Running head: CSP BOOK REVIEW

1

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Book Review: Cognitive Therapy for Adolescents in School Settings

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Book Review: Cognitive Therapy for Adolescents in School Settings

In many local educational agencies school psychologists are in the midst of transitioning from a service delivery that is primarily assessment driven to one that focuses more on direct and indirect interventions with students. This process has been expedited in several states (e.g., California) due to the loss of categorical mental health funds, forcing school psychologists to become primary providers for such services among school-aged youth. Practitioners who are tasked with providing educationally related mental health services may require additional training and support in order to deliver evidence-based therapeutic interventions to at-risk youth in the schools (Suldo, Friedrich, & Michalowski, 2010). Creed, Reisweber, and Beck's Cognitive Therapy for Adolescents in School Settings (2011) is a valuable addition to the library of clinicians and clinical supervisors who are responsible for delivering and overseeing such services. It serves as an introductory technical manual for treatment planning and cognitive case formulation as well as a step-by-step guide to delivering mental health interventions from a cognitive perspective. It differs from other cognitive therapy (CT) texts (e.g., Mennuti, Christner, & Freeman, 2012) in that chapters are written as clinical guides rather than traditional literature reviews of discrete applications of cognitive techniques.

Content and Structure

Cognitive Therapy is composed of 5 chapters written in sequential order with each chapter serving as a building block to the previous one. The fact that the text is limited to the application of CT techniques within school-based clinics and other mental health facilities (e.g., the school psychologist's office) results in a systematic and explicit appraisal of the challenges and rewards of providing mental health services in such settings. The authors refer to professionals who work in such settings as clinicians in recognition of the fact that school-based

mental health services are provided by a number of allied professionals, such as school psychologists, school counselors, school social workers, nurses, and other licensed clinical providers.

Chapter 1 begins with an overview of cognitive therapy. The reader is introduced to the foundational concepts of the cognitive model such as automatic thoughts, underlying beliefs, and compensatory strategies. The authors invite clinicians to conceptualize student problems as issues related to how stimuli or events in the environment are perceived. It is posited that these perceptions (which can be characterized as correct or incorrect and adaptive or maladaptive) are the result of automatic thoughts formed from previous experience that are idiosyncratic to the individual. Understanding, identifying, and ultimately changing maladaptive or incorrect automatic thoughts are the *sine qua non* of cognitive therapy (Beck, 2011). The authors also introduce several cases that "illustrate some of the issues that we often see in adolescents and that represent some of the common, complicated cases we see in the schools" (p. 3). The cases are utilized throughout the text to provide clinical examples of how to methodically address presenting problems utilizing CT.

Subsequent chapters cover topics such as case conceptualization, cognitive techniques, behavioral techniques, and conducting therapy in the schools. Cognitive and behavioral interventions that are covered include: the three c's, coping cards, road map to success, thought records, guided discovery, the downward arrow, behavioral experiments, behavioral activation, the hope kit, replacement behaviors, exposure therapy, and relaxation techniques. A summary is presented for each technique and accompanied with an example of its application using one of the case vignettes. The nal chapter concludes with an overview of how to structure individual sessions as well as the overall course of therapy.

One of the unique features of the book is the way in which chapters are put together.

Each chapter includes several reflection points where readers are encouraged to think about and provide written responses to questions posed by the authors about the vignettes and clinical examples. These reflection points act as a self-assessment tool that readers can utilize to check their own understanding as they engage the text. Although the book is written with a conceptual focus in mind, each chapter concludes with a section reviewing the empirical support for the content that is covered. For instance, a list of peer reviewed studies and literature reviews are included in each of the technique chapters. These reference lists provide the reader with access to resources which can advance their theoretical and technical understanding of the material.

Critique

Unlike other well-regarded texts on CT applications, Cognitive Therapy aims to provide practitioners with information needed to facilitate the use of CT in school-based settings. As such, the text is focused on practical clinical applications as more complex theoretical discussions are found elsewhere. The content reads smoothly and the quality of the writing is such that the concepts are easily understandable and interesting. The authors utilize charts and diagrams extensively which helps to make foundational ideas clear and coherent.

The authors present a cognitive-behavioral model that serves as a useful heuristic for a variety of student concerns and issues. A unique aspect of CT is the use of transparency within the therapeutic relationship: "as cognitive clinicians we want our students to understand the cognitive model and how it works, and we spend time really explaining and discussing this model with students" (p. 10). This process can become extremely directive when working with students with lower insight. Such an approach may be challenging for those working with students who are oppositional or who demonstrate extreme levels of resistance.

Another unique aspect of the CT model is the standardization of session content and the course of therapy. CT is a structured approach to counseling with each 30-minute session broken down into the same discrete tasks which include check-in, agenda, discussion, feedback, and homework/closing. Those having difficulty structuring their sessions or planning treatment protocols over the course of several weeks will find these elements of the text beneficial. The goal of the authors is to encourage clinicians to move beyond the use of the brief informal talking sessions that dominate the landscape of school-based counseling.

The shortcomings in the text have more to do with detail rather than substance. As stated above, the authors extol clinicians to take on a more directive approach with students who present with limited insight but never articulate when and/or if the use of CT may be inappropriate for certain individuals (i.e., those with limited cognitive ability). The authors even stipulate that the therapeutic dialogue contained in several of the case examples portray a level of insight more advanced than what a clinician is likely to encounter in most school settings. Such discrepancies lead one to question how useful some of the more advanced CT techniques (e.g., thought journaling) are for clinicians working in pluralistic settings. Another discrepancy noted was the extensive use of and reliance on homework in between sessions despite the acknowledgement that resistance is likely to be encountered from students within the school setting. It is recommended that clinicians select homework activities that require the least amount of effort from students in order to enhance treatment fidelity and follow through.

In conclusion, the authors achieve their intended purpose in creating a text that serves as a brief introduction to CT for school-based practitioners. However, those who wish to adopt CT as their primary theoretical orientation are advised to supplement with additional foundational texts (e.g., Beck, 2011; Mennuti et al., 2012). Nevertheless, Cognitive Therapy will serve as a

useful addition to any school- based clinician's home library. Instructors in graduate programs are also encouraged to consider adding it as a supplemental text in counseling foundations or methods courses for pre-service trainees.

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