

Review

Adolescents: The need for cognitive behavior therapy in educational settings

Tayebeh Najafi^{1*} and Diana Lea-Baranovich²

¹Institute for Educational Research, Tarbiat Moalem University, Tehran, Iran.

²Department of Educational Psychology and Counseling, Faculty of Education, University of Malaya, Malaysia.

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Adolescence refers to the period of development between childhood and adulthood. Formal operational thinking emerges in this period. Also, adult-level reasoning can take place in adolescence. Some adolescents may develop negative cognitions which would have negative effects on their lives. Counselors use cognitive behavior therapy in order to change irrational cognitions to rational ones. The present article aims to discuss the need for cognitive behavior therapy in adolescents' educational settings. Therefore, at first some theoretical aspects on adolescence and cognition will be addressed. Later, cognitive behavior therapy and its most well known approaches will be introduced. Also, the reason for using it in educational settings will be discussed. Based on empirical studies, it is suggested that counselors provide psycho-educational programs in educational settings. Also, it is suggested that cognitive programming be integrated as part of classroom curriculum.

Key words: Adolescents, cognitive behavior therapy, education.

INTRODUCTION

Adolescence is a transitional developmental period between childhood and adulthood (Fox et al., 2010). Adolescent development can be considered in terms of biological, cognitive, social (Plotnik, 2005), psychological, moral and spiritual challenges (Geldard and Geldard, 2004). Adolescence refers to the period of development between *puberty*, the age at which a person becomes capable of sexual reproduction and adulthood (Wade and Tavris, 2008). Many people confuse adolescence with puberty (Coon and Mitterer, 2009). In fact, puberty is the stage during which sexual functions reach maturity, which mark the beginning of adolescence (Weiten, 2007). The timing of puberty is not the same in all individuals. It varies from one adolescent to the next over a range of about 5 years (10-15 for girls; 11-16 for boys) (Weiten, 2007).

However, Newman and Newman, (2009) based on their research on adolescence and also their assessment of the research literature, have concluded that two distinct periods of psychosocial development

occur during these years, early adolescence (12-18 years) and later adolescence (18-24 years).

Early adolescence begins with the onset of puberty and ends at about age 18. Some rapid physical changes happen in early adolescence (Newman and Newman, 2009). At around age 10 for girls and age 12 for boys, growth hormones flow into the bloodstream (Gerrig and Zimbardo, 2008). This period is also characterized by newly energized sexual interests and sensitivity to peer relations as well as significant cognitive and emotional maturation (Newman and Newman, 2009).

Later adolescence, which begins at about age 18 and ends at about age 24, is characterized by new advances in the establishment of autonomy from the family and the development of a personal identity (Newman and Newman, 2009). The cited definitions have been chosen to differentiate between adolescence and puberty. Also, in the present paper, based on Newman and Newman (2009), there are two stages of adolescence: early adolescence (12-18 years) and later adolescence (18-24 years).

Adolescence is a stressful period of growth, and some adolescents may develop negative cognitions

*Corresponding author. E-mail: tayebeh.najafi@yahoo.co.uk.

which would have negative effects on their lives. Therefore, one important issue in paying attention to the psychological needs of adolescents is providing counseling programs in schools. By using cognitive behavior therapy methods, counselors can make adolescents to be aware of their irrational beliefs, dispute these beliefs, and also teach adolescents how to challenge these beliefs.

The purpose of the present paper is to address the reason for using cognitive behavior therapy in adolescents' educational settings. Therefore, at first based on the literature some theoretical aspects on adolescence and cognition will be addressed. Later, cognitive behavior therapy and its most well known approaches will be introduced. Then, it will be discussed in educational settings.

The research questions are as follows:

- 1- Why cognitive behavior therapy is needed for adolescents in educational settings?
- 2- How to use cognitive behavior therapy for adolescents in educational settings?

Adolescence and Cognition

According to Holmbeck et al. (2005), Piaget is credited with the identification of adolescence as the period of formal operational thinking where adult level of reasoning can take place. Therefore, adolescents who have achieved such thinking abilities are able to think more complexly, abstractly and hypothetically. They are able to think in terms of possibilities, and may be able to think realistically about the future (Holmbeck et al., 2005, p. 432). Adolescents, by having the ability to think about and discuss abstract concepts, can critically consider their beliefs, attitudes, values and goals (Plotnik, 2005). However, adolescents may also develop irrational beliefs which may lead to psychological distress (Flett and Hewitt, 2008; Flett, et al., 2008).

Adolescence is a stressful period of growth. This period poses many challenges to the adolescent such as finding identity and values. According to Weiten (2007), adolescents do experience more volatile and more negative emotions than their parents or younger children do. Also, they may engage in risky behaviors such as substance abuse, careless sexual practices, and dangerous driving.

Of course, adolescence is not necessarily the time of psychological turmoil (Plotnik, 2005). For some adolescents, it is a time of adaptation and improved mental health, but for others it is a period of maladaptation and increasing levels of psychopathology (Holmbeck et al., 2005). In other words, many adolescents experience new levels of emotional intensity, including positive feelings such as romantic sentiments, sexual desires, tenderness and spirituality, as well as the negative emotions of jealousy, hatred, and rage (Newman and Newman, 2009, p. 319).

What is cognitive behavior therapy?

Cognitive behavior therapy, which is a form of psychotherapy, was introduced into the West in the late fifties (Free, 1999). Pioneers in the development of cognitive behavior therapy include Albert Ellis (1913-2007) who developed REBT, and Aaron T. Beck (1921) whose approach has been widely used for depression and anxiety (Free, 1999).

According to cognitive behavior therapy, what determines individuals' moods and subsequent behaviors is the way they structure and interpret experiences. Seeing and perceiving negatively are purported to cause negative feelings and debilitating behaviors. Cognitive behavior therapy changes this way of seeing and perceiving (James and Gilliland, 2003). According to Welfel and Patterson (2005), in the cognitive approach, erroneous thinking is the source of emotional upset and ineffective behavior. From cognitive behavior therapists' point of view, people have the capacity to be rational or irrational, erroneous or realistic in their thinking. In fact, the way of thinking about their experiences determines how they feel about those experiences and what they will do. In general, as Palmer and Gyllensten (2008) have cited, cognitive behavior therapy "proposes that dysfunctional thinking is prevalent in psychological disturbance".

Cognitive behavior therapy is used in the treatment of a large number of mental disorders such as depression, anxiety, dysfunctional attitudes, phobias (James and Gilliland, 2003) mood disorders, anger management, schizophrenia (Free, 1999), etc. Various cognitive behavior therapy approaches are used by counselors and psychotherapist. The most well known cognitive therapy approaches are Ellis' Rational Emotive Behavior Therapy (REBT) and Beck's Cognitive Therapy (CT).

Rational Emotive Behavior Therapy (REBT)

REBT, which is one of the cognitive-behavioral approaches to counseling and psychotherapy (Dryden, 2006), was established in the mid-1950s by Albert Ellis (Dryden, 2008). Ellis (1913-2007) derived REBT theory mainly from the ancient Asian philosophers, Gautama Buddha, Lao Tsu, and Confucius; the Greeks and the Romans, Epictetus, Marcus Aurelius, Epicurus, Seneca; and others. Also, he derived REBT from several modern constructivist philosophers, such as Kant, Russel, Dewey and Wittgenstein (Overholser, 2003). According to Ellis (2002), the philosophers found that human beings who are natural constructivists largely disturb themselves about adversities, because they choose to add to these adversities their own irrational beliefs. Ellis added to this, that the nature of people is such that when they think, they also feel and behave; when they feel, they also think and behave; and when they behave, they also think and feel. Their thoughts,

feelings, and behaviors strongly include and interact with each other (Ellis, 2002). Ellis used this philosophy at first, from the age of 16 onwards to combat his own anxiety (Overholser, 2003). He pointed out that Epictetus said two thousand years ago: "People are disturbed not by events that happen to them, but by their *view* of these events" (Ellis, 2004a). Then he added: "This was a revelation to me, which I took seriously, and with which I trained myself to be much less anxious about many things.

As Ellis has cited, "the central theory of REBT says that people largely disturb themselves by thinking in terms of absolute imperatives- shoulds, oughts, and musts" (Ellis, 2003a). Therefore, thinking in terms of absolute imperatives is the reason for disturbance and maladaptive behavior in human beings.

The goal of REBT is to replace dysfunctional beliefs (which are rigid, inconsistent with reality and illogical) with a new set of rational beliefs (which are flexible and non- extreme). Rational beliefs which help the client live longer and happier are developed through this therapeutic process (Watson, 1999). Since REBT is a form of tolerance training, three of the most important approaches to achieving tolerance are: unconditional self-acceptance, unconditional other-acceptance, and unconditional life-acceptance (Ellis, 2004a; Gazibara and Ross, 2007). In general, REBT is an approach which is problem-focused, goal-directed, structured and logical in its practice, educational focused, primarily present-centered and future-oriented, skills emphasized and having largely active and directive therapist (Dryden, 2006).

In Ellis' approach, the aim of therapy is "to increase an individual's sense of self-worth and the potential to be self-actualized by getting rid of the system of faulty beliefs that block personal growth" (Gerrig and Zimbardo, 2008). Therefore, considering the ABC theory of Rational Emotive Behavior Therapy, there are four main steps involved in the therapeutic process when applying the concept of REBT. According to Watson (1999), the first step involves pointing out to the client that they have irrational beliefs. The second step is built on the awareness achieved in the previous step. The third step involves disrupting the pattern and discontinuing the cycle of irrational beliefs. By working in a collaborative effort, both the therapist and the client modify the client's thinking and begin to move away from the irrational beliefs and setting new rational beliefs. This moves into the fourth step of the process. After identifying irrational beliefs, the therapist by using cognitive, affective and behavioral techniques, challenges them in order to develop rational beliefs.

REBT sees thinking, feeling and behaving as an integrated process. Therefore, a large number of cognitive, emotive and behavioral methods are used in this therapeutic approach (Ellis, 1999; Ellis, 2003a; Ellis, 2002).

Beck's Approach (CT)

Aaron T. Beck's Cognitive Behavior Therapy has a theoretical rationale that the person's affect and behavior are largely determined by the way in which he/she structures the world (Beck, 1967). Beck found basic problem in depression was in how patients processed information- their cognitive processing. Therefore, Beck developed a cognitive theory of depression in 1967 and subsequently a cognitive therapy for depression as well as other disorders in 1976 (Gelso and Fretz, 2001). As Beck (1979) has cited, cognitive theory of depression possesses three specific concepts: the cognitive triad, schemas and cognitive errors.

Beck created a system of psychotherapy known as 'Cognitive Behavior Therapy' in which the goals were to correct faulty information processing and aid clients in modifying assumptions that perpetuate maladaptive behavior and emotions (James and Gilliland, 2003). Beck's approach is active, directive, time limited and structured (Beck et al., 1979). This approach is used in the treatment of a large number of mental problems such as major depression, various anxiety disorders and bulimia nervosa (Clarck and Beck, 2010), phobia and dysfunctional attitudes (James and Gilliland, 2003).

According to Beck (1979), the depressed individuals tend to interpret their ongoing experiences in negative ways, and they also generally feel hopeless about the future. Therefore, this way of thinking contributes to the individuals' depression. Beck's approach "produces symptom relief in anxiety and depression by correcting biased information processing and dysfunctional schema activation" (Clarck and Beck, 2010).

In Beck's approach, the general characteristics of a therapist include warmth, accurate empathy, and genuineness. Once the therapeutic relationship is established, the therapist uses some cognitive techniques in order to help clients to identify negative forms of thinking (Beck, 1979). In fact, the therapist supports the client in working towards the therapy goals (Kuyken and Beck, 2007). Although it is often not understood by clients, an important part of the Beck's therapy is educating the clients to understand how and what they think (Beck and Weishaar, 1992).

Moreover, in Beck's approach, the therapist uses collaborative empiricism, Socratic dialogue, and guided discovery in an attempt to get clients to recognize their erroneous assumptions, identify their cognitive distortions, and counteract their dysfunctional behavioral and emotional responses (James and Gilliland, 2003).

Collaborative empiricism means that in contrast to the more traditional psychotherapies, the cognitive behavior therapist is continuously active and interacts with the client (Beck, 1979). An important therapeutic technique used by cognitive behavior therapists is Socratic technique. In this method, the therapist asks

questions to guide the patient to more realistic conclusions about himself, his personal world, and his future (Beck et al. 2001). Beck conceptualizes the therapeutic process as one of guided discovery, rather than the therapist exhorting and cajoling the client to adopt a new set of beliefs.

Giving homework assignments is another part of Beck's cognitive behavior therapy. Homework assignments move the clients on towards their goals (Kuyken and Beck, 2007). Between sessions, therapists ask clients to record their automatic thoughts and emotions they experience during the day. They are then asked to write rational responses to those thoughts and emotions (Nairne, 2009). This part of the therapy is aimed at helping clients see and correct dysfunctional thoughts, assumptions, and behavior (Gelso and Fretz, 2001).

Due to the specific role of the therapist in Beck's approach which is helping clients to discover their own faulty way of thinking, rather than directly confronting clients with their irrational beliefs, Beck suggests it is more therapeutic for clients to identify negative forms of thinking themselves (Nairne, 2009). Therefore, in Beck's approach the first and most important strategy is to develop a trustful and collaborative relationship through accurate empathy, warmth and genuineness. This kind of relationship enables the counselor to assess the client's expectations regarding therapeutic success (James and Gilliland, 2003). In other words, cognitive behavior therapists, by having empathic understanding and being warm, work with their clients (Gelso and Fretz, 2001). In fact, in Beck's approach, rapport and open communication are sought in order to establish supportive conditions to challenge a client's dysfunctional cognitions, and to follow through with behavioral interventions (Clark, 2007).

Why and how to use cognitive behavior therapy for adolescents in educational settings?

Adolescence is somewhat more stressful than other developmental periods. Some adolescents may develop negative cognitions which would have negative effects on their lives. Based on the empirical studies, the consequence of holding irrational cognitions is negative. This means that as Flett et al. (2008) and Davice (2006) have cited, there is an association between irrational beliefs and psychological distress. Irrational and maladaptive cognition may lead to psychological problems such as anxiety, depression, social phobia, anger and so on. These negative consequences of irrational beliefs may lead to negative impacts on educational performance. For instance, Frogged et al. (2008), in a study, found that depression in pupils was associated with difficulties in concentration, social relationships, self-reliant school performance and

reading and writing as well as perceiving schoolwork as highly loading.

Flett et al. (2008) examined the association between dimensions of perfectionism and irrational beliefs in high school students. They tested the association between psychological distress and irrational beliefs in adolescents. Results of the study confirmed the association between perfectionism and irrational beliefs and their respect roles in psychological distress among high school students. In addition, both perfectionism and irrational beliefs were found to be linked with depression. Depression, which is a common mental illness, may be caused by cognitive distortions. Therefore, it is of most importance to pay attention to the psychological needs of adolescents. Holding more rational cognition can lead to having better life, in that more rational and realistic ways of thinking produce healthier emotions, more functional behaviors and greater acceptance of the self and others (Davies, 2008). Changing negative cognition to reality based cognition helps adolescents increase their academic adjustment. It helps them to study in much better conditions, and eventually have productive lives in the society.

Since irrational beliefs are at the core of emotional problems, and rational beliefs are at the core of the solutions to these problems (Dryden, 2006), therapists use cognitive behavior therapy in order to change irrational beliefs to rational ones (Ellis, 2002).

One important issue in paying attention to the psychological needs of adolescents is providing counseling programs in schools. Such programs could help to enhance adolescents coping strategies with their mental health problems, to improve their general coping and problem-solving skills, and even to prevent onset of mental health problems in this vulnerable population (Emami et al., 2007).

By using different methods, counselors may provide help for adolescents in order to cope with their problems. By using cognitive behavior therapy methods counselors can make adolescents be aware of their irrational beliefs, dispute these beliefs, and also teach adolescents how to challenge these beliefs (Ward, 2008). Cognitive behavior therapy can be done individually and in groups.

Group cognitive behavior therapy is beneficial especially for adolescents, because it provides a positive atmosphere in which acceptance and support help them to learn new behaviors. Moreover, since adolescents are influenced by their peers, they will learn new behaviors which are modeled by peers (Cecen-Eragul and Zengel, 2009).

What is obvious is that, by appropriate counseling programs and workshops, counselors can provide better consultative, preventive and also intervention strategies in order to help adolescents change their

cognitions.

Conclusion

Adolescence is a stressful period of growth. This period poses many challenges to the adolescent such as finding identity and values. Adolescents may develop irrational cognition which may lead to psychological distress. According to cognitive behavior therapy, what determines individuals' moods and subsequent behaviors is the way they structure and interpret experiences. Seeing and perceiving negatively are purported to cause negative feelings and debilitating behaviors. Cognitive behavior therapy changes this way of seeing and perceiving

Holding rational cognition can lead to having better life. Changing negative cognitions to reality based cognitions helps adolescents increase their academic adjustment. It helps them to study in much better conditions, and eventually have productive lives in the society. Therefore, it is suggested that counselors provide psycho-educational program in educational settings. Also, it is suggested that cognitive programming be integrated as part of classroom curriculum. This means that counselors teach the basic principles of cognitive behavior therapy in schools and make students familiar with identifying irrational thinking patterns and how to effectively replace irrational beliefs with rational ones. This needs trained counselors. Therefore, it is suggested to train competent counselors for this program.

There are some limitations in cognitive behavior therapy with adolescents in educational settings. For example, adolescents have different interests and capabilities than adults. This needs to be considered in working with adolescents. On the other hand, if cognitive programming is not integrated as a part of classroom curriculum, counselors might face some challenges regarding the time of therapy, doing homework assignments in cognitive therapy, parents' challenges etc. Cognitive behavior therapy with adolescents needs enough considerations.

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