

Purpose-Driven Educational Initiative

In Support of Public Schools Teaching Preventative Cognitive-behavioral Psychology Techniques to Reduce Incidents of Violence, Addictions, Eating Disorders, Obesity and Depression

"We're moving forward because now is not a time for small plans. It's not a time to pause, to be passive, or to wait around for our problems to fix themselves." President Obama, May 8, 2009.

At a time where the Obama Administration is attempting to jump start the economy by infusing tax dollars into works that would also serve another public purpose, such as infrastructure or clean energy research, public education is also in the process of remaking itself using the same paradigm.

How to significantly improve student achievement and graduate rates are high priorities for the education dollar, but another purpose should be reducing the many societal ills that drive government budgets higher with no plan in place to mitigate them.

The financial and human costs of violence, addictions, eating disorders, obesity and depression seemingly have no ending. There is no plan long term plan to combat these ills.

After these behaviors have taken place, they are all usually treated with a variety of cognitive-behavioral techniques that reduce the risk of recidivism.

This educational initiative presents the concept of teaching these skills preventatively across a school system starting at the earliest age possible in a phased-in program.

Cognitive Behavioral Psychology (CB) emphasizes the critical role of thinking as it relates to how we feel and what we do.ⁱ Ultimately, it

is based on the idea that our *“thoughts cause our feelings and behaviors, not external things, like people, situations, and events.”*ⁱⁱ CB is evidence based in that it is supported by research that shows that cognitive techniques can be effective in helping people make emotional and behavioral changes.ⁱⁱⁱ

Cognitive-behavioral psychology has been shown to be effective in treating many disorders including anger management^{iv}, addictions^v, eating disorders^{vi}, obesity^{vii}, and depression^{viii}. It has also been shown to have beneficial outcomes in other disorders, such anxiety^{ix}, phobias^x, post-traumatic stress disorders^{xi} and relationship difficulties^{xii}.

Children have been found to be most malleable to cognitive-behavioral techniques^{xiii}. **Preventative mental health techniques have been found to significantly increase desired behavior in children^{xiv}. See www.casel.org for an example of an education that can be geared toward specifically addressing these societal ills.**

As tens of billions of dollars are spent annually to address these core social issues, it would be beneficial for community public schools to begin teaching these proven mental health skills at the beginning of school or at a pre-school setting to increase desired behaviors.

ⁱ Beck, J.S., 1995.

ⁱⁱ National Association of Cognitive Behavioral Therapists, Retrieved from NACBT.org, 2009.

ⁱⁱⁱ National Association of Cognitive Behavioral Therapists, Retrieved from NACBT.org, 2009; The Beck Institute, Retrieved from BeckInstitute.org, 2009.

^{iv} Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T., 2006; Chambless, Diane L., Ollendick, & Thomas H., 2001; Ghafoori, B., & Tracz, S. M., 2001; Beck, R., & Fernandez, E., 1998.

^v Anton, R.F., Moak, D.H., Latham, P., Waid, L.R. et al., 2005; Baker, A., Bucci, S., Lewin, T.J., Kay-Lambkin, F. et al., 2006; Baker, A., Lee, N.K., Claire, M., Lewin, T.J. et al., 2005; Feeney, G.F., Connor, J.P., Young, R.M., Tucker, J. et al., 2004.

^{vi} Chambless, Diane L., Ollendick, & Thomas H., 2001; Roth A.D., Fonagy P., 1996.

^{vii} Chambless, Diane L., Ollendick, & Thomas H., 2001.

^{viii} Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T. 2006; Chambless, Diane L., Ollendick, & Thomas H., 2001; Grossman, P. B., & Hughes, J. N., 1992; Reinecke, M. A., Ryan, N. E., DuBois, D. L., 1998.

^{ix} Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T., 2006; Chambless, Diane L., Ollendick, & Thomas H., 2001; Gould, R. A., Otto, M. W., Pollack, M. H., & Yap, L. , 1997; Grossman, P. B., & Hughes, J. N., 1992.

^x Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T. (2006); Berggren, U., 2001; Chambless, Diane L., Ollendick, & Thomas H., 2001; Oei, T. P. S., Llamas, M., & Devilly, G. J. , 1999; Gould, R. A., Buckminster, S., Pollack, M. H., Otto, M.W., & Yap, L., 1997.

^{xi} Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T., 2006; National Institute for Health and Clinical Excellence, 2005; Cohen J.A., Deblinger E., Mannarino A.P., Steer R., 2004; Deblinger E., Stauffer L.B., Steer R.A., 2001.

^{xii} Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T., 2006; Chambless, Diane L., Ollendick, & Thomas H., 2001; Dunn, R. L., & Schwebel, A. I., 1995.

^{xiii} Frick, P.J., 2000.

^{xiv} Weissberg, R. P., Durka, Joseph A., The Positive Impact of Social and Emotional Learning for Kindergarten through Eighth Grade Students: Findings from Three Scientific Reviews, CASEL, December, 2008, page 10 and 11. Slougha, N.M., McMahona, R.J. & Conduct Problems Prevention Research Group, 2008, Durak, Joseph A., Wells, Anne M., Primary Prevention Mental Health Programs for Children and Adolescents: A Meta-Analytic Review (1997).

Additional Findings

Compiled by the Academy of Cognitive Therapy

Cognitive Behavioral Therapy (CBT) Outcome Studies

Cognitive Behavioral Therapy (CBT) has been demonstrated in hundreds of studies to be an effective treatment for a variety of disorders and problems for adults, older adults, children and adolescents. The list below is just a sample of the published studies:

Depression (among adolescents and depressive symptoms among children)

Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17-31.

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Grossman, P. B., & Hughes, J. N. (1992). Self-control interventions with internalizing disorders: A review and analysis. *School Psychology Review*, 21(2), 229-245.

Reinecke, M. A., Ryan, N. E., DuBois, D. L. (1998). Cognitive-behavioral therapy of depression and depressive symptoms during adolescence: A review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(1), 26-34.

Anxiety disorders

Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17-31.

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Grossman, P. B., & Hughes, J. N. (1992). Self-control interventions with internalizing disorders: A review and analysis. *School Psychology Review*, 21(2), 229-245.

Obsessive-compulsive disorder

March, J.S. (1995). Cognitive-Behavioral Psychotherapy for Children and Adolescents with OCD: A Review and Recommendations for Treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*. 34(1):7-18.

O'Kearney RT, Anstey KJ, von Sanden C. (2006). Behavioural and cognitive behavioural therapy for obsessive compulsive disorder in children and adolescents (Review). *The Cochrane Database of Systematic Reviews*, 4.

Phobias

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Post-traumatic stress disorder

Cohen J.A., Deblinger E., Mannarino A.P., Steer R. (2004), A multi-site randomized controlled trial for multiply traumatized children with sexual abuse-related PTSD. *J Am Acad Child Adolesc Psychiatry* 43(4):393-402.

Deblinger E., Stauffer L.B., Steer R.A. (2001). Comparative efficacies of supportive and cognitive behavioral group therapies for young children who have been sexually abused and their non-offending mothers. *Child Maltreatment*, 6: 332-343.

Conduct disorder (oppositional defiant disorder)

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Additional Meta-Analyses which were reviewed in Chambless et al. (2001)

Chambless, D.L., Baker M., Baucom D.H., Beutler L.E., Calhoun K.S., et al. (1998). Update on empirically validated therapies, II. *Clin. Psychol.*, *51(1)*, 3-16.

Gatz M., Fiske A., Fox L.S., Kaskie B., Kasl-Godley J.E., et al. (1998). Empirically validated psychological treatments for older adults. *J. Ment. Health Aging*, *41*, 9-46.

J. Clin. Child Psychol. (1998). Special issue: empirically supported psychosocial interventions for children. *27*, 138-226.

Kendall, P.C., Chambless D.L., Eds. (1998). Empirically supported psychological therapies. *J. Consult. Clin. Psychol.*, *66*, 3-167 (special issue).

Spirito A., Ed. (1999). Empirically supported treatments in pediatric psychology. *J. Pediatr. Psychol.*, *24*, 87-174 (special issue).

Wilson J.J., Gil K.M. (1996). The efficacy of psychological and pharmacological interventions for the treatment of chronic disease-related and non-disease-related pain. *Clin. Psychol. Rev.*, *16*, 573-97.

Bipolar Disorder (in combination with medication)

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* *52*:685-716.

[Lam D.H.](#), [Watkins E.R.](#), [Hayward P.](#), [Bright J.](#), et al. (2003) A randomized controlled study of cognitive therapy for relapse prevention for bipolar affective disorder: outcome of the first year. [*Arch Gen Psychiatry.* *60\(2\)*:145-52.](#)

Binge-eating disorder

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* *52*:685-716.

Bulimia

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* *52*:685-716.

Anorexia

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* *52*:685-716.

Roth A.D., Fonagy P. (1996). *What Works for Whom? A Critical Review of Psychotherapy Research*. New York: Guilford.

Cocaine abuse (CBT relapse prevention is effective)

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Opiate Dependence

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Smoking Cessation (Group CBT is effective, as well as CBT that has multiple treatment components, in combination with relapse prevention)

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Anger

Beck, R., & Fernandez, E. (1998). Cognitive-behavioral therapy in the treatment of anger: A meta-analysis. *Cognitive Therapy and Research*, 22, 63-74.

Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17-31.

Atypical sexual practices/sex offenders

Butler, A.C., Chapman, J.E., Forman, E.M., & Beck, A.T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17-31.

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Nagayama Hall, G. C. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting and Clinical Psychology*, 63(5), 802-809.

Obesity (CBT, when combined with a diet / exercise intervention, was found to increase weight loss compared with diet / exercise alone).

Shaw K, O'Rourke P, Del Mar C, Kenardy J. Psychological interventions for overweight or obesity. *Cochrane Database of Systematic Reviews* 2005, Issue 2. Art. No.: CD003818. DOI: 10.1002/14651858.CD003818.pub2.

Chambless, Diane L., Ollendick, & Thomas H. (2001). "Empirically Supported Psychological Interventions: Controversies and Evidence." *Annu. Rev. Psychol.* 52:685-716.

Substance/alcohol abuse (Results indicated that the prevention program had a significant impact on cigarette smoking, excessive drinking, and marijuana use when implemented by peer leaders.)

Botvin, Gilbert J., Baker, Eli., Renick, Nancy L., Filazzola, Annie D., Botvin, Elizabeth M. – A Cognitive Approach to Substance Abuse (1984)

Anton, R.F., Moak, D.H., Latham, P., Waid, L.R. et al. (2005). Naltrexone combined with either cognitive behavioral or motivational enhancement therapy for alcohol dependence. *J Clin Psychopharmacol.* 25(4): 349-57.

Baker, A., Bucci, S., Lewin, T.J., Kay-Lambkin, F. et al. (2006). Cognitive-behavioural therapy for substance use disorders in people with psychotic disorders: Randomised controlled trial. *Br J Psychiatry.* 188:439-48.

Baker, A., Lee, N.K., Claire, M., Lewin, T.J. et al. (2005). Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction. *Addiction.* 100(3):367-78.

Feeney, G.F., Connor, J.P., Young, R.M., Tucker, J. et al. (2004). Alcohol dependence: the impact of cognitive behaviour therapy with or without naltrexone on subjective health status. *Aust N Z J Psychiatry.* 38(10):842-8.