strategies they use to overcome anxiety and worry. Participant Two (see Table 8) referred to the uniqueness of an intervention to help CAYP "evaluate and observe their mental processes", suggesting that CAYP do not usually have the opportunity to do so within school contexts. Furthermore, Participant Two also reflected on the insights they acquired through taking part. Their extract used to convey 'Developing LSA Insights' (3.2) hints at their own learning about the CAYP, helping to gauge "how the student thinks and feels". Similar comments directly about the LSA's own learning were not found in the data, although that is not a suggestion that other LSA participants did not encounter new insights. On the contrary, as explored later in the overarching theme 'The Therapeutic Relationship', reference is made to a sense of

collaboration and partnership, suggesting that some, if not all, of the LSAs engaged as active agent throughout process; such a presence requires the need to gauge, respond, and therefore, learn, about the CAYPs' hopes and needs.

Perspectives shared regarding structure and process of the intervention were highlighted in Section 4.2: 'BEs'. However, the subtheme 3.3 'Developing and Using BEs' shown in Table 8 links specifically to perceived successes from using BEs. Out of the four, three LSAs made explicit reference to the gains of BEs for the CAYP they supported. The extracts in Table 8 conveys benefits included how the experiments helped change CAYP perspectives; to help them "give it a go" in the face of difficulties. Participant Three's particular quote highlights the association between thoughts and behaviours – a fundamental principle of BEs, raising awareness of the powerful links between cognitions, emotions and coping mechanisms. Participant Four reported in the questionnaire in response to "what went well?" that discussions around coping strategies were helpful through encouraging the CAYPs to reflect on their own experiences. Again, this perceived success aligns with the importance of evaluation and reflexivity in experiential learning discussed in Chapter One (Section 1.5.1) and, as such, plays an essential role in the BEs process (Bennett-levy et al., 2004; Kolb, 1984; Lewin, 1946).

For three of the LSAs, reference was made to the notion of change over time, including reflections that the beginning felt less comfortable, yet CAYP confidence appeared to increase as the sessions progressed. Participant One, in particular, reported that their understanding of the session and CAYP evolved over the course of the sessions. Perhaps, as CAYP confidence grew and Participant One felt more knowledgeable in their position as lead facilitator, their confidence also increased as they became more comfortable with the BEs process and familiar with the CAYPs. Participant One may have attributed improvements in CAYP confidence to the intervention and their own skills as facilitator, which in turn, may

have helped Participant One feel empowered and optimistic about future sessions. Although these suggestions are hypotheses as it has not been possible to reflect on such insights with the participants, this data highlights how the emotional experiences and perceptions of facilitators might influence the extent to which an intervention is conceived to be successful.

4.2.5 'Intervention Challenges'

Overarching Theme	Subthemes	Examples of Linked Extracts
4. Intervention Challenges	4.1 Managing Uncertainty	**Participant Two***:* *"young people in such a setting means that the session (the conversation) could go in any direction"* *"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"*
	4.2 LSA Perceptions of the CAYP	**Participant One (consultation notes):** **"***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"*
	4.3 Requests for Additional Resources	**Participant One (consultation notes):** *"Forward LSA some emotion/word resources; using zones of regulation to discuss emotions/coping strategies"*
	4.4 LSA 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***".**

Table 9: Overarching theme four with corresponding subthemes, extract examples and links to quantitative analysis

'Intervention Challenges' is subsumed by four subthemes as highlighted in Table 9. Two of the participants reflected in their questionnaires responses about the unpredictability of each session, as well as the uncertainty of not knowing how to carry out aspects of the intervention – hence the inclusion of 'Managing Uncertainty' (4.1) as a subtheme. Participant One added that at the beginning it was difficult to support the CAYP to complete the last two

questions regarding how helpful the intervention was and the likelihood they would reuse the strategies. This resonates with earlier discussions around carrying out BEs within or outside of a session; providing potential for flexibility might have been experienced by LSAs as anxiety provoking and confusing. On one hand, flexibility might be experienced as an opportunity for LSAs to work in accordance with the individual needs and pace of the CAYP, rather than feeling pressured to develop and complete BEs in the session. However, as none of the LSAs reported prior experience of CBT interventions and BEs, flexible guidance on whether BEs should be completed in or outside of the session may have been experienced by some LSAs as unsettling, particularly as it required them to use their own judgment which is a challenging task when there is limited therapeutic experience to drawn upon. The uncertainty inherent in delivering therapeutic interventions linked to the subtheme 'Feeling Stuck' (4.4). Participant Two explained difficulties they encountered to develop BEs for the specific difficulties brought by the CAYP. This reflection somewhat parallels the sense of 'not knowing' captured by 'Managing Uncertainty' (4.1), and yet, edges into ideas around competency: LSAs feeling able to respond in spite of the uncertainty faced in sessions.

The subtheme 'LSA Perceptions of the CAYP' (4.2) pertains to reflections offered by two participants about their personal experiences of working with the CAYP, including beliefs about the outcome of the intervention. Participant One disclosed during consultation they felt neither CAYP would use the strategies due to being "shy" (Table 9). Reference was then made to Aaron's (CAYP) worries about being "dumb" or "stupid", inferred as suggesting that his beliefs would be a barrier to using BEs in classroom contexts. On one hand, there might have been a reality to the scepticism expressed in light of sensitive conversations had in sessions – perhaps Aaron disclosed feeling unable to try out the strategies in different contexts; on the other, the LSAs reservations may have been influenced by their own experiences and interpretations of the CAYP and the intervention itself. It is not

possible to comment on whether such perceptions had a detrimental impact on the sessions, but inclusion under the theme "Intervention Challenges" was deemed justifiable by the researcher, as delivering an intervention that is believed to be highly challenging for a CAYP is likely to, in turn, pose dilemma's for the facilitator.

4.2.6 'The Wider Context'

Overarching Theme	Subthemes	Examples of Linked Extracts	Link to Quantitative Data
5. The Wider Context	5.1 Timetable and Space	**Participant One (in response to the online question: "What went less well?"):** **"***Finding the time to do the intervention or trying to reschedule a missed intervention"*	Refer to section 4.1.6.1.1: Missing data
	5.2 The Role of Teachers	**Participant One (in response to the online question: "What went less well?"):** *"Getting permission from the class teacher for the student to be out of their lesson"* **Participant Four (consultation notes)*:*** *"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"* **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"* *"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)"*	

5.3 Expectations from Others	**Participant Two (consultation notes discussing a thought identified by Charlotte**): *"I am in top set and expected to do well" (expectation from others)"* **Participant Three (consultation notes discussing Lisa):** *"Anxious about Mandarin and not sure how to handle teacher".*
5.4 The Past and the Future	**Participant Two (consultation notes discussing Ahmed**): *"Anxiety about choosing his A levels and where is life is going to go"* *"Year 7 got a bad grade and mum got angry; he ripped up the paper, brought it back and gave it to the teacher"*

Table 10: Overarching theme five with corresponding subthemes, extract examples and links to quantitative analysis

'The Wider Context' - the fifth overarching theme - developed from LSAs' references to the impact of wider psychological, cultural and systemic influences. Four salient subthemes were created to differentiate between external factors: 'Timetable and Space' (5.1), 'The Role of Teachers' (5.2), 'Expectations from Others' (5.3), and 'The Past and the Future' (5.4). In relation to subtheme 5.1, three LSAs remarked on different experiences around accessing rooms and creating time to see each CAYP. In response to the question: "What went less well?", Participant One expressed how finding the time to carry out the intervention, or rescheduling sessions where needed, was a significant challenge. This participant raised such concerns in the questionnaire and during the consultations with the researcher; it was discussed that Participant One felt they should liaise with the SEN administrator to ensure capacity to carry out the intervention. At this juncture, it is deemed helpful to draw attention to earlier quantitative analysis revealing the number of sessions missed (see Section 4.1.6.1.1). Only two of the CAYP participants received the full six sessions, with a minimum of four sessions delivered. Further inspection of the data and

liaison with the LSA participants revealed that out of a possible 48 sessions, 9 were missed; 2 of those were due to CAYP absence, suggesting 7 were missed due implementation barriers. Interestingly, LSAs who encountered logistical barriers did not comment on the direct impact of sessions in the questionnaire. Offering a different view, Participant Two noted that from the outset, they were able to book rooms and collect CAYP from classrooms, suggesting that not all LSAs experienced the same barriers to implementation.

Insights into 'The Role of Teachers' (5.2) were offered to varying degrees by all LSAs. Participant One described the need to ask for "permission" from teachers to work outside of the classroom to deliver the intervention; Participant Four also alluded to this during consultation about sessions with Kamran. As highlighted in the consultation notes, it was made clear in the recruitment material (see Appendices E & F) that parents and CAYP were consenting to be taken from class to engage in sessions; as such, LSAs and the SEN department consented and offered support for LSAs to seek CAYP from lessons, with the guidance to contact the researcher in the event of difficulties. As highlighted in Table 10, Participant Two offered a different view, suggesting "I had no resistance from class teachers"; therefore, not all LSAs encountered the same difficulties in negotiating with teachers. The context here highlights the marked complexities of communicating with school staff whose cooperation is essential to ensure sessions can be protected. This mirrors earlier points pertaining to the costs and benefits of intervention flexibility, and the extent to which providing autonomy to LSAs can be construed as empowering, or hindering. During the analysis, it was wondered whether the implementation difficulties some, but not all, facilitators experienced are attributed to wider, systemic factors (e.g. timetable and space, negotiating with teachers and managing expectations from others), or whether there were also salient individual and unique factors related to each LSA. For example, Participant Two noted little or no resistance from teachers and felt able to book rooms to ensure the

interventions went ahead - a contrasting experience to Participant One. As both LSA worked in the same department of the same school and received the same level of BEs training and preparation from the researcher, it is plausible that the LSA's personal approaches to implementation, as well as their pre-existing relationships with members of wider system, influenced the BE sessions – in relation to their experiences as well as the reality. There is limited information on the strategies used by the LSAs to expand on this further, which is a notable limitation of the study and an important consideration for future EP practice – this might include further work with the wider system and more input in facilitator training to ensure implementation consistency and problem-solve potential concerns (e.g. teachers worried about CAYP missing key learning from lessons through taking part).

4.2.7 'The Therapeutic Relationship'

Overarching Theme	Subthemes	Examples of Linked Extracts
6. The Therapeutic Relationship	6.1 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";* **Participant Four (consultation notes):** *"Laura (CAYP) 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"*
	6.2 Partnership	**Participant One (in response to the question "What did you find most useful?")** ***"****Being able to work with students in helping them try to overcome feeling anxious"* *"Being able to work with students to work out different strategies"* **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"*

Table 11: Overarching theme six with corresponding subthemes, extract examples and links to quantitative analysis

Theme six titled 'The Therapeutic Relationship' was divided into two key subthemes: 'Rapport' (6.1) and 'Partnership' (6.2). Subtheme 6.1 pertained predominantly to the views of Participant Four who reflected in the questionnaire and as part of the consultation process about the time it took to build rapport with both CAYP. Participant Four reflected that although Laura reported finding the sessions helpful, there were "long silences" accompanied with difficulties knowing what questions to ask. This view highlights the potential conflict, or discord, in CAYP and LSA experiences; an intervention might be perceived as helpful, yet still arouse discomfort.

The researcher took careful consideration in attempts to differentiate between 'Rapport' (6.1) and 'Partnership' (6.2), as one might argue that they are reciprocal in nature, and are not necessarily mutually exclusive. For example, does partnership foster greater rapport, and vice versa? Although disentangling the bidirectional relationship between both concepts is beyond the immediate scope of this study, it serves as a reminder that the psychological constructs under analysis are unavoidably influenced by the researcher's own constructs, and importantly, the data available upon which to make meaningful inferences. It was concluded that some LSAs referred more widely to what partnership, or the lack of it, might look and feel like, without specific comment on the quality of the relationship; therefore, it was deemed useful to group them separately with the overarching semantic link. Subtheme 6.2 stemmed for the language used to convey a sense of being "with" or alongside the CAYP (see Table 11). Rather than imposing a view, Participant One reported that what they found most useful about the intervention was helping the CAYP to work out different strategies to use. Again, the phrase "working out" was argued to denote a sense of joint problem-solving; a task that requires two, a partnership. Interestingly, Participant Three

referred to sharing their main targets of the intervention with the CAYP. On one hand, this could represent the LSA's intention to be transparent and open which is integral to building an adaptive therapeutic relationship; however, what is less clear from their response is how, and if, the CAYPs were also involved in sharing hopes and goals for the intervention. Thus, sharing alone may not reflect the presence of a partnership if the CAYP's response is not absorbed or sought. Participant Three, who reflected on the importance of rapport highlighted previously, said they felt powerless to encourage one of the CAYP to respond to questions in the first sessions. This difficult experience suggests a perceived lack of partnership and collaboration, conjuring an image of a one-sided conversation filled with potential silence.

4.2.8 'Factors Affecting Engagement'

Overarching Theme	Subthemes	Examples of Linked Extracts
7. Factors Affecting Engagement	**7.1 Repetition**	
	7.1.1 Helpful Repetition	**Participant Three:** *"Repetition of the same things seems to work as well as prompting them to be positive and give it a go!"*
	7.1.2 Unhelpful Repetition	**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"*
	7.2 LSA Emotional Experiences	**Participant Four (consultation notes):** **"***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"*

7.3 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"*
7.4 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"* *"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"*

Table 12: Overarching theme seven with corresponding subthemes, extract examples and links to quantitative analysis

The overarching theme 'Factors Affecting Engagement' developed from patterns identified in the data that referred to the LSAs' experiences of engaging the CAYP in the intervention. At this juncture it is important to note these views were expressed more frequently by Participant Two and Participant Four, with regard to their questionnaire and consultation data (see Appendix P). During the analysis process, the researcher argued that themes could emerge through patterns in the data demonstrating both consensus and difference across participant responses; in addition, where attempts were made by participants to emphasise a perspective through repetition (e.g. when mentioned in across more than one questionnaire response, or in multiple consultation sessions), it was deemed important to capture such insights within a theme. Four subthemes were generated: 'Repetition' (7.1) - divided further according to reports of being 'Helpful' (7.1.1) and 'Unhelpful' (7.1.2); 'LSA Emotional Experiences' (7.2); 'Space to Speak Freely' (7.3); and, 'CAYP Openness to Intervention' (7.4). In reference to subtheme 7.1, it seemed as though Participant Two and Participant Three differed in their experience of repetition inherent to BE principles. As highlighted in Table 12, Participant Two described feeling stuck with

developing some of the BEs, resulting in revisiting the same thoughts and activities generated in earlier sessions. Furthermore, they reflected that the repetition resulted in one CAYP disengaging from some of the sessions, hence why it was included under 'Factors Affecting Engagement'. On the other hand, Participant Three made a direct comment that repetition of work helped to build positivity (see Table 12). Potential disparity observed here between LSA views on repetition justifies attempts by the researcher to capture a range of facilitator perspectives, particularly given the differences observed between how LSAs responded to a manualised approach. The researcher wondered whether Participant Two viewed the repetition as unhelpful and as a detrimental to CAYP engagement because of their own difficulties with developing experiments to gather evidence for or against the NATs. The process of revisiting NATs without new or different information - gathered through experiments- to help evaluate them is likely to be experienced as repetitive and unhelpful. However, if such NATs are explored in light of different information gleaned from observations or through trialling a new strategy in the session or classroom, the potential for a shift in perspective might actually serve to enhance engagement. For Participant Three, they felt that revisiting the BEs helped maintain CAYP positivity and motivation to "give it a go"; perhaps, the strengths-based approach Participant Three employed to reflect with the CAYP on past BEs highlighted the successes and key learning from taking part - bolstering engagement and enhancing the overall intervention experience.

The different experiences shared by Participant Two and Three shed light on the role of CAYP feedback – if repeating exercises appear to be frustrating for some CAYP, LSAs might feel disinclined to review and revisit thoughts, feelings and strategies due to concerns for its impact on engagement; conversely, in cases where CAYP are deemed to respond more positively to repetition, they may be viewed as 'engaged' and may receive further opportunities for repetition and consolidation. These considerations raise important questions

about what is meant by 'engagement', and crucially, how engagement is conceptualised by the participating LSAs; a CAYP unable to complete the BEs exercise may be genuinely disengaged due to multiple factors; yet, arguably there are likely to be subtler forms of engagement that can be easily overlooked.

For Participant Four, there was a powerful exploration of feelings in the consultation session which is represented by subtheme 7.2 (see Table 12). Although a majority of the LSAs hinted at the emotions behind delivering the intervention, Participant Four talked more openly about feeling intimidated by one CAYP in the early stages of the intervention (see Table 12) - though noting later during a consultation session that their rapport improved over time. Participant Four enquired about the researcher's own experience of meeting the CAYP; this was interpreted by the researcher as an attempt to connect with the difficult feelings and explore the unique dynamic between LSA and CAYP. Regarding engagement, Participant Four commented of the CAYP's low confidence and found that he was not answering the questions she asked. Therefore, it less clear whether feelings of intimidation pertained to the CAYP's presentation, to the LSAs perceived difficulties with delivering the intervention within a stepped, manualised frame - or both.

4.2.9 'Use of Consultation'

Overarching Theme	Subthemes	Examples of Linked Extracts
8. Use of Consultation	8.1 Not a Necessity	**Participant One (consultation notes):** "*This LSA does not feel they need further consultation with researcher as they feel they knows what they are doing and have a good structure/routine with both students"* **Participant Two (consultation notes):** **"***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"*
	8.2 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"*

Table 13: Overarching theme eight with corresponding subthemes, extract examples and links to quantitative analysis

'Use of Consultation' - the final overarching theme - is comprised of 'Not a Necessity' (8.1) and 'Problem-solving' (8.2). Participant Four was the only LSA to make reference to their use of consultation via the questionnaire. As detailed in Table 13 (8.2), this LSA described how the meetings served to resolve problems that emerged from the sessions. Highlighted previously, Participant Four also spoke about difficult feelings experienced in sessions, suggesting the space provided valuable opportunities for them to process information, and perhaps debrief to be prepared for later sessions. Interestingly, the other LSAs felt they did not require weekly consultation sessions; Participant One expressed confidence in what they were doing and reported establishing a helpful structure and routine with each CAYP (see Table 13). Patterns in the data pertaining to use of consultation suggest that for the majority of LSAs, except Participant Four, weekly consultation sessions were perceived as unnecessary, despite details of barriers and difficulties encountered throughout the intervention (see Tables 9, 10, 11 & 12).

To supplement the experiences shared by LSAs pertaining to use of the consultation sessions, it was deemed helpful to also include, at this juncture, the actual number of consultation sessions taken up between Weeks 1 and 6 of the intervention period.

	Consultation Sessions						
LSA	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Total No. Attended**
1	X	X				X	3
2	X					X	2
3	X			X		X	3

4	X	X		X	3

Table 14: Number of consultation sessions used by LSA participants

As shown in Table 14, all LSAs accessed the consultation sessions in Weeks 1 and 6 as stipulated in line with ethical commitments to ensuring all participants had support at the beginning and end of the intervention. 75% of LSA participants used three or less consultation sessions; none of the LSAs used the full number available. This data suggests that when given the autonomy to attend consultation, LSAs did not seek to use the space on a regular basis, rather they used it when directed to by the researcher, or as a response to a perceived need. It is important to note that LSAs were reminded of the consultation space available each week via email, however, four of the sessions were voluntary and required them to confirm their attendance by email.

4.3 Chapter summary

Chapter four presented key findings derived from the quantitative and qualitative analyses employed in the current study. The final chapter will offer deeper discussion of the findings in the context of the research questions and current literature base. There is consideration of the study's merits and limitations, with reflections on future research and wider implications for EP involvement and practice.

5. Discussion

This chapter firstly considers findings from phases one and two in relation to the primary research questions, highlighting implications for the provision of a CBT-informed intervention, delivered by school staff, for CAYP anxious about schoolwork. Thereafter, a critique of the study's methodology is offered to establish clear scope and rationale for future research to extend valuable insights into this area. Crucially, implications for EP practice are explored, with recommendations for EP involvement in the provision of training and consultation to support the implementation of the BEs intervention in school settings. Finally, a conclusion summarising the overall purpose, findings and implications of the current study is provided.

5.1 Research aims and questions

As highlighted in Section 2.3, there appears to be a dearth in literature pertaining to the delivery of CBT interventions by school staff for individual CAYP experiencing anxieties about schoolwork. Furthermore, BEs are well regarded as useful therapeutic tools, incorporating thought-challenging and behavioural strategies, simultaneously, to improve psychological wellbeing and develop metacognitive skills integral to learning (Bennett-Levy et al., 2004; Clark, 1999; Greenberger & Padesky, 1995; Wells, 2000); however, there is limited empirical evidence regarding their specific use in CAYP populations. Lastly, research has highlighted inconsistencies in the effects and experiences of school staff as facilitators in school-based CBT interventions (Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Squires & Caddick, 2012; Weeks, Hill & Owen, 2017); therefore, there is clear rationale for further attempts to explore facilitator experiences and perspectives.

Given the potential for important development in the aforementioned areas of research, the aims of the current study were to, firstly, examine the effectiveness of a therapeutic CBT-informed intervention, delivered by school staff, in reducing levels of general and schoolwork anxiety experienced by secondary-aged CAYP; and, in light of the participating school's own initiative to develop pupils' metacognitive skills and the potential role of BEs to do so (Bennett-Levy et al., 2004; Wells, 2000; White & Frederikson, 1998), the study also sought to examine effects on CAYP identification with, and use of, motivated strategies for learning. Secondly, the current study sought to capture the views of participating school staff (LSAs) undertaking a key role as intervention facilitator. A mixed-methods approach was utilised over two phases in an attempt to answer the explanatory (see Section 4.1.2) and exploratory questions (see Section 4.2) highlighted in Chapter Four.

5.2 Critical summary of phase one findings (pre- and post-intervention)

5.2.1 Reflections on RQ 1: To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported anxiety?

The results presented in Section 4.1.3 initially indicated that no evidence of a statistically significant effect of the BEs intervention on CAYP general anxiety (as opposed to schoolwork anxiety) was found. Closer inspection of the mean differences in SCAS scores (Spence, 1998) between T1 and T2 revealed seven of the eight CAYP reported reductions in anxiety, with decreases ranging from -5 to -12 (see Table 2 in Section 4.1.3). As identified, three CAYP moved from 'elevated' to 'normal' ranges; two remained within 'normal' ranges - although both reporting reductions - and two CAYP reported reductions whilst remaining in 'elevated' ranges at T2. Although the modest findings indicated promise for the utility and benefits of the BEs intervention, it is important to note that one CAYP (Fatma) actually reported higher levels of anxiety post intervention – indicated by a 10-point increase in her SCAS score. She started the intervention in the 'elevated' range and this appeared to persist

upon completing the intervention. Closer inspection of Fatma's SCAS data revealed no change for her on items of the measure that pertain more specifically to schoolwork. Out of the 44 items in total, the following items were looked at by the researcher:

Item 6: "I feel scared when I have to take a test";
Item 10: "I worry that I will do badly at my schoolwork";
Item 43: "I am proud of my schoolwork".

For Items 6 and 10, Fatma responded "always" at T1 and T2; she also responded "sometimes" for Item 43 at T1 and T2. Therefore, Fatma did not report changes in school-related items on the identified SCAS items after engaging in the BEs intervention. Interestingly, Fatma did report a reduction in "worry that something awful will happen to someone in my family", moving from "always" to "sometimes" at T2. Furthermore, in response to Item 22: "I worry that something bad will happen to me", Fatma indicated "always" at T1 but this reduced to "sometimes" at T2. Although it is important to be cautious when analysing these findings, deeper inspection of the SCAS data suggested Fatma experienced less worry about bad things happening to her and her family at the end of the intervention. It is not possible to be confident that this is a result of the intervention, particularly as the sessions were focused on schoolwork anxiety – to which no change was reported according to the SCAS measure; however, it does highlight that using a more general measure of anxiety provides opportunities to explore wider influences of the intervention on CAYP wellbeing.

Given all other CAYP reported reductions, and with SPSS 25.0 interpreting Fatma's total SCAS score as an outlier deviating from general data trend, analysis was repeated excluding Fatma's data. The revised analysis revealed a statistically significant decrease in

anxiety scores between T1 and T2 points of the intervention. It was deemed important to report both sets of results for transparency, as well as to highlight that for Fatma the intervention may have served to increase her anxiety levels – a vital finding that requires investigation later in Section 5.2.4.

Overall, the findings from RQ 1 analysis are indicative of modest reductions in anxiety for the majority of CAYP participants, although given the limited sample size and potential for detrimental effects for individual CAYP, it is necessary to apply caution when considering the implications of such results. The trend observed is consistent with prior research described in Section 2.2.3, reporting statistically significant reductions in anxiety reported by CAYP after engaging in a group-based CBT intervention at school (Luxford, Hadwin & Kovshoff, 2017; O 'Callaghan & Cunningham, 2015; Rodgers & Dunsmuir, 2013; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014).

Crucially, a study cited in the literature review (Weeks, Hill & Owen, 2017) warned that the appropriate identification and selection of CAYP most likely to benefit from a CBT-based therapeutic intervention is key to enhance meaningful gains. As shown in Table 2, six of the eight CAYP reported 'elevated' levels of anxiety before starting the BEs intervention, thus prior to engaging 75% of CAYP participants experienced a higher number of anxiety symptoms compared to expected levels for their age and gender (Spence, 1998). These findings suggest the selection process employed in the current study - including the provision of clear guidelines around CAYP eligibility in conjunction with utilising a pre-established referrals space and opportunities to discuss anonymised cases with the researcher- provided the necessary platform for school staff to identify CAYP likely to benefit from therapeutic intervention tailored specifically to target anxiety.

Another interesting finding pertains to the two CAYP who reported the highest SCAS scores at T1 (Harry: 98th percentile, and Laura: 95th percentile). Both subsequently

reported decreases in anxiety symptoms at T2 (Harry: -4, and Laura: -11), although these were not the biggest changes observed in the CAYP cohort. This particular finding is noted by the researcher as it highlights the possibility for CAYP experiencing high levels of general anxiety to fully engage in the BEs intervention process.

5.2.2 Reflections on RQ 2: To what extent do BEs, delivered by LSAs in a school, reduce CAYP self-reported difficulties?

The current study focused predominantly on the impact of BEs intervention on anxiety and metacognitive skills. However, inclusion of the SDQ (Goodman, 1997) as a dependent variable served to highlight any potential intervention effects on the CAYPs' perceptions of their strengths and difficulties – particularly due to use of cognitive restructuring strategies to reframe NATs and an emphasis on adaptive coping mechanisms. As highlighted in Section 4.1.4, no statistically significant intervention effects were found between SDQ scores across T1 and T2. Five CAYP reported reductions in perceived difficulties; of those, two of the CAYPs' T2 scores suggested they had moved from "very high" (Ahmed) or "raised" (Kamran) to "close to average" (see Table 3 in Section 4.1.4). Of significant note, only one participant (Fatma) reported an increase in perceived difficulties, resulting in moving from "close to average" to "raised" scores; as highlighted, Fatma also reported higher levels of anxiety at the end of the intervention (see Section 5.2.4).

During the selection of outcome measures for the study, closer inspection of the SDQ tool (Goodman, 1997) revealed several questionnaire items closely aligned with school contexts, such as: "I usually share with others (food, games, pens, etc.)"; "I often volunteer to help others (parents, teachers, children)"; "I finish the work I'm doing. My attention is good"; and, "I am easily distracted, I find it difficult to concentrate". As the BEs intervention was carried out in a school setting and focused on experiences of challenging schoolwork, the researcher argued there was a potential for generalising effects of the intervention on CAYP

perceptions of their strengths and difficulties - particularly in relation to behaviours and skills applicable to daily school life. In addition, there were SDQ items directly linked to worries, behaviours and approaches to difficult situations, deemed by the researcher to be in line with experiences and contexts BEs might target, these include: “I worry a lot”; “I have many fears, I am easily scared”; “I am nervous in new situations, I easily lose confidence”; and “I think before I do things”. Therefore, as several of the SDQ items were related to anxiety, confidence and CAYP approaches to new situations, it was concluded that there was adequate potential for effects of the BEs on SDQ outcomes.

On reflection, a potential limitation of implementing the SDQ to measure a change in perceived strengths and difficulties as a result of the intervention, pertains to the relevance of some items. As shown, the tool covers symptoms related to difficult emotions, conduct or behavioural problems, hyperactivity, problems with peers, and prosocial behaviour. Examples of some the items include: “I am kind to younger children” and “I have one good friend or more” (see Appendix C). Whilst the BEs developed could have indirectly supported development in some, or many, of these areas (e.g. “I am restless, I cannot sit still for long” or “I worry a lot”), the parameters used to maintain focus on schoolwork suggests it was less likely for notable change in other life domains (e.g. relationships with peers and adults). These reflections provide highlight the need for research to report on the appropriateness of outcome measures; they also emphasise that the rationale for focus on schoolwork, as opposed to wider aspects of CAYP life, requires further consideration and clarification.

5.2.3 Reflections on RQ 3: To what extent do BEs, delivered by LSAs in a school, increase CAYP self-reported identification with, and use of, motivated strategies for learning?

The incentive to measure any effects of the intervention on the extent to which the CAYPs identified with, and used, motivated strategies for learning stemmed from: 1) the school’s own initiative to develop metacognitive skills in their pupils; and 2) research

advocating BEs as important vehicles for metacognitive change (Bennett-Levy et al., 2004; Clark, 1999; Greenberger & Padesky, 1995; Wells, 2000). The researcher felt the current study provided a unique opportunity to support the participating school with its identified areas of development whilst simultaneously exploring the reported benefits of BEs in promoting the use of metacognitive strategies. As highlighted in Section 4.1.5, analysis revealed a statistically non-significant change in MSLQ-SV scores between T1 and T2 (Pintrich & De Groot, 1990; Pintrich, Smith, Gracia & McKeachie, 1991, 1993). Therefore, it is not possible to conclude that the BEs intervention led to changes to self-reported engagement with adaptive and productive strategies to aid learning. The findings revealed a split in CAYP responses: 50% reported modest increases, the other half provided lower scores on the MSLQ-SV at the end of the intervention, suggesting a potential decrease in identification with, and use, motivated strategies for learning.

For one CAYP (Harry), there was a drop of 39 points between T1 and T2; Harry also reported the highest anxiety score at the start of the intervention, with a small reduction (-4) in anxiety (SCAS) and no reduction in perceived difficulties (SDQ) upon completion. A possible explanation for the findings could be linked to the CAYP developing further insights into their anxious or negative cognitions, alongside important contextual factors (e.g. internal and external triggers), and crucially, the coping mechanisms they draw upon when faced with challenging situations. Although increased awareness of strengths and difficulties is likely to be helpful and is thought as fundamental to effective CBT (Beck, 2011), deeper awareness is not synonymous with behaviour change; therefore, Harry might have reported a reduction in identification with, and use of, motivated strategies for learning because he was increasingly mindful of the actions he would like to carry out, but might struggle to use.

In reference to Lewin and Kolb's experiential learning cycle (Kolb, 1984; Lewin, 1946) cited in Chapter One, adaptive experiential learning is thought to require reflection and

planning to emphasise the: “practical implications of new understanding, and how to take it forward through further experience” (Bennett-Levy et al., 2004, p. 19). Therefore, the researcher wonders whether participation in BEs helped reduce anxiety symptoms for the majority –yet, the CAYP reporting a reduction in identification with, and use of, motivated strategies for learning between T1 and T2 (Harry, Kamran, Laura and Lisa) might have benefitted from further opportunities to practise different strategies in the session and wider contexts – a key phase of the BE process. Perhaps, Harry, Kamran, Laura and Lisa spent more time in the sessions identifying NATs, emotions and coping strategies, leaving less time to experiment and challenge NATs. Of course, if this were the case, time spent identifying NATs is not time wasted by any means; development of such skills are vital to the BEs process and can provide solid foundations upon which to co-construct helpful and meaningful experiments to test the validity of original or alternative cognitions (Beck, 2011; Bennett-Levy et al., 2004). However, the researcher acknowledges there is insufficient data pertaining to the potential variability across CAYP with regard to engaging in more practical and experiential aspects of the intervention – a limitation that could be corrected in future research and is discussed in Section 5.7.

Another salient reflection here pertains to the study’s referral criteria. School staff were asked to identify CAYP experiencing anxiety; little emphasis was placed on identifying anxious CAYP who also demonstrate low motivation towards learning. It is possible, therefore, that participating CAYP were indeed anxious, but were also motivated to engage in strategies to enhance their learning. In hindsight, use of metacognitive strategies could have been incorporated into the selection criteria for this study (e.g. recruitment for CAYP deemed anxious about schoolwork and unmotivated or struggling to engage in learning strategies); however, as the primary focus of the intervention was anxiety about schoolwork, it was deemed unnecessary to exclude CAYP who appeared anxious yet continued to engage in

motivated strategies for learning. Previous research has suggested that follow-up sessions can evaluate longer term effects of an intervention, providing time for further consolidation and practise (Rodgers & Dunsmuir, 2013). Perhaps the inclusion of a follow-up in this current study could have investigated whether the process of identifying and challenging NATs through experimentation and implementation of BE strategies changed the extent to which the CAYP participants identified as learners motivated to use a range of adaptive strategies (see Appendix D).

5.2.4 Reflections on Fatma

Any therapeutic intervention carries with it uncertainties because the process is dynamic, and influenced by a multitude of individual, interpersonal, intrapersonal and wider systemic factors (Robichaud, Koerner & Dugas, 2019). CBT literature had highlighted that child factors (e.g. developmental level and personality), systemic factors (e.g. home, school or peer group) and therapist/therapy factors (e.g. quality of alliance, therapist competence, adherence and nature of interventions) can influence intervention success (Fuggle, Dunsmuir & Curry, 2012). Section 3.9 attests to the ethical measures (see Appendix N) used in acknowledgement that many, if not all, of the CAYP might find exploring thoughts and emotions exposing and even upsetting. As identified, Fatma's scores of general anxiety and perceived difficulties increased between T1 and T2; these increases were not observed for any other CAYP. As such, it is important to consider whether Fatma was an appropriate participant for the BEs intervention. Advocates of CBT with CAYP acknowledge that "all experienced practitioners can think of cases where they felt 'stuck', and the intervention did not seem to be having any impact on the young person or their difficulties" (Fuggle, Dunsmuir & Curry, 2012, p. 252). Findings from evaluative studies indicate a poor response in approximately a third of cases. The authors suggest that CAYP with entrenched NATs and beliefs about the self, others and the world may also view their progress through a negative

lens, particularly during early stages of the therapeutic process. Consequently, negative predictions about the intervention and its helpfulness could actually serve to exacerbate anxiety.

It is important to highlight that Fatma did not receive her first two sessions. Initial discussions outside of the consultation space with her allocated LSA revealed that on one occasion to was due to Fatma's absence from school; the other session was missed due to timetabling obstacles. The researcher wonders whether the unpredictability of sessions in the early stages was experienced as understandably unsettling, worrying or even disappointing for Fatma. The lack of containment early on might have left her dubious about what to expect, damaging her faith in the process. On the other hand, clinical research has suggested that some CAYP are fearful of change, even "positive changes might feel strange at first" (Fuggle, Dunsmuir & Curry, 2012, p. 258). Therefore, as Fatma became more aware of her NATs and feelings in the sessions, as well as the changes she would like to make, it is possible she may have experienced doubt as to whether the changes were achievable, as well as a potential reticence that taking positive risks and trying new strategies might cause greater uncertainty – particularly as the outcome of BEs are never guaranteed. In hindsight, with more sessions Fatma may have had greater time and space to gather evidence to challenge her NATs, as well as to try out different methods of coping with anxiety – particularly as LSA 1 suggested Fatma engaged in frequent checking and reassurance seeking behaviours (see Appendix P). Fatma could have been supported to reduce the amount of checking to explore whether it is a helpful form of problem-solving or, on the contrary, observe that the checking serves to increase feelings of doubt and uncertainty (Robichaud, Koerner & Dugas, 2019).

Once the post-intervention DV interventions were completed, the researcher noted that Fatma's SCAS and SDQ scores had increased and consequently met LSA 1 to explore

possible explanations for this. This was particularly salient because LSA 1 had not reported concerns regarding a worsening of Fatma's anxiety during the final consultation scheduled in Week 6. It transpired from these discussions that Fatma had an informal exam scheduled soon after the final session; according to LSA 1, Fatma did not want to use the session to discuss the exam but had mentioned that she was worried about it. There is, therefore, a possibility that Fatma's elevated DV scores were linked to the impending exam. Unfortunately, at the point the researcher met with Fatma to offer an intervention debrief, they were unaware of the exam and, therefore, Fatma was not asked about her feelings in relation to it. In the debrief, the researcher did not directly share Fatma's T2 DV scores with her, but it was noted that Fatma might still be experiencing both general and schoolwork anxiety; Fatma's psychological welfare and feelings about the ending were also explored. Fatma reported feeling accepting of the ending and found the time with LSA 1 useful. The apparent discrepancy between Fatma's feedback and the increase in her T2 DV scores highlights the complexities inherent in therapeutic work. It is possible that Fatma found the sessions both helpful and challenging, particularly as BEs are designed to test and stretch individuals to try out new and different strategies. There is also a potential for responder bias, whereby Fatma felt uncomfortable disclosing less favourable experiences of taking part to the researcher; this is also salient as LSA 1, from their perspective, suggested Fatma worried a great deal about being correct. Therefore, Fatma may have felt that she should have found the intervention helpful and, therefore, felt compelled to give this response.

In light of these suggestions, the researcher concluded that more robust measures to support intervention implementation would have offered greater support to Fatma throughout the process. On reflection, it would have been helpful to arrange a joint debrief session with Fatma and LSA 1 to ensure important information was collated, whilst helping the researcher to gain a sense of discrepancies and overlaps in their interpretations of the intervention and

outcomes. To limit the potential for responder bias, Fatma could have met with another key member of staff in the SEN team to explore the intervention and options for signposting where appropriate. In addition, the implementation of explicit check-ins to monitor Fatma's general mood, coupled with clearer guidance on when and how to seek further support from the researcher would captured a more accurate picture of Fatma's wellbeing – it would also have safeguarded against a deterioration in her wellbeing that may have been outside of LSA 1's awareness. These reflections further highlight the importance of clear communication pathways, consultation and endings, emphasising the need for adequate facilitator training on risk assessment (via check ins), engagement in consultation and management of therapeutic endings.

5.3 Critical summary of phase one findings (sessional data)

5.3.1 Reflections on RQ 4 (schoolwork anxiety) and RQ 5 (schoolwork confidence)

Developing the tools to capture and measure potential changes in the CAYPs' experiences of schoolwork anxiety and confidence - in addition to the pre- and post-intervention variables previously highlighted - sought to evaluate any meaningful changes to anxieties about schoolwork and associated confidence. At the start and end of every session, the CAYP were asked how anxious and confident they felt about completing the piece of challenging work scheduled for the session (see Appendix I). The analysis outlined in Section 4.1.6.1 found no evidence of a statistically significant difference in overall median scores between sessions. Sessional data presented in Tables 4 and 5 highlighted two potential trends; of the data points indicative of change (excluding incidences of zero change), 75% reflected a reduction in schoolwork anxiety and 76% reflected increases in confidence. Therefore, a promising proportion of the change that occurred to schoolwork anxiety and confidence appeared beneficial; however, given a total of 9 sessions were missed out of a possible 48 -

equivalent to 18% of expected sessions - there must be marked caution with regard to inferences made about observed patterns in the data.

The majority of relevant literature included in the systematic review (Section 2.2) implemented outcome measures at either two or three times points: pre-, post-intervention and follow-up. All cited studies delivered CBT-informed interventions in school contexts where all, excluding one (Brown et al., 2019), offered a range of eight to ten sessions; yet sessional data was not collected by any of the researchers. Furthermore, the interventions employed in the cited studies were delivered to either groups, whole classes, or in one example, a whole academic year. As identified in Section 2.3, the apparent deficit in literature pertaining to provision of individualised CBT-informed interventions by school staff warranted further empirical investigation, an objective undertaken by this current study. Given the personalised and sensitive nature of BEs, suggested as less evident in group or universal strategies (O 'Callaghan & Cunningham, 2015; Weeks, Hill & Owen, 2017), the experiences of the individual are of paramount importance, therefore inclusion of opportunities to collect sessional data enhanced opportunities explore individualised and group patterns in sessions over time. It is important to acknowledge aspects of this methodological design providing greater autonomy to school staff facilitators, might carry a higher risk of absence and session attrition.

5.3.2 Reflections on RQ 6 (helpfulness) and RQ 7 (likelihood of BEs reuse)

In addition to evaluating any effects of the BEs intervention on CAYP experience of schoolwork anxiety and confidence, the current study also sought CAYP views - captured via Likert-type scales - of how helpful the BEs were, as well as the likelihood they would use the same strategies tried again for future schoolwork (see Appendix I). With respect to RQ 6 (Section 4.1.6.2), the findings indicated an overall median score of 5 out of 7 (1 = *not at all helpful*, 4 = *somewhat helpful*, 7 = *extremely helpful*), suggesting the BEs were generally

viewed as helpful by participating CAYPs, and this was maintained over the course of intervention. The sessional feedback from CAYPs suggests the BEs were viewed as beneficial, highlighting that facilitators were able to use the intervention with good effect.

In relation to RQ 7 (Section 4.1.6.3), an overall median score of 5 (out of 7) was also found (1 = *will never use it again*, 4 = *somewhat likely to use it again*, 7 = *will definitely use it again*), which also implies a consensus that CAYP would consider using the strategies tried out in the BEs again. These results also indicate that BEs are accessible and useful to anxious CAYP. The researcher argues this is encouraging given the infancy of the BEs intervention in school contexts facilitated by school staff. However, variability in perceived helpfulness and likelihood of reusing strategies was evident in the analysis, thus indicating the importance of recognising individual need and collaboration between the LSA and CAYP to explore why some BEs were perceived to be more or less helpful. Bennett-Levy et al. (2004), considered experts in the use of BEs in therapy - explored the idea that "assuming once is not enough" (p. 57), serving as a reminder that practise and reflection is an ongoing process necessary to consolidate new ideas. A BE may not necessarily be deemed as helpful, and therefore worth using again, until it leads to cognitive or affective change, requiring one or several repeated attempts with support. Furthermore, therapeutic experts have discussed the influence of a therapist's (or in this context, facilitator's) own anxieties, resulting in attempts to aim too high or too low (Robichaud, Koerner & Dugas, 2019). There might be a fear that stretching the CAYP too far could provoke intense and distressing emotions, or conversely, BEs might be simplified to minimise risk of failure, limiting the scope for new learning – a process referred to as 'stasis'. Acknowledging these important factors are in line with the researcher's critical realist approach: there are known truths exist that can be captured (e.g. CAYP perceptions of how helpful the intervention was), yet these truths are influenced by a wider, evolving context (e.g. the facilitator's own wellbeing and beliefs).

5.4 Critical summary of phase two findings

5.4.1 Reflections on RQ 8: What are the views of the LSAs participating in the BEs training and intervention?

The rationale behind incorporating phase two in the study was to shine further light on the personal perspectives of school staff as lead facilitators of the BEs intervention; it was deemed a necessary and valuable part of the study, exploring individual experiences and contextual information to create a richer picture of the intervention in a school setting.

As highlighted in Section 4.2, eight overarching themes emerged from the thematic analysis employed: 'Perceived Intervention Objectives', 'BEs', 'Intervention Successes', 'Intervention Challenges', 'The Wider Context', 'The Therapeutic Relationship', 'Factors Affecting Engagement', and 'Use of Consultation'. Although the responses were in line with predetermined questions, the researcher concluded that using an inductive analysis approach provided space for patterns of consensus, disagreement and nuanced, unique perspectives to emerge. This was deemed particularly important because unlike previous research evaluating interventions delivered to group and whole classes (Brown et al., 2019; Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Rodgers & Dunsmuir, 2013; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Squires & Caddick, 2012; Weeks, Hill & Owen, 2017), the BEs intervention required LSAs to work with individual CAYP and, therefore, it is reasonable to hypothesise that all LSAs were likely to have different experiences.

The overarching theme 'Perceived Intervention Objections' was developed to represent the intervention targets identified by LSA facilitators: targeting thoughts, helping to raise CAYP awareness of feelings, building confidence, supporting positivity, overcoming anxiety, providing reassurance, normalising and accounting for individual differences. These findings correspond with the primary objectives of BEs (Bennett-levy et al., 2004),

suggesting the core values of the intervention were understood and held in mind by participating LSAs. These themes also indicate that the training and consultation sessions provided relevant information about purpose and aims of the intervention in a way that it could be digested and drawn upon in sessions. After delivering a 10-week CBT intervention alongside teaching staff, O'Callaghan and Cunningham (2015) concluded that all participants should be clear on why they are taking part and what is expected of them – not only from an ethical standpoint, but also to ensure the intervention is delivered as intended in adherence with key principles and guidelines. Interestingly, supporting difficult work had fewer references made to it, which might imply that the LSAs were more focused on therapeutic aspects of the BE sessions as opposed to the schoolwork itself. This was highlighted in the BEs training (see Appendix G); LSAs were encouraged to use the challenging schoolwork available in sessions as a platform to identify NATs, feelings and co-construct experiments, as opposed to using the space solely to complete the schoolwork. During the training, some LSAs voiced concerns about maintaining a balance between focus on schoolwork and developing the BEs. This was understandable given the school context and the primary goal of LSAs, particularly in the local context, to support CAYP with learning. However, it was explored that wellbeing is a key to optimising learning and the detrimental effects of excessive anxiety were noted (Putwain, 2014; Putwain, Daly, Chamberlain and Sadreddini, 2016; Putwain & Pescod, 2018).

The analysis also generated a theme ('BEs') pertaining to different aspects of BE development, delivery and the overall process. A key subtheme titled 'BEs Intervention and Structure' conceptualised the LSAs' apparent need for flexibility. For some, this included creating BEs to be tried outside of sessions and reviewed at a later date; another wondered whether BEs could focus on other domains of CAYP life, such as family or friendships. These views touch on the notion of autonomy, and perhaps reflected the LSAs' uncertainty of

permission to make adjustments to the intervention. An important link was made between the subtheme ‘A Need for Flexibility’ and the subtheme ‘Timetable and Space’ encompassed by overarching theme ‘The Wider Context’. The connection pertained to mixed experiences of having enough time and access to appropriate space to deliver the intervention reliably and consistently; again, some LSAs felt unperturbed in accessing resources, whilst others noted significant difficulties. It appears that the researcher’s attempt to provide flexibility by enabling LSAs to set up the logistics with respect to their personal timetables and commitments was received by some as helpful, and others less so. These findings resonate with earlier research contributions, highlighted in Section 2.2, on the complications inherent in delivering therapeutic interventions within school settings and implications for fidelity. Brown et al. (2019) highlighted practical obstacles the researchers encountered to engage with staff and students about the intervention, as well as finding a suitable place for it to be received. Similarly, O’Callaghan and Cunningham (2015) commented on the containing influence of maintaining the same time and place for the intervention, particularly in light of the CAYPs’ pre-existing anxieties and their potential vulnerability towards feeling stressed when faced with uncertainty (Robichaud, Koerner & Dugas, 2019).

With regard to the subthemes ‘Complementary Techniques’ (subsumed under ‘BEs’) and ‘Accounting for Individual Differences’ (subsumed under ‘Perceived Intervention Objectives’), the researcher proposed a connection between the LSAs’ desire to combine aspects of the BEs intervention with their own pre-existing knowledge and techniques, as well as drawing upon the CAYPs own strengths and individual interests. For example, references were made to use of analogies, visuals to represent psychological concepts, mindfulness and relaxation. Analysis indicated these contributions were in line with CBT principles and values (Beck 2011; Bennett-Levy et al., 2004) and were used in response to individual CAYP need – hence the link between the two subthemes highlighted and depicted

in the final thematic map (see Figure 13). The idea of tailoring the intervention in accordance with each CAYP's experience is a powerful finding as it illustrates how school staff in therapeutic roles can reflect and respond to the here and now, as opposed to adhering rigidly to a script or manual. The researcher wonders if the importance and value of the individual was made more salient in a one-to-one context, rather than group or whole class setting.

Although there is sound therapeutic reasoning for responding to individual CAYP need and acknowledging client-centred differences (Beck, 2011), tailoring interventions to account for this might pose potential challenges to treatment fidelity. The researcher wonders about calls from some LSAs to have more time at the beginning to build rapport and gather more information about the CAYP; although it is not made explicit in LSA responses about how this information might be used, it highlights a need or, perhaps, a desire to shape the intervention. As such shaping is likely to be dependent on the LSA's interpretations and experiences of the CAYP, there is a potential for important aspects of the BEs intervention to be omitted or adapted in a way that diminishes the benefits of this tool. For example, if the facilitator builds rapport with CAYP through discussing the CAYP's hobbies and personal interests with little rationale as to the focus of sessions, the LSA might find it challenging to move towards more painful and distressing experiences of difficult schoolwork. The reflections highlighted here emphasise the importance of further research to explore the balance between respecting individuality, maintaining flexibility and promoting treatment fidelity with school contexts. In addition, the therapeutic (or counselling) skills required to facilitate sensitive conversations with vulnerable CAYP is an important consideration here. One might argue that school staff are well-versed in exploring challenges faced by CAYP and certainly in the training sessions, the participating LSAs drew upon their personal experiences of doing so and demonstrated their skills in role-play exercises. However, the researcher noted that none of the LSAs had prior professional training in therapeutic

interventions, therefore salient information pertaining to their competency is not available for further analysis.

Another potential concern regarding intervention flexibility and making adjustments to account for individual differences involves the extent to which LSAs used the consultation space. As noted under the overarching theme 'Use of Consultation', some of the LSAs felt they did not need access to weekly consultation as they believed sessions were going well. However, without regular check ins, the risk of intervention drift could potentially increase, particularly as the LSAs had limited professional experience of delivering of therapeutic techniques and had only been trained to use BEs to target schoolwork anxiety. In a similar vein, it is important to consider the ethical implications of facilitating intervention flexibility. For example, if the BEs were adjusted to incorporate other techniques - whether they be complementary, evidence-based, or an LSA's preferred tool - it could serve to enhance or dilute any effects of the BEs intervention that the CAYP (and their parents) consented to receive. Moreover, it could change the structure and process of the intervention to the extent it might no longer encompass key features that BEs offer. As such, the findings indicate that a degree of intervention flexibility is helpful to ensure sessions are child-led, yet total facilitator autonomy (e.g. the freedom to choose when they might access consultation or supervision from a trained professional) could limit intervention fidelity and pose ethical concerns. In support of this view, O'Callaghan and Cunningham (2015) concluded that weekly supervision provided important opportunities for facilitators to reflect on key learning points and the emotional toil that can be experienced when supporting vulnerable or distressed CAYP. Stallard et al. (2007) also provided monthly supervision lasting 1.5 hours to school nurses delivering the FRIENDS (Barrett, 2004; 2010) programme alongside a clinical psychologist. The authors mentioned "any concerns about individual children and particular problems were discussed and monitored via the monthly supervision group"

(Stallard et al., 2007, p. 34); although the themes from supervision discussions were not reported in the paper, it appears the space was primarily used for risk management and problem-solving. The LSAs participating in this current study were advised that should any concerns pertaining to CAYP or LSA wellbeing arise, they should attend a consultation with the researcher; weekly reminders were sent via email to prompt LSAs to seek help if needed – otherwise they were given the autonomy to choose if and when they needed consultation; except for the two sessions stipulated as compulsory.

A hypothesis as to why some of the LSAs did not utilise regular consultation pertains to LSA perceptions of themselves. One of the LSAs did use the consultation to talk about the difficulties they had engaging with a CAYP – this was captured in the subtheme 'Problem-solving' (subsumed under 'Use of Consultation'). This particular LSA asked for reassurance and advice about uncomfortable emotions experienced in the session, as well as the challenges with managing silences, or occasions when a CAYP did not respond to questions being asked. This suggests that when encountering difficulties, some LSAs felt able to ask for help from the researcher. Stallard et al. (2014) investigated the differences in the provision of a CBT intervention by health or school staff; they observed that all facilitators attended the training and treatment fidelity was rated highly, yet fewer teachers took part in the supervision sessions. It was suggested those who attended had more opportunities to reflect on their experiences and make theory-practice links, supported by a trained professional. The authors suggested that further attempts to gather the views of school staff facilitators could clarify the resources and procedures to best support them – a consideration of the current study.

It is perhaps unsurprising that two overarching themes emerged representing aspects of the process that went well ('Intervention Successes') and less so ('Intervention Challenges'), given LSAs were specifically asked to comment on this via the online

questionnaire. However, a mixture of questions about intervention strengths and limitations were employed to obtain a fuller picture of participants' experiences. Furthermore, as the researcher was known to some the LSA participants in a professional capacity, using questions relevant to more challenging aspects of the intervention was a genuine attempt to highlight how all reflections were welcome. It is important to acknowledge that responses elicited from participants through questionnaires or interviews are subject to bias; as highlighted, steps were taken to control for this, such as: 1) posing direct questions about the strengths and limitations of the intervention; 2) implementing online questionnaires as opposed to face-to-face interview; 3) emphasising and normalising the difficulties inherent in delivering a therapeutic intervention in schools as part of the training (see Appendix G). The LSAs were able to offer a range of experiences, suggesting the measures put in place were robust.

Notable 'Intervention Successes' included: increased psychological insight and awareness for both CAYP and LSAs, helpful training and resources, the impact of BEs and the notion of progression over time. It is important to note that these successes were perceived by the participating LSAs and the overarching theme was developed in accordance with their responses to the questionnaire and in consultation with the researcher. The findings suggested that LSAs' observed changes to the CAYPs' insight into thoughts, emotions and behaviours. In particular, it was noted by one LSA that opportunities for CAYP to reflect on their wellbeing at school - with the support of staff – can be infrequent; therefore, the sessions gave valuable space and time for CAYP to do so. Interestingly, it was also noted that the BEs helped the LSAs to learn more about the CAYPs' inner worlds, illustrating how collaborative aspects of BEs can foster trust, enabling CAYP to share sensitive information with a safe person in a protected space and time. CBT experts highlight the importance of self-reflexivity (Beck, 2011) and the necessity for any professional delivering a therapeutic

intervention to be in touch with how they respond to the sessions as they evolve. One might interpret from the findings that some of the participating LSAs had the capacity to reflect on new knowledge acquired about the CAYP and its potential meaning.

Another perceived success of the intervention referred to positive change over time, whether it be a growing therapeutic alliance, or through observing individual CAYP becoming more confident and open about themselves. It was deemed necessary to capture the essence of progression over the course of the sessions as it suggested the LSAs appreciated the intervention was not a 'quick-fix'; rather, change - if any - could be slow and, in part, reliant on the relationship and evolving rapport. Robichaud, Koerner and Dugas (2019) argue that it is important for therapists to avoid blaming the client (or themselves) if treatment appears 'unsuccessful' as this might affect the clients' motivation. As such, effective therapists demonstrate the capacity to digest and reflect upon successes, challenges and ruptures with open curiosity, mindful of tendencies to localise blame in the self, others or surrounding systems. The thematic findings suggest many of the LSAs were able to persevere despite difficulties in the sessions which, for many CAYP, resulted in positive outcomes (e.g. a reduction in general anxiety) towards the end – skills that require a level of resilience and respect for the process.

'Intervention challenges' pertained to managing uncertainty, needs for additional resources, LSAs feeling stuck, and LSAs' holding potentially sceptical beliefs about CAYP capabilities. Managing uncertainty seemed particularly salient, some LSAs reflected on the conversation going in multiple directions, so although the facilitator had an agenda, the CAYP may have entered the session preoccupied with experiences they want to discuss. Uncertainty, for one LSA, stemmed from not knowing how to administer certain parts of the intervention, requiring her to seek help through consultation. These experiences attest to how dynamic and daunting therapeutic sessions can be, emphasising how crucial it is for staff

facilitators to receive adequate training and continual support to cope with the uncertainty and aspects of doubt inherent in such practice. Incorporating clear guidance and tools to aid sessions can help to an extent; yet again, achieving a balance between intervention fidelity and flexibility appears key.

As noted previously, themes emerged from the data representing the influence of a wider context. Factors such as timetabling, space, the role of teachers, expectations from others, and reminders of the CAYPs' past and future were present in the data. Teachers, for example, were highlighted by some LSAs as potential barriers to delivering the sessions outside of class – particularly if they did not want the CAYP to miss the lesson; conversely, teachers were also viewed as enablers of the intervention. Furthermore, teachers were referred to as potential sources of support for the CAYP in completing the BEs. Previous research has emphasised how important contextual factors are to consider when delivering therapeutic interventions in schools. Burke, Prendeville and Veale (2017) suggested a key limitation of their study included the lack of generalisation beyond the sessions, reflecting members of the system such as teachers and parents could help consolidate vital learning and skills acquired from the sessions. In a similar vein, Rodgers and Dunsmuir (2013) wondered if homework tasks could engage key adults in supporting CAYP with implementing strategies, fostering collaboration, joint problem-solving and optimising helpful intervention effects. Interestingly, research also pointed to the possible lack of therapeutic alliance when interventions are delivered to groups versus individuals, therefore involving key staff members and family can connect learning from the intervention with wider aspects of CAYP life. This is thought to help bridge and embed knowledge from sessions and can offer a greater sense of containment (Weeks, Hill & Owen, 2017). Although there is consideration of systemic factors here, the points raised relate exclusively to the views shared by LSA facilitators. The researcher therefore acknowledges that the omission of perspectives and

input from other key adults in the wider system (e.g. teachers or parents) is a notable limitation; this is reflected again in Section 5.5.

Key components around developing and maintaining a therapeutic relationship also emerged from the analysis, conceptualised by two subthemes ‘Rapport’ and ‘Partnership’. As discussed, some LSAs commented on different experiences of being part of the dynamic. These particular subthemes portray the subtle differences between the quality of the relationship (‘Rapport’) and the sense - reflected through the LSAs’ use of language - that collaboration and joint-working occurred (‘Partnership’). One LSA experienced silences and avoidant CAYP responses as notable barriers to building rapport, although this reportedly changed over time. References to partnership appeared closely aligned with the concept of working together and in sharing hopes and expectations for the intervention. As highlighted in Section 1.4 of the introduction chapter, CBT interventions require “a sound therapeutic alliance” as well as “collaboration and active participation” (Beck, 2011, p 7). Therefore, through sharing parts of the therapeutic relationship that were challenging and worked well, the LSAs showed an awareness of its importance to the overall process; the LSAs’ use of language reflected the idea of working in partnership – conceived by experts as key CBT principles (Beck, 2011; Bennett-Levy et al., 2004). Closer inspection of the previous literature revealed a gap pertaining to facilitator or CAYP experiences of the therapeutic relationship; it seems that as the interventions were delivered to group, less focus was placed on the dynamic between staff and CAYP. Therefore, the current study makes helpful contributions towards understanding the unique experiences of staff tasked with delivering therapeutic support in the context of a newly established staff-peer relationship.

The final overarching theme to note: ‘Factors Affecting Engagement’ chimes with many of the themes discussed, although it conceptualises views about factors other than the therapeutic relationship and wider context that were deemed to influence engagement.

Several subthemes emerged pertaining to: the use of repetition, spaces to speak freely, the emotional experiences of LSAs, and CAYP openness to intervention. As highlighted in Section 4.2.5, differing views about the repetition of exercises existed; one LSA felt the repetition aided learning, whilst another sensed the CAYP found aspects of the intervention unstimulating, negatively impacting on motivation. As highlighted in Section 5.2.1, reviewing and repetition are central to BEs to consolidate learning and optimise opportunities for helpful change. It might be that the repetition seemed unhelpful due to other factors. For example, Bennett-Levy et al. (2004) explore how processing biases can impact on the degree to which a BE is deemed successful. This might include focusing on the failures, excluding information to the contrary, or catastrophizing – in essence, focus on the worst-case-scenario. They suggest that providing the context of the experiment as a whole can help the recipient of the intervention see the bigger picture. Again, this links back to import aspects of bridging to other important parts of CAYP life, establishing why it might be important to have support with schoolwork anxiety and how might they apply what they learn outside of sessions.

Furthermore, one of the LSAs poignantly expressed difficult feelings provoked from earlier sessions, confiding that they felt unsure of what to do. The author wondered whether such feelings inadvertently compromised the CAYP's engagement in earlier sessions due to loss in confidence. Robichaud, Koerner and Dugas (2019) argue "given that clients are asked to engage in a treatment that is quite demanding in terms of time and effort, it is very important that the therapist model a high level of confidence in the treatment's rational and procedures" (p. 10). It is important to note that applying the same rigorous standards to school staff with potentially limited experience in delivering therapeutic intervention that would be applied to seasoned CBT therapists is unrealistic and uncompassionate. However, the essence of the point remains important when considering factors impacting engagement. If facilitators are feeling emotionally overwhelmed, uncomfortable or uncertain of what to

do, this is likely to impact how an intervention is delivered and experienced by participating CAYP. This further highlights the necessity for supervision or consultation with a trained professional, providing a safe space for facilitators to share difficult experiences or seek advice. Such reflections also suggest that timing is an important consideration; for example, there might be an understandable temptation for LSAs to schedule the interventions during a quieter part of the day when they might normally take a break, ultimately limiting the time available for self-care - an essential part of delivering emotionally-demanding interventions. This suggests school staff in the wider system could offer support for more appropriate timing of sessions, so facilitators can access trained professionals if necessary, and consideration is given to the emotional experiences of school staff who may need space before or after a session to digest and recuperate.

5.5 Limitations

The current study endeavoured to make meaningful contributions to the growing pool of psychological literature on provisions of CBT-based interventions delivered by school professionals for anxious CAYP. Whilst the study's perceived merits are discussed later in this chapter, at this juncture it is necessary to comment on the limitations and their wider implications.

A mixed-methods approach was taken to evaluate effects of the BEs intervention (phase one) and explore the views of school staff facilitators who delivered the intervention (phase two). Although combining methods has received criticism, it is now recognised as the "third major research approach or research paradigm" (Johnson, Onwuegbuzie & Turner, 2007, p. 112). Still relatively in its infancy compared to post-positivist or social constructivist paradigms (Mertens, 2014), mixed-methods approaches are being re-defined: "definitions can and will usually change over time as the approach or "research paradigm" continues to grow" (p. 112). The quasi-experimental design employed in phase one served to provide some

variable control for the researcher to examine effects of the BEs intervention on the three key dependent variables (DVs) and sessional data. A key limitation to this design includes the omission of a control group. Control groups, such as using a wait-list or alternative treatment group, are used in experimental research to determine whether changes in DVs can be reliably attributed to the intervention, rather than extraneous variables (Coolican, 2014). The researcher reflected on this throughout the design process and it was concluded that the context in which the intervention was being delivered was under a significant amount of strain, therefore recruiting an additional sample of CAYP to complete the pre- and post-measures - but not receive an intervention - was deemed a high burden for the participating school. It was explored whether a control group could receive the BEs intervention once the study had concluded, but as this current study was, essentially, a pilot of the bespoke intervention, it was not clear from the outset whether a control group should receive the intervention at a later date – for example, in the event data showed detrimental effects on CAYP or LSA wellbeing. Furthermore, attempts were made to ascertain if a comparison group could be formed from pre-existing interventions happening at the school, but further exploration of this suggested that the one-to-one interventions ranged in their frequency and structure; they also were focused on different aspects of SEMH, therefore it was argued that such comparisons would not strengthen the study's rigour. The lack of a control undeniably limits the extent to which changes in the DVs can be exclusively attributed to the intervention, thus, further research could seek to incorporate this methodological feature.

Another methodological limitation pertains to the limited involvement of, and engagement with, the wider system. This posed a barrier to implementation because although consent was provided by parents and CAYP to attend sessions outside of the classroom, it was not always possible for LSAs to collect CAYP from their lessons. The findings also revealed that only 25% of CAYPs received the full six sessions. This was partly due to

CAYP absence which is an uncontrollable factor; however, there were occasions when CAYP did not get a session because the LSA did not have permission to take the CAYP from lessons, or there was not time due to timetabling priorities. Consequently, not all CAYP received the same 'dose' of the BEs intervention which highlights the need for caution when comparing across participants; also, ethically speaking, it is regrettable that some CAYP missed sessions they had expected to receive. It is important to note that these missed sessions were discussed in the final meeting between researcher, CAYP and subsequently with parents; none of the CAYP reported distress and the researcher provided contact details in the event that they should want to discuss this further after the intervention concluded. On reflection, the researcher wonders if it would have been more helpful to organise all sessions - including dates, times and locations - in collaboration with CAYP and LSA prior to starting. The researcher could have also shared this information with the wider school faculty, managing their expectations about the importance of protecting their time and space to engage in the sessions. This would have been a significant undertaking, as reflected by Brown et al. (2019) who acknowledged that meeting with CAYP and staff individually was time consuming and recommended group assessments; yet, it might have further supported LSAs with the practical challenges they faced.

In addition to working more widely with the system to minimise implementation barriers. The study did not capture information regarding other salient systemic factors, including the LSAs' skill set, experiences and competencies in delivering therapeutic interventions. There is reference to the LSAs' academic training and time spent in the participating school; however, contextual information available in this study is limited and was not shared by all participants so the researcher was constrained to explore meaningful links between LSA background and intervention outcomes. Furthermore, the researcher did not consider how the CAYPs' learning ability may have impacted on their engagement with

the sessions, which could have been a helpful avenue to explore. For example, it was highlighted that one CAYP had a speech and language difficulty but further exploration identified this was the school's hypothesis, and was not based on a recognised diagnosis. This illustrates the complexities faced when working in school systems and further highlights the need to involve all key members of the system to ensure all relevant information is shared, where appropriate, prior to starting the intervention.

The selection of outcome measures is an important process to note here. It became apparent from perspectives provided by some LSAs that one of the self-designed Likert-type scales to evaluate how helpful the BEs (see Appendix I) was hard to administer at the end of each session because on several occasions the BEs were carried out in wider contexts; it is possible that some CAYP focused more on identifying key thoughts, feelings and coping strategies – therefore, it was not always possible to try out the BE in the session. Some of the helpfulness scores might relate to the process of developing the BE, rather than carrying it out. In hindsight, the researcher could have provided clearer guidance on how to complete the Likert-type scales with the CAYP in the event the BE was not completed in the sessions. Moreover, explicit prompts could have been given to remind LSAs to review learning from BEs in later sessions. It would also have been beneficial to collect data on how many BEs were carried out inside or outside of sessions; and for those conducted outside of sessions, more on the context in which they were completed (e.g. in the classroom or at home). This information was not directly requested by the researcher and was not made explicit by the LSAs, therefore, it is not possible to identify the sessions where the BE was not completed. However, the researcher argues that all aspects of the BEs process are integral, including the steps to identify a prediction (or alternative thought), design a study and plan when, where and how to carry it out. Therefore, the earlier stages of identify thoughts, feelings and behaviours are just as important as the latter stages of experimentation (Bennett-Levy et al.,

2004). CAYPs may not have carried out the experiment in every session, but they all engaged in varying degrees with key aspects of the BE intervention with the facilitator. The Likert-type scales could have been refined to explore perceived helpfulness of the different stages of BEs, serving to improve the validity and reliability of the measures.

As noted throughout, the importance of accounting for individual differences whilst optimising intervention fidelity is a challenging yet necessary consideration for therapeutic approaches led by school staff in school contexts. Although such reflections have been explored in relation to the LSAs' experiences of delivering the BEs intervention, a limitation of this study pertains to the limited analysis of the differences between CAYP and the potential implications for findings and future practice. Analysis of DVs pre- and post-intervention for each CAYP are included, as well as a closer look at the sessional data and individual changes in schoolwork anxiety and confidence over each session; however, there is a dearth of information pertaining to the CAYPs' backgrounds and experiences, including how LSAs interpreted and accounted for these differences over the course of the intervention.

The process of ending was highlighted by the researcher as a potential area for further development and consideration. It was reflected in Section 4.2.3 that none of the LSA participants referred specifically to the ending in their questionnaires and during the consultations, rather there were reflections on the intervention process in its entirety. It was subsequently questioned by the researcher whether the intervention training and structure had provided adequate emphasis on importance of therapeutic endings and space to explore and problem-solve any difficulties experienced by all participants. As highlighted in Section 3.3.3.2, the LSAs did not have prior training specifically in therapeutic interventions, therefore, participation in this study for the majority of LSA participants is likely to have been a new experience. Perhaps, the LSAs' limited experience in a therapeutic role affected the extent to which they recognised and reflected on the significance of endings. In light of

this, further support and training with school staff on the challenges in preparing for and managing endings would have enhanced the BEs intervention – this is a salient implication for further EP practice in supporting school-based therapeutic approaches.

In addition to the methodological and practical drawbacks discussed, this point relates to the BEs intervention. It was developed by the researcher in reference to well-established CBT theory, utilising a specific CBT strategy central to the therapeutic modality (Beck, 2011; Bennett-Levy et al., 2004; Clark & Beck, 2010; Wells, 2000; Wells & Leahy, 1998). However, the evidence base for sole use of BEs is limited - in fact, a review of the literature could not find empirical data for their particular use with CAYP populations, or in school contexts, except for programmes incorporating cognitive-restructuring tools – and even then, it is not clear the extent to which such approaches help CAYP to evaluate old or alternative through experiential testing and review. Therefore, the infancy and originality of this study means there is little evidence, except that produced from it, attesting to its relevance and utility in school contexts; however, further research would serve to extend the evidence base. Another point pertains to the CAYP, Fatma, who reported higher levels of anxiety after the sessions concluded. Although it is not possible to attribute her increase in anxiety solely to participating in the intervention, particularly as Fatma reported the BEs to be helpful and would consider using them again, it is clear that monitoring individual needs and responses to the intervention is vitally important. For example, it might be useful for school facilitators to have regular “check-ins” with CAYP to gauge their mood and raise any potential concerns about a deterioration in wellbeing. This could have been an explicit step in the BEs intervention to ensure monitoring happened consistently (see Appendix K). In this case, the researcher met with Fatma to explore feelings about the ending and she was provided information for school staff, and the researcher, if she required further support.

It is also important to note that the researcher focused primarily on capturing LSA experiences of the intervention, therefore both CAYP views (except their perceptions of helpfulness and likelihood to reuse the strategies) and the impact of systemic factors on the intervention was explored in this study. As highlighted in reflections about Fatma in Section 5.2.4, therapeutic interventions are influenced by a myriad of individual and contextual factors – including parent and teacher perspectives (Robichaud, Koerner & Dugas, 2019). The case was made by the researcher that given the LSAs were tasked as lead facilitators of the intervention - and in the context of limited data pertaining to their lived experiences of school-based therapeutic interventions - LSA views would be privileged in the current study. However, inclusion of parents or teachers would undoubtedly have offered further scope to triangulate perspectives of key adults around the CAYP, offering additional insights into the overall impact of the intervention on anxiety and motivated strategies for learning.

Lastly, it is necessary to acknowledge the researcher's role and influence over the research process. The researcher was privileged to work alongside the participating school for 2 days per week, providing greater flexibility to carry out many aspects of the research. Although not a limitation itself, further research seeking to replicate the study with restricted access to staff and resources may encounter further barriers to implementation. In light of pre-existing professional relationships with some of the LSA participants, the researcher wondered about the risk of responder bias, particularly in phase two of the study. It has been highlighted how measures were taken to account for the risk (e.g. implementing questions to force a range of responses about intervention successes and challenges). In addition, it was highlighted to LSAs during recruitment that their participation would not have implications for their job and consultation sessions would be confidential, unless marked concerns were raised about LSA or CAYP wellbeing – this would have necessitated contact with the school's SENDCo as a key stakeholder in the research.

5.6 Research value and dissemination

Despite the study's limitations, the findings from phase one and two suggest the BEs intervention can be successfully delivered by school staff in school contexts for secondary school-aged CAYP experiencing anxiety about schoolwork. Firstly, the research demonstrates that the majority of CAYP participants experienced reductions in general anxiety. In fact, the reduction was deemed statistically significant upon the omission of Fatma's data. Furthermore, 75% of changes observed in the sessional data showed reductions in schoolwork anxiety and increases in schoolwork confidence. Furthermore, overall the CAYP reported the BEs as helpful and would consider using the strategies again for future work. The encouraging findings suggest BEs can be used in collaboration with CAYP to challenge distressing thoughts through testing their validity and building evidence for more adaptive and balanced perspectives. Ultimately, the sessions appeared to relieve some of the distress experienced, as well as provide the space to practise strategies through one-to-one support, or in classroom contexts. As noted in Section 4.1.3, three CAYP participants (Aaron, Ahmed and Charlotte) moved from 'elevated' to 'normal' levels of anxiety as reported by the SCAS measure. Three remained in the 'elevated' ranges, however, two of those reported reductions in anxiety levels. In addition, the two CAYP with the highest levels anxiety prior to the intervention reported modest reductions at the end, suggesting their notably heightened anxiety did not inhibit them from engaging in the BEs intervention process. Previous research has explored the effects on CBT programmes supported by school staff to groups; perhaps uniquely, this study offers valuable information on an individualised CBT approach, diversifying options available to schools who might want to offer a range of support packages for their pupils. Furthermore, as the LSA participants received training to be lead facilitators, they now have additional therapeutic skills they can draw upon when supporting anxious CAYP – although crucially, the school would need to ensure facilitators had access to

consultation or supervision from a trained professional, such as an EP or clinical psychologist.

Secondly, phase two yielded valuable insights into the experiences of LSAs - as lead facilitators - delivering the intervention. According to views shared by the LSA facilitators, there was a general consensus that the intervention supported positive changes for the CAYP over time through deepening insights into CAYP wellbeing; the direct impact of BEs in building confidence and motivation to use experiments and strategies in sessions and in the wider context was also noted. Feedback from LSAs also highlighted the need for a balanced combination of flexibility and support to ensure they have the resources to deliver and the emotional support to debrief, digest and problem-solve. Moreover, the low levels of consultation attended by LSAs emphasised how important it is for wider professionals and the school organisation as a whole, to enable and encourage intervention facilitators to access space for reflection and self-care. Some LSAs felt confident to work independently without regular check-ins, therefore, it seems that striking a balance between support and guidance alongside facilitator trust and autonomy is a crucial area for research development.

Key findings and implications of this research will be summarised and presented to key stakeholders in the participating school, including LSA participants, as well as to colleagues working in the researcher's local EP service. The parents of CAYP were also contacted via email to gauge requests for a summary of the results once analysed. Given the current national and international context with social distancing rule in place as a consequence of the COVID-19 pandemic, the researcher will seek creative and reasonable means to disseminate this research via appropriate platforms.

5.7 Future research

Thus far, several implications for future research have been drawn from the current study. For clarity they are summarised here:

- *Methodological rigour:* Further empirical investigations into the effectiveness of BEs, delivered by school staff, for CAYP with schoolwork anxiety might consider including a control group to develop understanding of any specific BEs effects compared to a different school-based CBT intervention or programme, for example. Moreover, research should carefully consider the outcome measures employed. As highlighted in Section 5.2.2 of this chapter, the SDQ (Goodman, 1997) used in the current study assessed perceptions pertinent to a wide range of strengths and difficulties, some pertaining to school context whilst others seeming relevant to different life domains. Identifying and sourcing measures sensitive to CAYP perceptions about themselves as learners could provide more relevant information about the effects of the BEs on schoolwork anxiety and perceptions of school-related difficulties.
- *Intervention flexibility:* In line with LSA views that some CAYP wanted to discuss other life events in sessions, further research could investigate whether there is scope for BEs to be used more flexibly with CAYP to explore social or relational difficulties, for example. There is a notable risk here of school staff undertaking therapeutic work that demands specialist training and support over time, therefore ethical considerations would be essential when exploring such avenues. However, given the emphasis on schools to provide holistic support to CAYP with SEMH needs, research could explore the different ways in which school staff can be instrumental in delivering therapeutic interventions – both effectively and safely for all parties.
- *Gathering CAYP views of the BEs intervention:* It was noted in Section 5.2.3 that future research could gather more information from CAYP regarding their experiences of BEs. This could be conducted via interviews or questionnaires and

might focus on different stages of the BEs process including: identifying NATs, emotions and coping strategies; developing alternative cognitions and predictions; designing experiments to gather evidence for or against alternative and original cognitions; carrying out the experiments; and, reviewing the evidence gathered from experiments. Research might want to explore potential barriers presented at each point of the BE process, as well as factors (e.g. facilitator skills, the wider context, CAYP insight, etc.) that support progression through the stages. This information could also clarify the variability of time spent at different points of the BE intervention. For example, CAYP that require more time to identify NATs at the beginning might benefit from more sessions to ensure they have adequate space to develop and carry out experiments with the support of a facilitator; for CAYP with good awareness of their thoughts, emotions and coping styles, there might be more opportunities, and time, to practise the experiential component of BEs. If future research could explore this further, EPs would be better informed to support schools in selecting appropriate CAYPs for this intervention.

- *Provision of support:* An interesting finding from this study showed that the majority of LSAs felt they did not require weekly consultation. As highlighted, it is important for staff delivering therapeutic interventions to have access to a space for reflection and problem-solving. Therefore, future research could help contribute to this area by eliciting more facilitator views about delivering interventions, including expectations for support and constructs around what support means to participating school staff. In addition, research could evaluate whether facilitator engagement with support throughout process has an impact on the interventions' overall effectiveness.

5.8 Implications for EP practice

Research has attested to the role of EPs in delivering psychological approaches, such as CBT, in schools (Attwood, Meadows, Stallard & Richardson, 2010; Hallam, 2009; Pugh, 2010). Furthermore, literature reviewed in Chapter Two highlighted the rationale and potential for engaging school staff as facilitators in school-based therapeutic interventions (Brown et al., 2019; Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Rodgers & Dunsmuir, 2013; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Squires & Caddick, 2012; Weeks, Hill & Owen, 2017). Although in the UK, access to evidence-based treatments are largely provided by CAMHS, a small proportion of CAYP access help due to barriers such as stigma, limited of knowledge about SEMH difficulties, long waiting times and limited contact with health services (Pass et al., 2018). In light of cultural, societal and political pressures, it is of critical importance to establish accessible and acceptable support packages in schools. Here are some considerations for EPs and EP services implementing CBT approaches in schools in collaboration with school staff:

- EPs are encouraged to take time to understand a school's process for identifying, assessing and signposting CAYP with SEMH needs. These factors are key in supporting CAYP access to appropriate and effective support.
- EPs can explore, in collaboration with staff, the role and impact of SEMH policies, including how concerns pertaining to CAYP wellbeing are raised and responded to. Identifying clear provision pathways will help schools to discern when best to consider universal versus individualised therapeutic interventions.
- This study has shown that support for facilitators - particularly in form of consultation or supervision - should be offered by EPs implementing school-led therapeutic interventions. Although facilitators might feel confident with the sessions, access to a consistent and protected space with a trained professional will optimise intervention

fidelity and safeguard both staff and CAYP from potential complications throughout the process. In addition, exploring school staffs' perspectives and expectations of what help might 'look' like will ensure EP involvement is experienced as meaningful and worthwhile, rather than as an additional demand or external, systemic pressure.

- The contracting of supervision or consultation with facilitators is an important consideration. The current study implemented a flexible structure, both to provide LSAs with the choice to use the space, as well as let LSAs take in lead in what they felt was important to discuss, guided in many instances by guiding and clarifying questions to support their thinking and problem-solving where helpful. However, as attendance to the consultation slots was variable and in the knowledge that some many CAYP did not receive all six sessions, EPs should establish a shared agreement of how the space will be used - alongside clear expectations around attendance, intended outcomes and guidance on how to prepare.
- Adequate time at the beginning of interventions to build rapport is strongly indicated. This might include one initial sessions dedicated to understand the CAYP hopes and expectations for the intervention, as well as an opportunity to listen, validate experiences and build trust which is integral to fostering a containing and safe space. As discussed, this is likely to enhance facilitator confidence and bolster CAYP engagement, particularly as such interventions are likely to evoke feelings of vulnerability and, therefore, require a level of trust and understanding that requires nurturing. Similarly, it is important to provide adequate training and support to facilitators on the preparation and management of therapeutic endings. This could include further guidance as to how endings are discussed with CAYP, from the outset, particularly to: explore CAYP expectations and hopes for the future; make note of

ambivalence; acknowledge and validate distress; and, provide space for CAYP to feedback on their experiences.

- It is also advised that regular "check-ins" and opportunities to monitor CAYP and facilitator wellbeing is crucial. This is not to say, however, that should a CAYP encounter difficulties whilst engaging in BEs that the intervention should be stopped; rather, there should be adequate attention paid - in a supervisory space with a trained professional - to CAYP experiences and responses so the intervention can be adjusted accordingly. Importantly, "check-ins" between trained professionals and facilitators are key to provide adequate time for reflection, consolidation of theory-practice links, and an opportunity for joint-problem solving.
- As identified in the above point, "check-ins" to monitor CAYP experience throughout an intervention are of paramount importance, particularly to gauge whether the intervention is perceived as useful and worthwhile. Such "check-ins" might involve gathering data pertaining to the perceived helpfulness of the strategies learnt and trialled in the BEs. The current study highlighted that aspects of BEs (e.g. reviewing thoughts in line with evidence collected over different time points) might be experienced by some CAYP as repetitive. For example, LSA 2 felt that repetition affected CAYP engagement, and interestingly, one of their CAYP (Ahmed) did report a reduction in perceived helpfulness of the BE in their penultimate session – dropping from 6 to 2 out of 7 (1 = not at all helpful; 7 = extremely helpful). Therefore, EPs involved in the development and implementation of therapeutic interventions in school contexts are minded to help facilitators gather this feedback over the sessions and monitor key outcomes, ensuring adjustments are made – where necessary – to promote CAYP engagement and support their wellbeing.

- The negotiation between accounting for CAYP individuality and maintaining intervention fidelity is a complex but important consideration for EPs involved in this field of work. As highlighted, there are potentially ethical and therapeutic repercussions if the intervention is altered so significantly that it deviates from the core principles and processes inherent in the BE tool. Exploring this balance with school staff facilitators in initial training and throughout the course of the intervention is important and highly indicated by this study; this might involve agreement on adjustments deemed appropriate and in keeping with CBT values and principles (e.g. use of visual tools or media to explore thoughts, feelings and behaviours), as well as adjustments that require further reflection with a trained professional– such as, incorporating mindfulness techniques to help CAYP with relaxation. These discussions are highly necessary to maintain a consistency in how LSAs deliver the intervention to CAYP.
- EPs should consider incorporating a follow-up session within the intervention, particularly as CBT strategies require practise and reflection over time. This could be tied in with a relapse prevention plan in the final session to help the CAYP establish goals and potential BEs to carry out once sessions end – emphasising the message that learning about the self is an ongoing journey.
- This study highlighted a potential for some CAYP to report increased in anxiety over the course of the intervention; furthermore, it was evident that some CAYP wanted to talk about more generalised difficulties they were having in the sessions, rather than focusing on schoolwork anxiety. It is therefore important to establish a clear referral pathway to signpost CAYP in need of ongoing therapeutic or alternative forms of support. This can be negotiated with key school stakeholders to clarify the options

available and the process of referral by the EP and intervention facilitator. This will ensure the mental health needs of CAYP are well cared for.

- Gauging the school's general ethos and attitudes towards therapeutic interventions is valuable as facilitators might encounter challenges, such as limited time, space or support, to deliver interventions consistently and reliably. Therefore, engaging key stakeholders in early considerations of such work is instrumental to enhance intervention fidelity, whilst alleviating potential pressures and workload demands school staff might encounter. Negotiations around protected time for facilitators to attend consultation, as well as involving teachers so they are aware of when and why CAYP might not be in lessons are particularly salient factors to highlight.
- EPs might consider offering a training to staff to deliver the BEs intervention if schools want to offer individualised support to CAYP, as opposed to universal interventions targeting larger groups. Although whole-school or group approaches are shown to be effective and economical, there are drawbacks: many CAYP will feel safer in the context of a containing therapeutic alliance; others might need additional time to practice and consolidate learning; in addition, many secondary-aged CAYP might feel less comfortable exploring sensitive and personal psychological experiences alongside peers. Through offering a range of therapeutic provisions, EPs could provide schools with greater choice and flexibility.

5.9 Conclusion

The current study was a response to the ever-growing consensus, both nationally and locally, that schools and school professionals are key players in supporting CAYP with SEMH difficulties. Of course, there are circumstances under which CAYP require specialist psychological and medical intervention from external provisions (Squires, 2010). However, it is now widely acknowledged that school staff are well versed in identifying, monitoring and

promoting CAYP wellbeing (Caddick, 2015; Mennuti, Freeman & Christner, 2006); they are also shown to be valuable providers of therapeutic support, although research has emphasised the need for adequate training and access to professional consultation (Burke, Prendeville & Veale, 2017; O 'Callaghan & Cunningham, 2015; Luxford, Hadwin & Kovshoff, 2017; Stallard, Simpson, Anderson, Hibbert and Osborn, 2007; Stallard et al., 2014; Squires & Caddick, 2012; Weeks, Hill & Owen, 2017). Furthermore, CAYP have voiced that fears of failure and worry about future prospects are of significant concern (Putwain, 2007), yet a dearth in empirical literature attesting school-based therapeutic interventions to help such concerns exists. Consequently, to extend and enrich the knowledge base this study aimed to: 1) evaluate the use of a BEs - a CBT-informed approach - to support individual CAYP experiencing anxiety about schoolwork; and, 2) explore the voiced experiences of school staff acting as lead facilitators of the BEs intervention.

As highlighted in Chapter Four, findings demonstrated that BEs can be successfully delivered by trained school staff in a school setting for CAYP experiencing anxiety. The majority of CAYPs reported significantly lower levels of general anxiety at the end; although the importance of intervention monitoring and the need for regular CAYP feedback was indicated. Despite noted variations across the sessions, overall the BEs were rated as helpful by CAYP, again with the majority indicating they would consider reusing the strategies again for future schoolwork – a promising indicator that the intervention was accessible, had relevance and yielded benefits for those taking part. It seems this might also offer schools with an alternative to universal therapeutic programmes, especially for CAYP that might find group-based approaches challenging.

In relation to Phase Two's exploration of facilitator views, some LSAs felt the CAYP gained a deeper understanding of their thoughts and emotions by taking part, providing a platform upon which to design and carry out meaningful BEs. It was noted by facilitators that

the intervention led to gradual change over time, suggesting that the majority of facilitators did not view the intervention as a 'quick-fix' solution. Furthermore, it seemed that salient factors shared by the LSAs, including: the emotional experience of facilitators; early development of rapport; managing uncertainty; the role of teachers; and, accounting for individual differences, were of profound importance to their experiences of delivering the intervention. In addition, it emerged as particularly important to the LSAs to strike a balance between respecting individuality whilst adhering to the interventions structure and principles. The researcher concluded that regular access to supervision or consultation with a trained professional is key, as is the involvement of school staff, management and wider systems to circumnavigate potential obstacles, lightening the demands placed on facilitators.

As the BEs intervention is a bespoke approach with a developing evidence base, further empirical pursuits to evaluate its use in school contexts by school staff are strongly indicated. Future research could incorporate a comparison group to further clarify the specific effects of BEs versus alternative provisions offered in schools, as well as explore the diverse ways in which facilitators would like to be supported by EPs when delivering interventions. This point echoes important contributions of EPs in the development and implementation of therapeutic interventions in schools. Undoubtedly, EPs are trained and experienced to deliver such interventions to CAYP independently; however, this study has shown that involving school professionals is not only viable, but doing so can upskill staff already tasked with supporting CAYP with a range of educational and SEMH needs. By offering a range of universal and individualised therapeutic approaches, EPs can empower schools with versatile child- and school-led provisions.

References

Alhojailan, M. I. (2012). Thematic analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences*, *1*(1), 39-47.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

Attwood, T. (2004). *Exploring feelings: Cognitive behaviour therapy to manage anxiety*. Future Horizons.

Attwood, M., Meadows, S., Stallard, P., & Richardson, T. (2012). Universal and targeted computerised cognitive behavioural therapy (Think, Feel, Do) for emotional health in schools: results from two exploratory studies. *Child and Adolescent Mental Health*, *17*(3), 173-178.

Baron-Cohen, S. (2000). Theory of mind and autism: A review. *International Review of Research in Mental Retardation*, *23*, 169–184.

Barrett, P. (2004). *Friends for life - group leader's manual for children*. Bowen Hills, Australia: Australian Academic Press.

Barrett, P. (2010). *My friends - youth resiliency program: Group Leaders' manual for youth*. Nottingham: Barrett research sources.

Beck, A. T. (1963). Thinking and depression: I. Idiosyncratic content and cognitive distortions. *Archives of general psychiatry*, *9*(4), 324-333.

Beck, A. T., Emery, G., & Greenberg, R. L. (1985). *Anxiety disorders and phobias: A cognitive perspective.* Nueva York: Basic Books.

Beck, A.T., Rush A. J., Shaw B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York, NY: Guilford Press.

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond*. Guilford press.

Bennett-Levy, J. (2003). Mechanisms of change in cognitive therapy: the case of automatic thought records and behavioural experiments. *Behavioural and Cognitive Psychotherapy, 31,* 261-277.

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.

Bhaskar, R., Archer, M., Collier, A., Lawson, T., & Norrie, A. (1998). *Critical realism: Essential readings*. London: Routledge.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

Briesch, A. M., Sanetti, L. M. H., & Briesch, J. M. (2010). Reducing the prevalence of anxiety in children and adolescents: An evaluation of the evidence base for the FRIENDS for Life program. *School Mental Health, 2*(4), 155-165.

British Psychological Society. (2014). *Code of human research ethics*. British Psychological Society, Leicester. [online] Available at: https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf

British Psychological Society. (2018). *Code of ethics and conduct.* British Psychological Society, Leicester. [online] Available at: https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Ethics%20and%20Conduct%20%28Updated%20July%202018%29.pdf

Brown, J. S., Blackshaw, E., Stahl, D., Fennelly, L., McKeague, L., Sclare, I., & Michelson, D. (2019). School-based early intervention for anxiety and depression in older adolescents: a feasibility randomised controlled trial of a self-referral stress

management workshop programme ("DISCOVER"). *Journal of Adolescence, 71,* 150-161.

Burke, M. K., Prendeville, P., & Veale, A. (2017). An evaluation of the "FRIENDS for Life" programme among children presenting with autism spectrum disorder. *Educational Psychology in Practice*, *33*(4), 435-449.

Caddick, K. (2015). *Exploring perceptions around the implementation of cognitive behavioural intervention by school staff following training and support* [unpublished doctoral dissertation]. University of Manchester.

Carey, E., Devine, A., Hill, F., & Szűcs, D. (2017). Differentiating anxiety forms and their role in academic performance from primary to secondary school. *PloS One*, *12*(3), e0174418.

Clark, D.A. & Beck, A.T. (2010). *Cognitive therapy of anxiety disorders: Science and practice.* New York: Guildford press.

Clark, D. M. (1999). Anxiety disorders: why they persist and how to treat them. *Behaviour Research and Therapy, 37,* 5–27.

Clegg, J. W., & Slife, B. D. (2009). Research ethics in the postmodern context. *The handbook of social research ethics*, 23-38.

Coolican, H. (2014). *Research methods and statistics in psychology*. Psychology Press.

Department for Children, Schools & Families. (2008). *Targeted Mental Health in Schools Project.* Nottingham: DCSF Publications. [online] Available at: https://dera.ioe.ac.uk/28416/1/00784-2008bkt-en.pdf

Department for Education & Skills. (2001). *Special Educational Needs Code of Practice.* London: Department for Education and Skills. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

Department for Health and Social Care & Department for Education. (2017). *Transforming children and young people's mental health provision: A Green Paper*. [online] Available at: https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

Department for Health and Social Care & Department for Education. (2018). *Government response to the consultation on transforming children and young people's mental health provision: A green paper and next steps.* [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf

Robichaud, M., Koerner, N., & Dugas, M. J. (2019). *Cognitive behavioral treatment for generalized anxiety disorder: From science to practice*. Routledge.

Dutke, S., & Stöber, J. (2001). Test anxiety, working memory, and cognitive performance: Supportive effects of sequential demands. *Cognition and Emotion, 15,* 381–389.

Durant, C., Christmas, D., & Nutt, D. (2009). The pharmacology of anxiety. In M.B. Stein, & T. Steckler, *Behavioral neurobiology of anxiety and its treatment* (pp. 303-330). Springer.

Eley, T. C., Bolton, D., O'Connor, T. G., Perrin, S., Smith, P., & Plomin, R. (2003). A twin study of anxiety-related behaviours in pre-school children. *Journal of Child Psychology and Psychiatry*, *44*(7), 945-960.

Engeström, Y. (1999). Activity theory and individual and social transformation. In Y. Gestrom, R. Miettinen & R.L. Punamaki (Eds), *Perspectives on activity theory*. Cambridge University Press.

Friedberg, R. D., Tabbarah, S., & Poggesi, R. M. (2013). Therapeutic presence, immediacy, and transparency in CBT with youth: carpe the moment! *The Cognitive Behaviour Therapist, 6*, 1-10.

Fuggle, P., Dunsmuir, S., & Curry, V. (2012). *CBT with children, young people and families*. Sage.

Gallagher, M. & Millar, R. (1996) A survey of adolescent worry in Northern Ireland. *Pastoral Care in Education, 14*, 26-32.

Georghiades, P. (2004). From the general to the situated: Three decades of metacognition. *International Journal of Science Education*, *26*(3), 365-383.

Ginsburg, G.S., Becker-Haimes, E.M., Keeton, C., Kendall, P.C., Lyenger, S., Sakolsky, D. Albano, A.M., Peris, T. Compton, S.N. & Piacentini, J. (2018). Results from the Children/Adolescent Anxiety Multimodal Extended Long-Term Study (CAMELS): Primary anxiety outcomes. *Journal of the American Academy of Child and Adolescent Psychiatry, 57*(7), 471-480

Goodman, R. (1997). 'The Strengths and Difficulties Questionnaire: A research note'. *Journal of Child Psychology and Psychiatry, 38,* 581-586.

Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*, *40*(11), 1337-1345.

Gray, D.E. (2013). *Doing research in the real world* (2nd ed.). London: Sage.

Green, S. & Atkinson, S. (2016). Implementation Issues: A 'FRIENDS for life' course in a mainstream secondary school. *Educational Psychology in Practice, 32*, 217-230.

Greenberger, D. & Padesky, C.A. (1995). *Mind over mood: Change how you feel by changing the way you think.* Guildford Press: New York.

Hallam, S. (2009). An evaluation of the Social and Emotional Aspects of Learning (SEAL) programme: Promoting positive behaviour, effective learning and well-being in primary school children. *Oxford Review of Education, 35*(3), 313-330.

Heaviside, H. (2017). Detangling the web of methodology: A doctoral student's perspective on chaos and contradiction. *Sport and Exercise Psychology Review*, 13, 73-79.

Holland, K., & Rees, C. (2010). *Nursing evidence-based practice skills*. Oxford University Press.

Johnson, B., Onwuegbuzie, A. J., & Turner, L. A. (2007). Towards a definition of mixed methods research. *Journal of Mixed Methods Research, 1,* 112-133.

Knowles, J. M., & Gray, M. A. (2011). The experience of critiquing published research: Learning from the student and researcher perspective. *Nurse Education in Practice, 11*(6), 390-394.

Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development.* New Jersey: Prentice Hall.

Lake, D. J. (2014). *An investigation into the impact of an indicated CBT-based intervention on anxiety in secondary school students* [Unpublished doctoral dissertation]. University of Nottingham.

Lewin, K. (1946). Action research and minority problems. *Journal of School Issues, 2,* 34-46.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. *The Sage handbook of qualitative Research, 4,* 97-128.

Liu, W. C., Wang, C. K. J., Koh, C., Chye, S., Chua, B. L., & Lim, B. S. C. (2012). Revised motivated strategies for learning questionnaire for secondary school students. *International Journal, 8,* 19-32.

Local Authority. (2020). [Local Authority] Open Data Profile. Available at: https://www.*********.gov.uk/open-data-census

Lochman, J. E., Curry, J. F., Dane, H., and Ellis, M (2001). The Anger Coping Program: An Empirically-Supported Treatment for Aggressive Children. *Residential Treatment for Children & Youth, 18*(3), 63 - 73.

Lock, S., & Barrett, P. M. (2003). A longitudinal study of developmental differences in universal preventive intervention for child anxiety. *Behaviour Change*, *20*(4), 183-199.

Luxford, S., Hadwin, J. A., & Kovshoff, H. (2017). Evaluating the effectiveness of a school-based cognitive behavioural therapy intervention for anxiety in adolescents diagnosed with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, *47*(12), 3896-3908.

Mennuti, R. B., Freeman, A., & Christner, R. W. (2006). *Cognitive-behavioural interventions in educational settings: A handbook of practice.* Oxon: Routledge.

Mertens, D. M. (2014). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. Sage publications.

Muris, P., Meesters, C., & van den Berg, F. (2003). The strengths and difficulties questionnaire (SDQ). *European Child & Adolescent Psychiatry*, *12*(1), 1-8.

National Health Service. (2014). *NHS Five Year Forward View*. London: NHS England. [online] Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

National Health Service. (2017). *Mental Health of Children and Young People in England. Emotional disorders.* London: NHS England. [online] Available at: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017

Kendrick, T. & Pilling, S. (2012). Common mental health problems. Identification and pathways to care: NICE clinical guideline. *British Journal of General Practice, 62*(594), 47-49.

Nemoto, T., & Beglar, D. (2014). Likert-scale questionnaires. In *JALT 2013 Conference Proceedings* (pp. 1-8).

O'Callaghan, P., & Cunningham, E. (2015). Can a targeted, group-based CBT intervention reduce depression and anxiety and improve self-concept in primary-age children? *Educational Psychology in Practice, 31*(3), 314-326.

Owens, M., Stevenson, J., Hadwin, J. A., & Norgate, R. (2014). When does anxiety help or hinder cognitive test performance? The role of working memory capacity. *British Journal of Psychology, 105*, 92–101.

Padesky, C. A. (1993). *Socratic questioning: Changing minds or guiding discovery.* A keynote address delivered at the European Congress of Behavioural and Cognitive Therapies, London.

Palmier-Claus, J., Wright, K., Mansell, W., Bowe, S., Lobban, F., Tyler, E., Lodge, C. & Jones, S. (2019). A guide to behavioural experiments in bipolar disorder. *Clinical Psychology &* Psychotherapy, 27(2), 159-167.

Pass, L., Sancho, M., Brett, S., Jones, M., & Reynolds, S. (2018). Brief Behavioural Activation (Brief BA) in secondary schools: a feasibility study examining acceptability and practical considerations. *Educational and Child Psychology, 35*(2), 10-20.

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

Pintrich, P. R., Smith, D. A. F., Garcia, T., & McKeachie, W. J. (1991). *A manual for the use of the Motivated Strategies for Learning Questionnaire (MSLQ).* The University of Michigan: Ann Arbor.

Pintrich, P. R., Smith, D. A. F., Garcia, T., & McKeachie, W. J. (1993). Reliability and predictive validity of the Motivated Strategies for Learning Questionnaire (MSLQ). *Educational and Psychological Measurement, 53,* 801-813.

Pugh, J. (2010). Cognitive behaviour therapy in schools: the role of educational psychology in the dissemination of empirically supported interventions. *Educational Psychology in Practice, 26*(4), *391-399.*

Putwain, D. (2007). Researching academic stress and anxiety in students: some methodological considerations. *British Educational Research Journal*, *33*(2), 207-219.

Putwain, D., & Daly, A. (2014). Test anxiety prevalence and gender differences in a sample of English secondary school students. *Educational Studies*, *40* (5), 554-570.

Putwain, D., Daly, A., Chamberlain, S., & Sadreddini, S. (2016). 'Sink or swim': Buoyancy and coping in the cognitive test anxiety–academic performance relationship. *Educational Psychology*, *36*(10), 1807-1825.

Putwain, D. W., & Pescod, M. (2018). Is reducing uncertain control the key to successful test anxiety intervention for secondary school students? Findings from a randomized control trial. *School Psychology Quarterly*, *33*(2), 283–292.

Ramme, R. (2018, April). *Psychometric properties of the SCAS scale.* https://www.scaswebsite.com/docs/Ramme%20SCAS%20Psychomet%20evidence.pdf.

Renner, K. A., Valentiner, D. P., & Holzman, J. B. (2017). Focus-of-attention behavioral experiment: an examination of a therapeutic procedure to reduce social anxiety. *Cognitive Behaviour Therapy*, *46*(1), 60-74.

Richards, A., French, C. C., Keogh, E., & Carter, C. (2000). Test-Anxiety, inferential reasoning and working memory load. *Anxiety, Stress, and Coping, 13,* 87–109.

Robson, C., & McCartan, K. (2016). *Real world research*. John Wiley & Sons.

Rodgers, A., & Dunsmuir, S. (2013). A controlled evaluation of the 'FRIENDS for Life' emotional resiliency programme on overall anxiety levels, anxiety subtype levels and school adjustment. *Child and Adolescent Mental Health*, *20*(1), 13-19.

Ruttledge, R. A., & Petrides, K. V. (2012). A cognitive behavioural group approach for adolescents with disruptive behaviour in schools. *School Psychology International*, *33*(2), 223-239.

Salkovskis, P. M. (1991). The importance of behaviour in the maintenance of anxiety and panic: a cognitive account. *Behavioural Psychotherapy, 19,* 6–19.

Seiler, L. (2008). *Cool Connections with cognitive behavioural therapy: Encouraging self-esteem, resilience and well-being in children and young people using CBT approaches.* Jessica Kingsley Publishers.

Slack, G. (2013). *An evaluation of the FRIENDS for life intervention with an autism spectrum population: Evaluating the impact on children's anxiety* [Unpublished doctoral dissertation]. University of Nottingham.

Spence, S. H. (1998). A measure of anxiety symptoms among children. *Behaviour Research and Therapy*, *36*(5), 545-566.

Spence, S. H., Barrett, P. M., & Turner, C. M. (2003). Psychometric properties of the Spence Children's Anxiety Scale with young adolescents. *Journal of Anxiety Disorders*, *17*(6), 605-625.

Stallard, P., & Buck, R. (2013). Preventing depression and promoting resilience: feasibility study of a school-based cognitive-behavioural intervention. *The British Journal of Psychiatry Supplement, 54,* 18 - 23.

Stallard, P., Simpson, N., Anderson, S., Hibbert, S., & Osborn, C. (2007). The FRIENDS emotional health programme: Initial findings from a school-based project. *Child and Adolescent Mental Health*, *12*(1), 32-37.

Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R., & Simpson, N. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): A cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). *The Lancet Psychiatry*, *1*(3), 185-192.

Stallard, P., Udwin, O., Goddard, M., & Hibbert, S. (2007). The availability of cognitive behaviour therapy within specialist child and adolescent mental health services (CAMHS): A national survey. *Behavioural and Cognitive Psychotherapy*, *35*(4), 501-505.

Squires, G. (2010). Countering the argument that educational psychologists need specific training to use cognitive behavioural therapy. *Emotional and Behavioural Difficulties*, *15*(4), 279-294.

Squires, G., & Caddick, K. (2012). Using group cognitive behavioural therapy intervention in school settings with pupils who have externalizing behavioural difficulties: an unexpected result. *Emotional and Behavioural Difficulties*, *17*(1), 25-45.

Teasdale, J. D., & Barnard, P. J. (1993). *Affect, cognition, and change: Re-modelling depressive thought.* Erlbaum: England.

Tudor, A. M. (2014). *The effectiveness of a pilot group intervention based on a cognitive-behavioural approach for adolescents with conduct problems in a mainstream school* [unpublished doctoral dissertation]. Institute of Education, University of London.

Weeks, C., Hill, V., & Owen, C. (2017). Changing thoughts, changing practice: Examining the delivery of a group CBT-based intervention in a school setting. *Educational Psychology in Practice*, *33*(1), 1-15.

Wells, A. (2000). *Emotional disorders and metacognition*. Wiley: Chichester.

Wells, A. (2013). Advances in metacognitive therapy. *International Journal of Cognitive Therapy*, *6*(2), 186-201.

Wells, A., & Leahy, R. L. (1998). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide*. Wiley: England

White, B. Y., & Frederiksen, J. R. (1998). Inquiry, modelling, and metacognition: Making science accessible to all students. *Cognition and Instruction*, *16*(1), 3-118.

Willig, C., & Rogers, W. S. (2017). *The SAGE handbook of qualitative research in psychology*. London: Sage Publications.

World Health Organisation. (2016). *International statistical classification of diseases and related health problems* (10th ed.).

Zachariadis, M., Scott, S., & Barrett, M. (2013). Methodological implications of critical realism for mixed-methods research. *MIS Quarterly*, *37*(3), 855-879.

Zeidner, M., & Matthews, G. (2005). Evaluation anxiety. In A. J. Elliot & C. S. Dweck (Eds.), *Handbook of Competence and motivation* (pp. 141–163). Guildford Press: England.