



# Effects of the cognitive-behavioral you can do it! Education program on the resilience of Japanese elementary school students: A preliminary investigation



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## ABSTRACT

The effect of a mental health promotion program based on cognitive behavioral therapy and social-emotional learning called “You Can Do It! Education” on the resilience of elementary school students was evaluated. Participants were fourth grade students at elementary schools in the Tokyo Metropolitan Area, who were assigned to the intervention ( $n = 78$ ) or control ( $n = 47$ ) group. The intervention group was taught eight program lessons by a visiting counselor, which covered topics related to resilience and the relationships of thinking, feeling, and behaving. The intervention group showed significant improvements in resilience and social support, whereas the control group did not. We discuss the program’s feasibility for enhancing resilience and its limitations in Japanese school settings.

## 1. Introduction

Recent studies have indicated that Japanese elementary school students manifest various mental health problems, including anxiety and depression (e.g., Tanaka, 2011). According to the Ministry of Education, Culture, Sports, Science, and Technology of Japan (MEXT, 2014), chief among the causes of mental health-related problems is the high prevalence of bullying in Japanese elementary and junior high schools, which exceeded 210,000 cases in 2015. More specifically, in 2015, there were an estimated 151,692 in elementary schools (122,734 in 2014) and 59,502 in junior high schools (52,971 in 2014). Chronic nonattendance of school has also increased, with approximately 125,000 students in that same year. The proportion of students who exhibited chronic nonattendance caused by anxiety or mental health problems was estimated at 32.4% while 14.5% was due to laziness and 46.2% due to problems with peer relationships except bullying (in 2015).

The lack of development of socioemotional competence in adolescents is universally recognized as a major contributing factor to poor mental health. Furthermore, school performance is an important foundation for young children’s later success and well-being (Anonymous, 2012). There are five main interconnected sets of cognitive, affective, and behavioral competencies for students, including self-awareness, self-management, social awareness, relation skills, and responsible decision making (The Collaborative for Academic, Social, and Emotional Learning: CASEL, 2013).

*Abbreviations:* CASEL, Collaborative for Academic, Social, and Emotional Learning; CBT, Cognitive behavioral therapy; SCAS, Spence Children’s Anxiety Scale; SSSC, Social Support Scale for Children; RESC, Resilience in Elementary School Children; YCDI, You Can Do It!

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There exist a number of international programs aimed at preventing the development of various problems in children, such as nonattendance at school, bullying, social withdrawal, and self-injurious behaviors. Many such programs are based on cognitive behavioral therapy (CBT) and have been found by randomized controlled trials to be effective in preventing mental health problems in school settings (e.g., Barret, Farrell, Pina, Peris, & Piacentini, 2008; Stallard, 2003). Such preventative interventions have been found to particularly benefit participants' mental health, even as they enter into adolescence and adulthood (Anonymous, 2003), which is essential for school life (Anonymous, 2006). The efficacy of these preventative programs is a result of the fact that they primarily help to decrease students' fear and depression, identify their emotions, use others as a method of support during times of trouble, and build resilience (Anonymous, 2007a).

CBT is effective in managing students' anxiety, depression, and other mental disorders, according to evidence obtained from approximately 500 cases treated with CBT (Macklem, 2011). As such, a school-based CBT program for Japanese schoolchildren has been almost universally believed to be useful (Anonymous, 2016b). It is further believed that preventive programs for elementary school students are most effective when implemented early on, when any maladjustment is still relatively minor in nature (Anonymous, 2014). Such preventative programs seem especially indispensable for Japan, as they would be helpful in mitigating the maladjustment resulting from natural disasters, such as earthquakes and typhoons, which frequently occur in Japan (Anonymous, 2014). However, in Japanese schools, most evidence-based psychology programs that have been developed have not yet been implemented, despite the urgent need.

Anonymous (2006) proposes five core lessons of socioemotional learning: (1) learning to think positively (Confidence); (2) learning tenacity (Persistence); (3) learning cooperation (Getting Along); (4) learning organizational skills (Organization); and (5) learning resilience (Resilience). Resilience, in particular, is regarded as a skill that should be cultivated in schools, along with adaptability (Anonymous, 2007a). Thus, in the present study, we tested the applicability of the You Can Do It! Education Program (YCDI; Anonymous, 2007a), which is a preventive education program based on CBT that was developed in Australia, in order to help promote resilience in schoolchildren. Resilience refers to individuals' ability to overcome suffering and demonstrate sufficient personal strength to manage various hardships or adversity (Bonniwell & Ryan, 2011). Anonymous (2004) further specified emotional resilience as the ability to control one's offensive and avoidant behavior, and calm down when confronted with distressing events (Anonymous, 2008). Emotional resilience has been shown to be effective in recovering from anxiety, anger, and low mood (Anonymous, 2007a). Furthermore, resilience has been defined as the capacity to plan a course of action, deal effectively with a difficult event, and recover well after facing a problem, and it is akin to "defiance" (Anonymous, 2007a). Among those with low levels of resilience, risky behavior has been found to be a predictor of future troubles (Benard, 1993).

Zolkoski and Bullock (2012) identified five attributes of resilience in children: (a) social competence, which covers empathy, caring, flexibility, communication skills, and a sense of humor; (b) problem-solving skills, such as planning and creativity; (c) critical consciousness, including the awareness of abusive situations and the ability to create systems to cope with these situations; (d) autonomy; and (e) sense of purpose, such as having goals, educational ambitions, and faith in a bright future. People with resilience also have confidence in their capacity to manage difficulties (Werner, 1993). In particular, when faced with adversity, students with resilience are able to (1) decrease their level of anger, depression, and anxiety; (2) control their physical reactions to troubling events, such as avoiding a quarrel or stopping themselves from escaping a distressing situation; (3) regain composure within a suitable amount of time; and (4) rebound, or return to their studies and recreation (Anonymous, 2011).

To teach students resilience in this study, we employed the Resilience Lessons from the "Program Achieve" curriculum (Anonymous, 2007a, 2007b). The YCDI program has been shown to be effective for improving self-esteem, the ability to bounce back from adversity, friendly relationships, and academic ability in 16 countries around the world (Anonymous, 2013a) are seen in reading ability 50% of students as universal designs in the experimental schools (Anonymous, 2012).

The Resilience Lessons of the YCDI have been carried out in elementary schools as a form of universal preventive education, and their efficacy has been verified for students in regular classes (Anonymous, 2007a). Thus, the present study assessed the effects of the YCDI in a Japanese context, in particular determining whether Japanese children could achieve positive, social, emotional, behavioral, and achievement outcomes that are equivalent in magnitude to those reported by Anonymous (2012) in Australia. To use this program effectively in a Japanese context, including within the educational system and school culture, we translated the YCDI materials into Japanese and introduced them into ordinary classes as a universal program (i.e., which all class members can understand). According to Anonymous (2007a), the program's intended objectives can be achieved by providing children with explicit instruction in the abovementioned five key socioemotional competencies. We specifically used the Resilience Lessons of the YCDI (Anonymous, 2007a), examples of which are shown in Table 1. A total of eight lessons, which were approximately 45 min long each and taught once per week, were adopted as the intervention program. We hypothesized that individuals who completed this program would show (1) decreased anxiety, (2) increased awareness and supportive resources, and (3) increased resilience compared to the control group.

## 2. Methods

This study used a quasi-experimental 2 (Group: intervention vs. control)  $\times$  2 (Time: pre-test vs. post-test) between-subjects design. In order to determine whether the changes observed in the intervention group at post-test were maintained over time, all assessment surveys were re-administered to the intervention group 12 weeks after the intervention phase was completed.

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