

“It's Hard Not to Use It”:

The Value of a Workbook when Delivering CBT to Young People

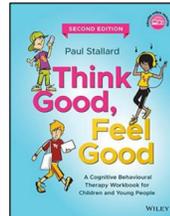
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Introduction

- **Cognitive-Behavioural Therapy (CBT)**¹ can support the mental health of many, but not all, young people (YP).

- Most CBT research uses **manuals**² so all participants receive the same treatment. However, in reality, many practitioners find manuals restrictive.



- **Workbooks** (e.g. **Think Good – Feel Good (TGFG)**³) offer resources without prescribing a particular approach.

- There is currently **no peer-reviewed research on TGFG** or how practitioners use workbooks when delivering CBT.

- Therefore the current study explored:

Research Questions (RQs)

- 1) How do practitioners typically use TGFG?
- 2) What is helpful about supplementary resources for practitioners providing mental health support?

Method

Convergent mixed methods design⁴

Surveys

- 238 CBT practitioners
- Statistical analysis
- Content analysis⁵

Interviews

- 6 (trainee) educational psychologists
- Thematic analysis⁶

Integration

- Joint display table⁷
- Meta-inferences: confirmation / discordance / expansion

Results - Surveys

Descriptive statistics

- 47% use TGFG for 4-6 sessions, 21% for 1-3 sessions
- Average service-user age is 11 (range 7-17)
- 96% use it for anxiety, 64% for challenging behaviour
- 41% use it as a prompt during sessions, 18% read directly from it, 36% use it only as a planning aide
- 80% use worksheets during sessions

Inferential statistics

- Practitioners with less experience were more likely to be ‘self-taught’ rather than having CBT training.
 $\chi^2(3) = 13.253, p = .004, \phi_c = .289$
- Self-taught practitioners were more likely to read directly from the workbook compared to those with CBT training.
 $\chi^2(2) = 15.34, p < .001, \phi_c = .315$

Results – Interviews

Practitioner support

“planning aide”, “quick revision manual”, “sense of security”, “evidence-informed”

Flexibility & Rigidity

“gives you permission to be creative”, “one strand among other strands”

Developmental appropriateness

“CBT shouldn’t feel like school”, “to have these conversations is quite novel to YP”

Content / rapport relationship

“any worksheet is quite containing”, “with no content at all, just having a chat... you might not move anywhere”

Limits & prerequisites

“The first bit needs more therapeutic input than I could leave strategies with school”

Discussion

RQ1: How is TGFG used?

- Practitioners consider four factors when deciding to use TGFG: type of difficulty, YP’s cognitive skills, YP’s motivation, and systemic support from school / family.
- TGFG supports practitioners with efficiency (helps with planning), understanding (explains key CBT concepts), and emotional reassurance (it’s evidence-based).
- As practitioners gain confidence, they use TGFG more flexibly, combining it with other therapeutic approaches and adapting resources to YP’s needs / interests.
- Manuals / structure are “robotic”, reassuring, or efficient.

RQ2: What’s helpful about supplementary resources?

- Cognition-focussed chapters / worksheets are the most used because they are the hardest concepts to explain.
- Worksheets explain content, build therapeutic alliance, act as records of progress, and contain emotional intensity.
- TGFG is publicly available but should not be used without therapeutic training and systemic support e.g. supervision

Implications

Future Research

- What use do school staff make of TGFG?
- Is pragmatically mixing therapeutic approaches effective?
- What are YP’s preferences for structure vs flexibility?
- Which theoretical models inform worksheet functionality?

Practice Recommendations

- Maximise implementation of supplementary resources
- Balance task completion with building therapeutic alliance
- Consider the benefits of involving families / staff in CBT, whilst respecting the boundaries of competence

References

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