

# Implementing a Parent-Led Cognitive Behavioural Therapy Intervention (PL-CBT) in a school setting



NIHR Mental Health Implementation Network  
Webinar

Wednesday 26<sup>th</sup> March 2025 12-1 pm

NIHR ARC National Priorities Programme: Mental Health Implementation Network (MHIN)



# Housekeeping



All delegates **will be muted** throughout the event



Please use the **Q&A function** for questions  
**Upvote** by clicking the **thumbs-up** button on the questions you would like to be answered



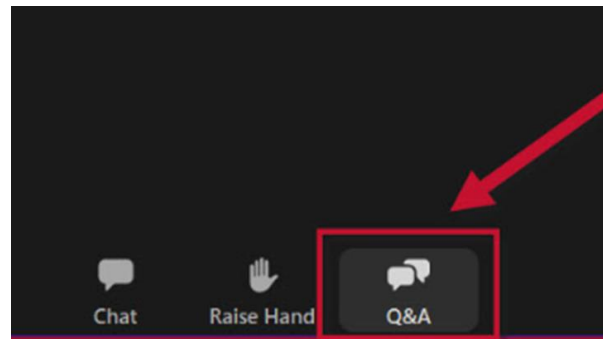
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# Engagement throughout the webinar...

- If you would like to share the event on social media, please tag the accounts below on Bluesky:
  - @arc-southlondon.bsky.social
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# Inclusivity

- To ensure an inclusive environment where open discussions can take place, please:
  - avoid acronyms where possible
  - be respectful and allow room for constructive challenge
- After the event
  - share the information you receive, but do not reveal the identity of who said it without their consent

# Agenda

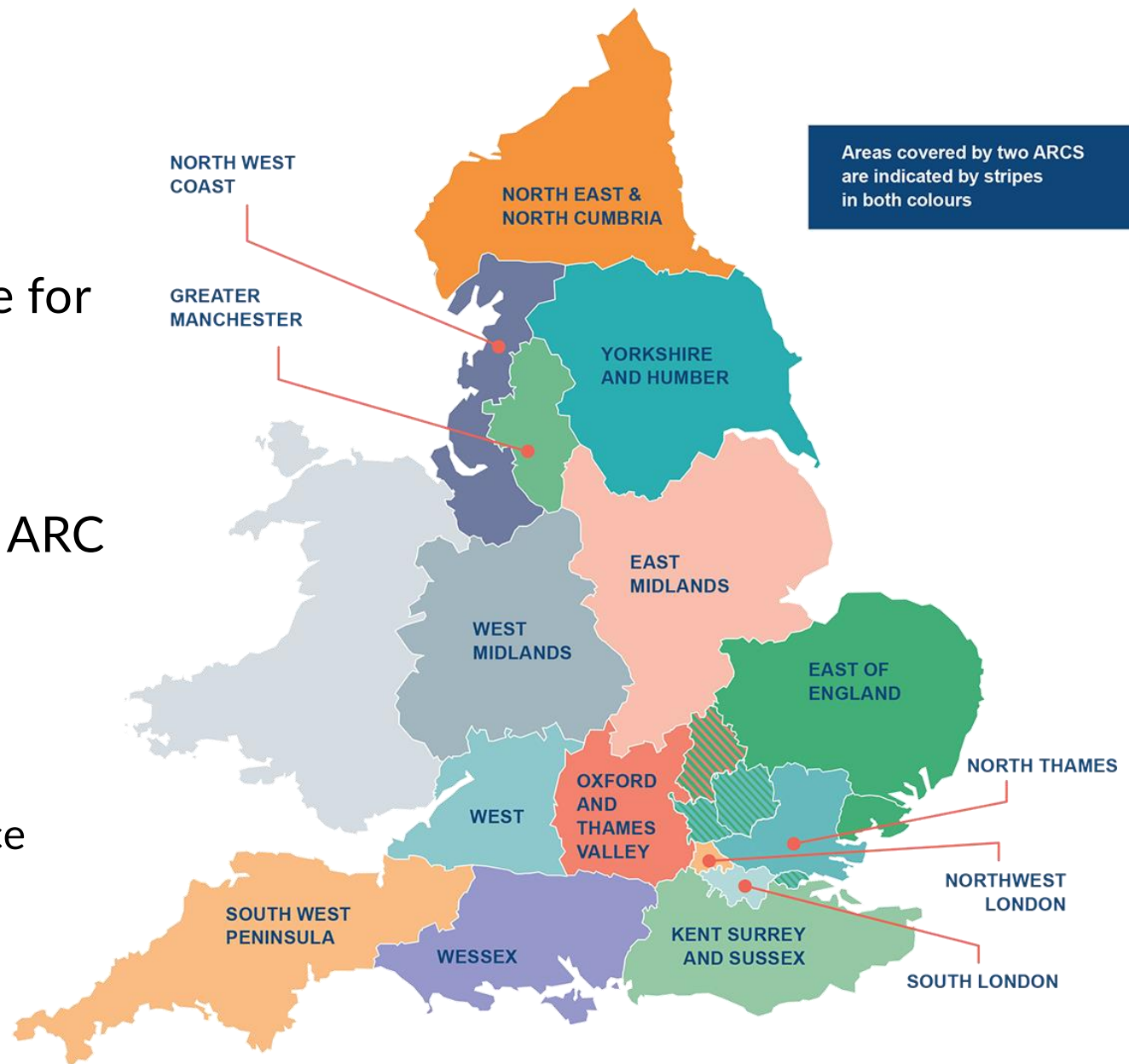
12:00-12:05	<b>Implementing a Parent-Led Cognitive Behavioural Therapy Intervention (PL-CBT) in a school setting</b> Bonnie Teague
12:05-12:15	<b>Parent-Led CBT</b> Chloe Chessell
12:15-12:30	<b>The Working on Worries Project</b> Tom Rhodes
12:30-12:40	<b>Patient and Public Involvement (PPI) input</b> Rachel McGuire and Alexia Zinonos-Lee
12:40-12:45	<b>Implementation Guide</b> Kathryn Berzins
12:45-12:55	<b>Q&amp;A</b> Chair: Bonnie Teague and Kathryn Berzins
12:55-13:00	<b>Closing remarks</b> Kathryn Berzins

# About the NIHR Mental Health Implementation Network



# What is the MHIN?

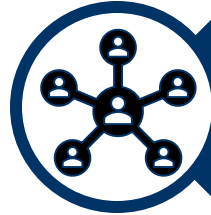
- Commissioned by the National Institute for Health and Care Research in 2020
- Jointly led by the Applied Research Collaboration (ARC) South London and ARC East of England
- Problems being addressed:
  - Care gap in mental health
  - Slow translation from evidence to practice
  - Uneven implementation
  - Underserved populations and conditions



# What is the aim of the MHIN?

To catalyse and evaluate the implementation of high-impact, evidence-based mental health interventions supra-regionally or nationally

## Objectives:



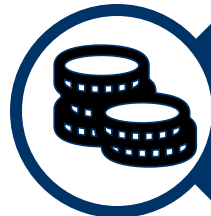
Bring together a multidisciplinary consortium of key stakeholders to catalyse implementation of mental health service changes.



Identify evidence-based solutions that meet system/patient needs and are ready for implementation in the short-term.

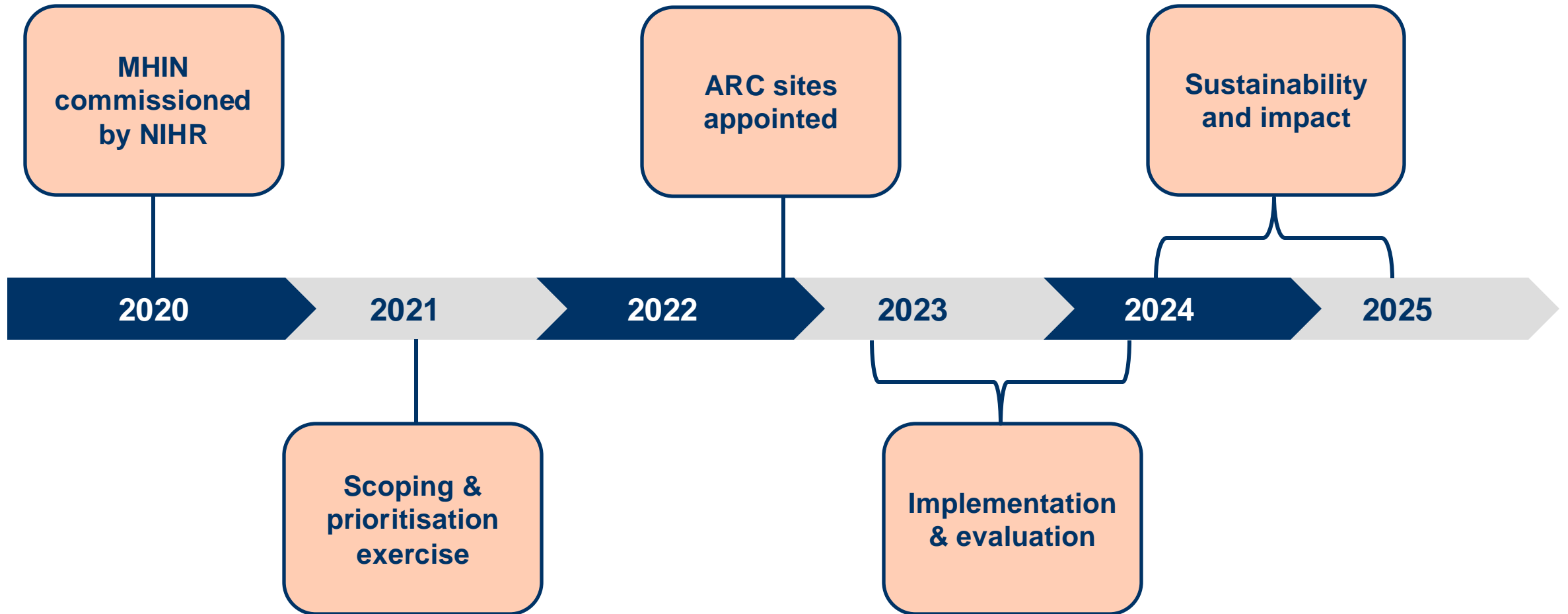


Work with stakeholders to support implementation and evaluation of the selected interventions.



Develop proposals for further research and funding to support implementation in the national priority areas.

# How has the MHIN progressed these aims?



# MHIN Projects and ARC partners

Project	MH Focus	Intervention	Implementing ARCs
1	Improving access to mental health services for minority ethnic communities	Patient and Care Race Equality Framework	<ul style="list-style-type: none"><li>• Yorkshire &amp; Humber</li><li>• Greater Manchester</li></ul>
2	Children and young people's mental health	Parent-led Cognitive Behavioural Therapy	<ul style="list-style-type: none"><li>• East of England</li><li>• North-West Coast</li></ul>
3	Integrated protocols for substance use, mental and physical health problems	Alcohol Assertive Outreach Treatment	<ul style="list-style-type: none"><li>• Yorkshire &amp; Humber</li><li>• Greater Manchester</li></ul>

# Parent-led Cognitive Behavioural Therapy



Chloe Chessell, University of Oxford



# Empowering parents to support their children to overcome anxiety problems

**Chloe Chessell, Tessa Reardon, Cathy Creswell**  
University of Oxford



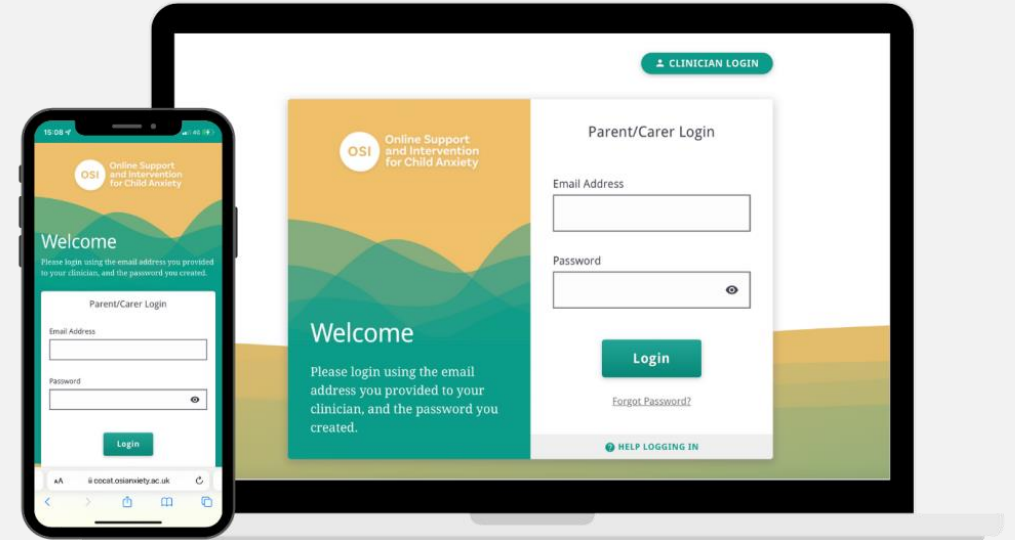
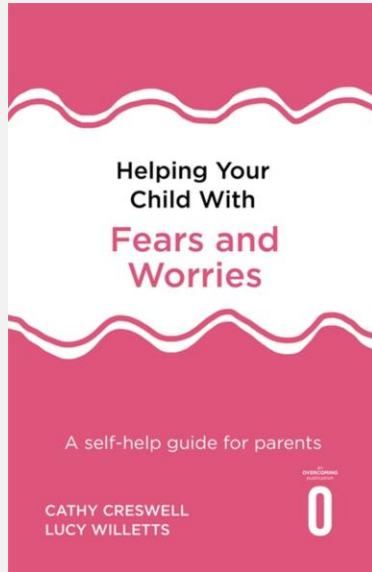
# Brief therapist guided, parent-led Cognitive Behavioural Therapy (CBT)



## Type of treatment where:

- Therapist works with parent
- Child does not attend treatment (but often attends the assessment)
- **Empowering** parents to learn CBT tools to help their child





## Book based format:

- Parents read book alongside treatment sessions
- 6 treatment sessions (4 face-to-face/2 telephone; approx. 5 hours total)

## Online version:


- Parents read information in a series of online modules
- 8 telephone support calls (approx. 20 minutes each; approx. 2 hours 40 minutes total)



# What is Online Support and Intervention (OSI)?

Good morning, Pen

Module 2 - Have-A-Go Thinking 100% [VIEW MODULES](#)



*This module takes about 30 minutes to complete*

This module explains how you can find out what your child's anxious thoughts are and how you can talk to your child about their fears and worries.

[Review Module](#)

[COMMENTS](#) [MODULE MP3](#) [MODULE PDF](#)

**Therapy Session** [VIEW ALL](#)

NEXT APPOINTMENT  
Session not yet booked

**Latest Note** [VIEW ALL](#)

21/11/2022 [How can I find out what my...](#)  
*Great tip!*

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Module 2: Have-A-Go Thinking [ADD NOTE](#) [BOOKMARK](#) [ADD TO AGENDA](#) [PRINT](#)

**HOW ARE THINGS?**

- ✓ How are things?
- ✓ How are things going...
- ✓ What difficulties has ...
- ✓ Your child's goals

**MODULE CONTENT**

- ✓ Hello - and welcome ...
- ✓ What is Have-a-go thi...
- ✓ Take a new approach
- ✓ How can I find out w...
- ✓ Questions you might ...
- ✓ Change your approach
- ✓ 1. Help your child fee...
- ✓ 2. Make anxiety nor...
- ✓ 3. Stay curious.

## Watch how to talk to your child about their worries

Here is a video showing how one parent helped their child with 'have-a-go' thinking

**OSI: Have-a-go Thinking**

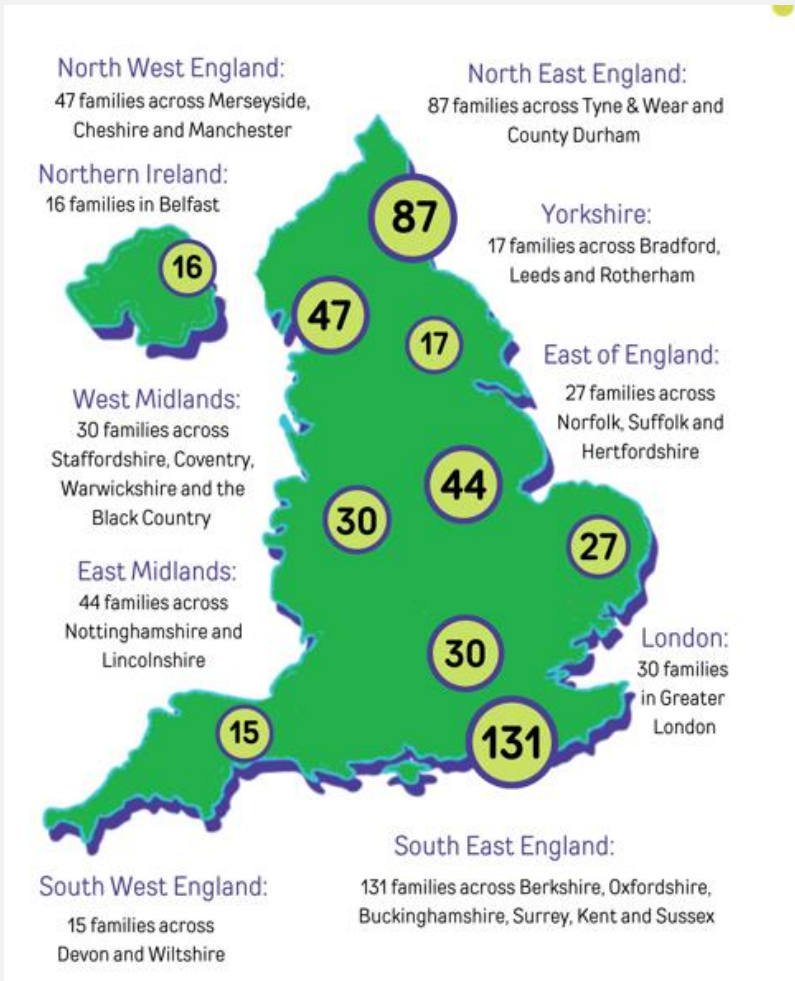


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# Does OSI work in research trials?



OSI takes substantially less therapist time to deliver than usual treatment in services

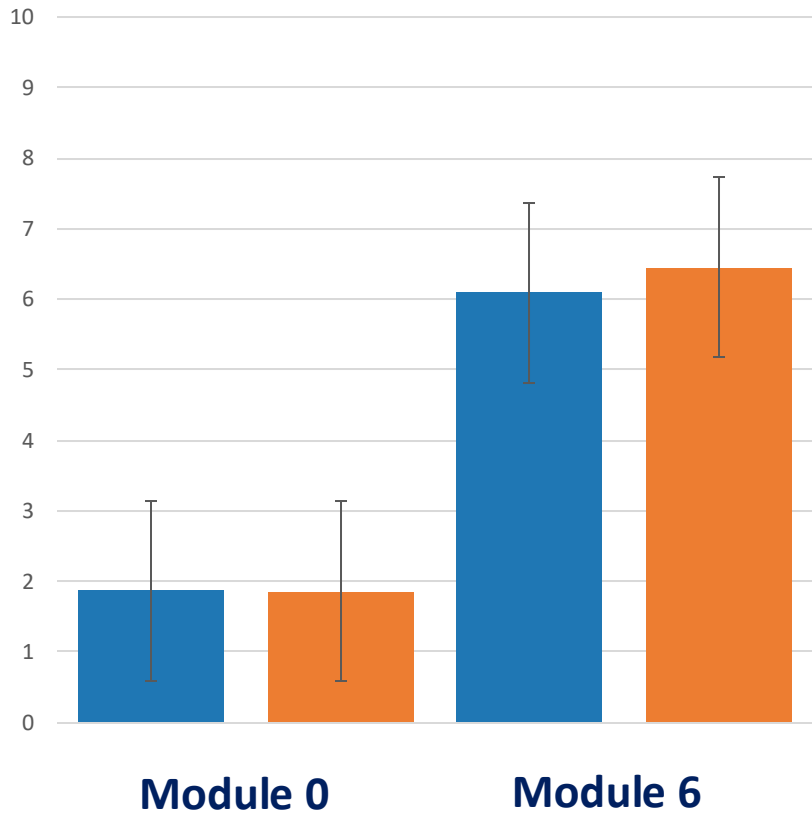
Without compromising child outcomes or parent and clinician satisfaction (which were all good)

Health economics showed that OSI was likely to be cost-effective compared to usual treatment



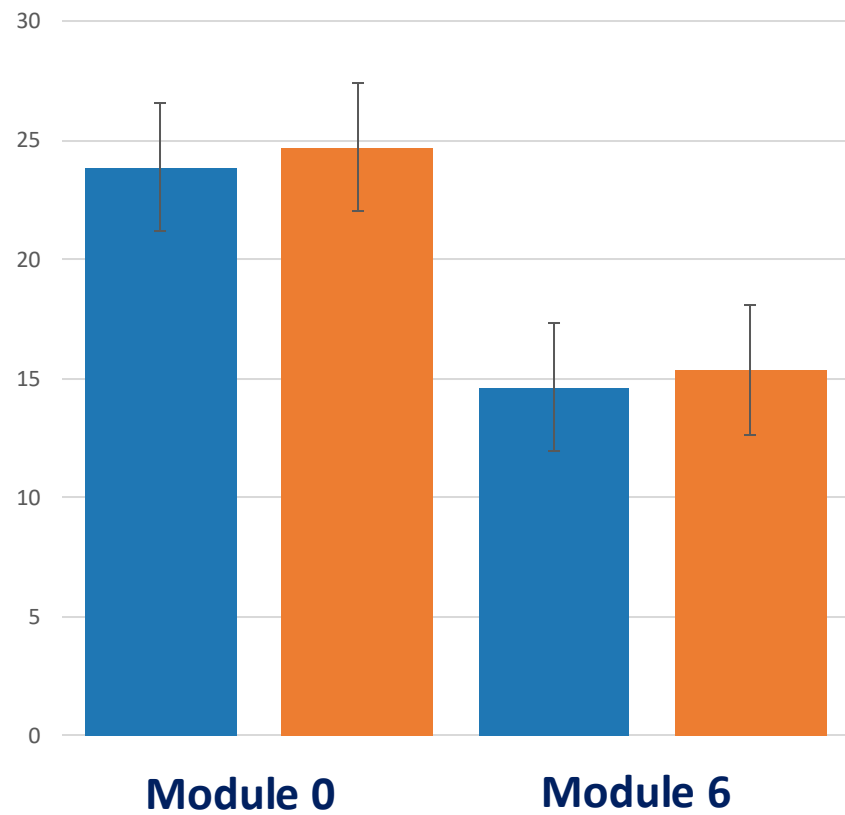
# Does OSI work in the 'real world'?

Families' treatment goals



■ = research trial ■ = routine delivery

Impact of anxiety on children



Parents' satisfaction



## What have families said about OSI?

*'I'm a complete techno idiot. I'm not smart or savvy at all when it comes to tech. And if I can do it, anybody can do it.'*

*'I was washing the dishes and I was listening to it...the fact that I can come back and read the things again. I can download them. That was very good.'*

*'I could just log into it anytime that suited me. So even if it was the midnight and I was sat in bed, I could still say right, I want to get this done now.'*

*'I feel confident enough that I now have the tools that if that happens with anything in life, not just the person receiving the treatment, for myself and for my other child, it's changed my concept on how to deal with life as well.'*





# The Working on Worries Project

Tom Rhodes, Norfolk and Suffolk NHS Foundation Trust



NIHR ARC National Priorities Programme: Mental Health Implementation Network (MHIN)

# Working on Worries



## Project aims include:

- Improving access to Parent-led CBT for Child Anxiety Problems (PLCBT)
- Guide the implementation of PLCBT in Norfolk & Waveney primary schools
- Optimise delivery through school staff and CYPMH professionals
- Develop relationships between health and education organisations
- Evaluate implementation outcomes to inform future work and sustainability

# EPIS Framework

**Sustainment**  
Identify the factors needed to sustain the innovation.



**Exploration**  
Evaluate need and innovation fit.



**Preparation**  
Plan how to integrate the innovation.



**Implementation**  
Put the innovation into place following the integration plan.



- Inner context
- Outer Context
- Bridging Factors
- Innovation Factors

### Preparation

- Oversight from core project team
  - School representative particularly important!
- Setting up Stakeholder Steering Group (SSG) and Parent/Carer Advisory Group (PCAG)
- Train the trainer approach
- Targeted school recruitment
- HYC & OSI training for school staff
  - Intervention manuals, HYC books provided
  - and lunch!
- Identification of an Implementation Lead and development of an individual Implementation Plan



## Implementation Strategy

### Implementation

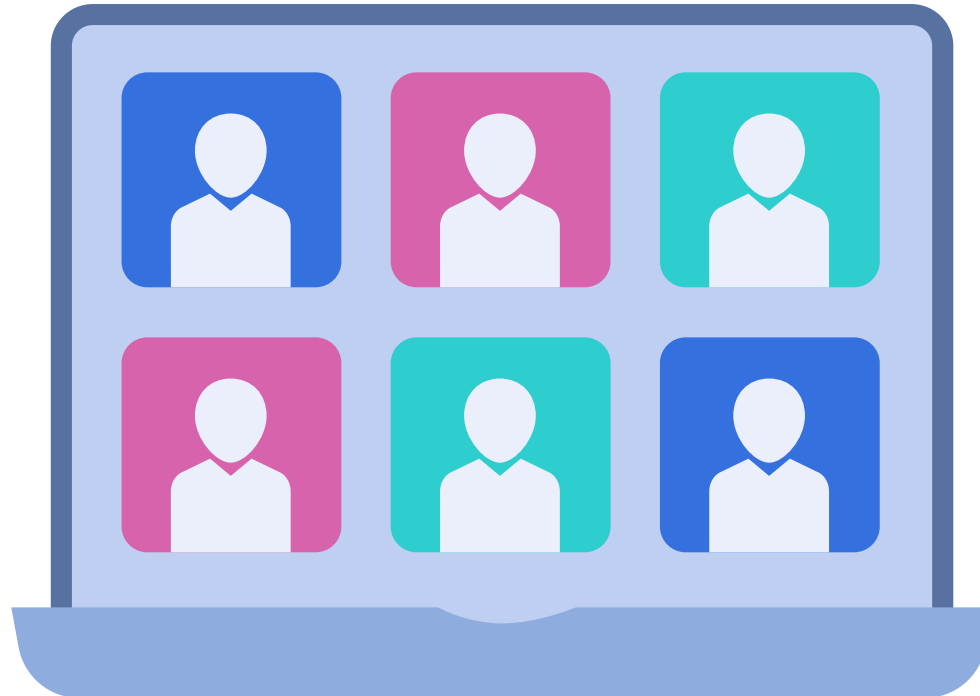
- Resources provided to schools
  - Identification & recruitment of families
  - ROMs support
- Collaborative Learning and Support Sessions (CLaSS)

### Sustainment

- Local trainers vs. external
- System-wide ownership
- Linking in local commissioners
- Evaluation of implementation outcomes
  - Proctor et al. (2011)



## Implementation Strategy



## CLaSS

- Half-termly skills-based sessions (initially fortnightly)
- Facilitated by WoW Trainers
- Build relationships between Health and Education
- Learning from shared experiences

## Project Activity

**33**

Local mental health professionals identified to be PL-CBT trainers and provide ongoing support to school staff.

**220**

Pastoral and support staff trained to deliver PL-CBT across 130 primary schools.

**230**

Families accessing PL-CBT:  
55 HYC, 177 OSI

# Trainer Insights

(From Focus Groups)

- Participation in project fit with their usual role.
- Need for time committed to project to be recognised by service leads.
  - WoW work was in addition to usual workload.
- Diverse trainer perspectives enrich the training (Education vs Mental Health Professionals).
  - For both schools and trainers!
- Real-life cases and experiences increase engagement and ground the training.
- Co-delivering key (less of a spotlight, conversational style, keeps it dynamic).

## RCADS

(selected subscale)

### RCADS average scores - raw scores

Module 0	Module 6	
49.39	33.34	-0.80

## CAIS

(global items)

### CAIS average scores

Module 0	Module 6	
22.40	12.40	-0.78

## Goal Progress

(measured by GBO)

### Goal progress average score

Module 1	Module 6	
1.38	6.07	2.33

## SRS

### Session rating scale average score

All modules
38.64

- Based on data from 62 families who have completed 6 modules in OSI
- All outcomes comparable to OSI-GROWS and Co-CAT trials

# Preferred Format

## HYC:

*“So I think I've found that I kind of feel like I lean more towards the face to face just because it's something that I was...had done before. So it's kind of felt more comfortable”*

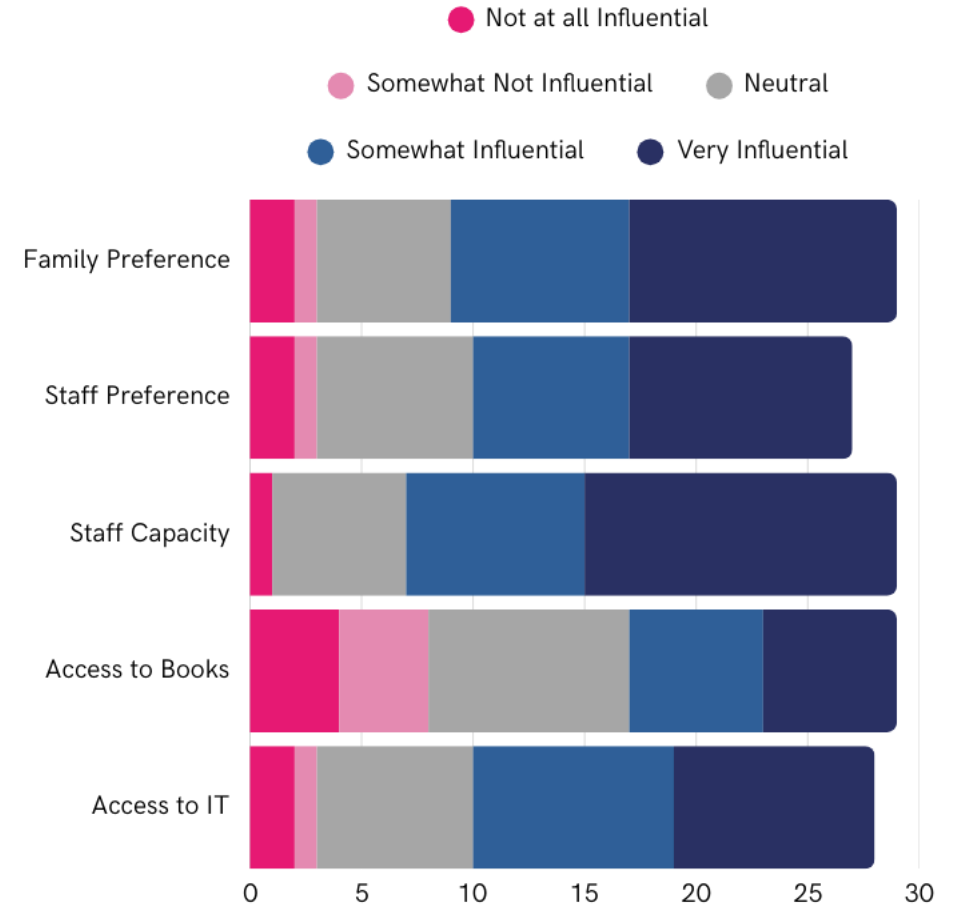
*“When we I sort of sat and spoke with [implementation lead] about it and we completely agreed that actually getting our parents in face to face...engagement was a massive part of it”*

## OSI:

*“For me and for them really it just a time thing that they can't, they haven't got that time to come in to school and I haven't really got in my work...for me it I think if it was just the face to face led thing, I don't think I would have had to have been able to do it”*

*“We'll just be offering OSI first with [name of school] because time wise that will allow us to support more people.”*

## Influencing Factors:



## Facilitators and Barriers

### Facilitators\*

- Staff understanding of children's difficulties
- Positive pre-existing parent/carer relationships
- Support from untrained staff
- Face-to-face in school setting convenient for parents
- Intervention fit well with existing support

### Barriers

- Staff Capacity
- Flexibility in accommodating parent/carer needs
- Lack of physical space in school setting
- School holidays interrupted intervention delivery

\*Where facilitators are not present the intervention may offer an opportunity to build parent/carer relationships and lead to new understandings of children's difficulties

### OSI Contributions

- Time efficient
- Convenient for staff and parents/carers
- Flexible
- Easy to use and accessible



## School Reflections

- Builds Positive Relationships
- School views essential
- Being Curious - exploring things differently and hearing the child's voice
- Empowering Parents
- Reduction of Onwards Referrals
- Privilege of Seeing the Long-term Impact (Goal-oriented intervention)
- SLT Feedback
  - Time limited, schools can plan
  - Bypasses external waiting lists

“I went from a chart of a sea of red and yellow to just green and yellow at the end. And it was just lovely to see... it was quite powerful to show, the parents were quite emotional about seeing that”.

(School Staff Member, Focus Group)

“It has had a huge impact. It has helped change how I approach situations. I've learnt coping strategies for my children and myself. It has really been an amazing support to all of our family.”

(Parent/Carer, Feedback Survey)

“I'm sort of sharing some of the techniques with other staff members. So even if we're not taking families through the process, we are changing the way that we're talking to the children and having conversations”.

(School Staff Member, Focus Group)

“It has been really good. We have definitely seen a change in our daughter. We understand how to deal with her anxieties and how to support her in the future. Family life is less stressful.”

(Parent/Carer, Feedback Survey)

# Project Phases

## **Phase 1, Jan. 2023 - Mar. 2024.**

- Funded by NIHR as part of a wider project carried out by MHIN
- Focused on the recruitment and training of non-MHST schools
- Core project team evaluated implementation outcomes to assess facilitators and barriers to successful implementation
- Project was guided by local stakeholder steering group and parent/carer advisory group

## **Phase 2, Jan. 2024 - Mar. 2025**

- Funded by Norfolk and Waveney ICB
- Continued training of school support staff, now including MHST schools
- Training of CWPs and EMHPs in OSI to be delivered through Ormiston Families and MHSTs

## **Implementation Guide and Toolkit, Mar. 2024 - Mar. 2025**

- Funded by NIHR MHIN as part of a project in collaboration with ARC North West Coast
- Create an Implementation Guide and Toolkit for education and health systems to assist further regions in developing PL-CBT programmes.

# Parent and Carer Advisory Group Input



Rachel McGuire and Alexia Zinonos-Lee, PCAG Leads



NIHR ARC National Priorities Programme: Mental Health Implementation Network (MHIN)

# **Participation with Experts by Experience - including Children**

Co-producing resources for the parent-led CBT programme,  
with children and young people

## Children and Young People - Participation

Consideration for:

- Informed consent done ethically
- Safeguarding

These 2 things can be potential barriers to participation

It feels important to include CYP in an intervention designed for CYP and families

Hearing from Children  
and Young People

We didn't set out to formally create a Children  
and Young People's advisory group

Children and Young People's voice was  
facilitated by the PCAG

## The Animation Process

The animation was child-led all the way

It validated the children's experience/needs/wants - they produced something different from what we as adults/parents/caregivers thought they'd need and want

Including the children's own voices, and naming those who contributed, really personalised it

## Challenges and Facilitators

Remote working / Not meeting the children themselves

Healthy budget for participation - recognition of the worth

Snowballing and enthusiasm

PCAG supporting their CYP to participate

Whole team embracing participation

# Animation



# Implementation Toolkit: Development and dissemination



Dr Kathryn Berzins, University of Central Lancashire,  
Applied Research Collaboration North West Coast



Consolidation of findings workshop with research team to identify current public resources and core content of support materials.

Stakeholder consultation – 32 responses received from parents/carers, Mental Health Support Teams, School Leadership Teams and wider school staff with and without experience of Parent-led CBT.

The following themes were identified:

- What support is required?
- How to identify and engage families?
- What are the barriers and facilitators?
- How can the intervention be sustained?

## Creation of toolkit



## Evaluation of toolkit:

Implementation toolkit was created providing comprehensive information about how to implement Parent-led CBT in school settings.

This document is currently being tested on stakeholders with no experience of the intervention using semi-structured interviews to collect feedback.

The toolkit will then undergo final revisions before being available for wider use.

Review of parent / carer facing documents



## Dissemination of materials:

The following resources will be held on an NSFT webpage:

- Toolkit to support implementation of PL-CBT Intervention in a school setting
- All co-produced parent / carer facing resources for school staff
- Study resources such as implementation plans, school agreements and letters.
- The PCAG animated video and testimonials







# Thank you for joining!

