

**The impact of the FRIENDS Programme on
children's anxiety, low mood and self esteem:
a replication study in a Scottish setting**

Stirling Council Psychological Service

Summary

Emotional wellbeing among children has become a key public health challenge nationally and internationally in the early years of the 21st century. The FRIENDS for Life programme aims to address issues of anxiety, low mood and self esteem with children and young people in a school setting and has been successful in many countries. This study attempted to replicate these findings in a Scottish context. Using standardised self-report measures of anxiety, low mood and self esteem with groups of children from four schools, the study found:

- (a) no significant change in children's anxiety, low mood or self esteem scores during a four month waitlist period
- (b) significant improvements in all of these measures following the ten week FRIENDS for Life programme
- (c) continued improvement in all measures in the four months after the programme.

The study also investigated the impact of the programme on the children and young people's social skills and produced positive findings in this area, supported by questionnaire feedback from teachers and parents.

This study confirms that the positive, sustained gains in children's emotional wellbeing reported in international FRIENDS for Life research are also clearly observed in a Scottish setting. It gives a strong indication that this programme could make a significant contribution to the Scottish Government's strategy for improving emotional wellbeing and educational outcomes for children in Scottish schools.

Contents

1. Introduction

2. Method

2.1 Participants

2.2 Measures

2.2.1 Quantitative data

2.2.2 Qualitative data

3. Results

3.1 Quantitative data

3.2 Qualitative data

3.2.1 Qualitative data obtained from children

3.2.2 Qualitative data obtained from parents

4. Discussion

4.1 Impact of the programme

4.2 Other findings

5. Conclusion

1. Introduction

Emotional wellbeing among children has become a key public health challenge nationally and internationally in the early years of the 21st century. An Office for National Statistics (ONS) survey reported that 10% of UK children aged 5 to 15 surveyed in 1999 had a 'mental disorder'; the corresponding figure for Scotland was 9%. Mental disorders were classified into four categories in this report – emotional disorders, conduct disorders, hyperkinetic and less common disorders. The national prevalence rate for emotional disorders was reported as 4% (Meltzer, Gartward, Corbin, Goodman and Ford, 2000). A more recent ONS report stated that 2.4% of 5 to 10 year olds and 4.9% of 11 to 15 year olds in the UK suffer from an emotional disorder, and that the rate was higher in girls aged 5 to 15 (4.1%) than boys (3%) (Green, McGinnity, Meltzer, Ford and Goodman, 2005). The category of emotional disorders in the ONS reports is restricted to all types of anxiety disorder and depression.

Internationally, the prevalence of childhood anxiety disorder reported varies greatly between studies. A recent review paper compared prevalence rates in 6 to 11 year olds from a variety of studies (Cartwright-Hatton, Roberts, McNicol and Doubleday, 2006). Prevalence of a diagnosable anxiety disorder ranged from 2.6 to 41.2% across the studies, and even when outlying studies are removed the rate still remained between 3.05% and 23.9%. An American community study compared the mental health status of 8, 12 and 17 year olds and found that anxiety was the most commonly reported mental health problem in all three age groups (Kashani and Orvaschel, 1990).

Rates of prevalence vary according to diagnostic methodology used, and most studies produce a point prevalence rate, taken from a "snapshot in time" of the population. However, the lifetime prevalence rate of anxiety disorders is argued to be higher than point prevalence studies would suggest. A longitudinal study found that by age 16 years 15% of children will have, at some point, displayed anxiety symptoms of a clinical level and concurrent co-morbidity of anxiety and depression in both sexes is high (Costello, Mustillo, Erkanli, Keeler and Angold, 2003).

These studies relate to prevalence of diagnosable emotional disorders; however it should be noted that sub-clinical levels of anxiety and depression are likely to be far higher than these figures indicate, and if left untreated over time may escalate to a clinical level.

The impact of anxiety and depressive disorders can be far reaching. Of children (5 - 15 years) with an emotional disorder in the UK, 54% missed school the previous term compared with 33% of those without an emotional disorder; 17% of children with an emotional disorder had been absent for more than 16 days contrasted with only 4% absenteeism in those emotional disorder free (Green et al, 2005). There also appears to be a link between high anxiety and poor school performance (Ma, 1999; Kashani and Orvaschel, 1990). Therefore, emotional disorders clearly have a negative impact upon access to, and performance in education.

There is also evidence to suggest that childhood anxiety can have implications for adult mental health. Compared to children without an anxiety disorder, children with anxiety disorders have been found to have an elevated risk in adulthood of anxiety disorder (Kim-Cohen, Caspi, Moffitt, Harrington, Milne and Poulton, 2003), major depression, illicit drug dependence and failure to attend university in early adulthood - even after controlling for a range of social, family and personal factors (Woodward

and Fergusson, 2001). Anxiety in early adolescence predicts development of depression in later adolescence and vice versa (Costello et al, 2003) - but this was only true of girls in this sample. Furthermore, this study also found a link between girls' childhood anxiety and later substance abuse. Pine, Cohen, Gurley, Brook and Ma's (1998) longitudinal study reported that adolescent anxiety or depressive disorders predicted a two to threefold increase in adulthood anxiety and depression. Early interventions to address emotional disorders in childhood are therefore particularly important to prevent further problems developing in adulthood.

Access to appropriate therapeutic services is not quickly or routinely available. Ford, Goodman and Meltzer's (2003) UK study followed up access to mental health services for those children and young people surveyed in the ONS study published in 2000. Results indicated that only 22.1% of children with diagnosed mental health difficulties received intervention in the 18 months following diagnosis. Furthermore, of those children with an emotional disorder 53% had had no contact with mental health services, and only 17.7% had been in contact with Child and Adolescent Mental Health Service - whilst 39% had been in contact with school to discuss the emotional disorder.

Of the therapeutic approaches available to address these disorders, the most extensively researched have been those based on Cognitive Behaviour Therapy (CBT) (Grieg 2007). For anxiety diagnoses, CBT has received significant recognition as an effective treatment for children and adolescents (Cartwright-Hatton, Roberts, Chitsabesan, Fothergill and Harrington, 2004). CBT has been judged to be at least as effective as pharmacological treatments and other therapies in treating anxiety and depressive disorders (National Institute for Health and Clinical Excellence Guidelines, 2004, 2005).

The combination of the damaging repercussions of emotional disorders, which can interfere with social, emotional and cognitive functioning, together with the worrying prevalence rates in children and young people are certainly a cause for concern. As a result, governments and clinicians in addition to researchers have begun to consider ways in which emotional wellbeing programmes can be delivered to the wider population in a preventative manner.

Preventative interventions have been classified into three categories: universal, selective and indicated (Mrazek and Haggerty, 1994). Universal preventative interventions target whole populations, who are not identified on the basis of being at particular risk. An example of this in education would be a whole class intervention. Selective interventions are targeted at those with an increased risk of developing an emotional disorder due to biological, social or psychological risk factors. Indicated preventative interventions are intended for those who are displaying symptomology of a given condition and who may or may not meet clinical diagnostic criteria.

In the Scottish context, there has been concerted action to address children's emotional wellbeing on a number of fronts. National initiatives such as the Scottish Needs Assessment Project (SNAP) Report (Public Health Information Service, 2003) and the Mental Health of Children and Young People Framework (Scottish Executive, 2005) have emphasised the need for all agencies who are in contact with young people to collaborate at all levels; specific and targeted initiatives such as Choose Life (Scottish Executive 2002) and HeadsUpScotland have been created. In education settings, the Health Promoting Schools initiative has children's emotional wellbeing as a key component and states that:

“Universal approaches to promoting emotional well-being help to facilitate more targeted approaches for vulnerable groups thus enabling greater impact”

(Kopela and Clarke, 2005, p1)

The purpose of the Curriculum for Excellence is to develop in all children the four capacities: successful learners, confident individuals, responsible citizens and effective contributors (Scottish Executive, 2004). A progress review of the curriculum in 2006 states:

“It should equip young people with high levels of literacy, numeracy and thinking skills and support the development of their health and wellbeing”

(Scottish Executive, 2006, p9)

FRIENDS for Life

In terms of addressing problems of anxiety, depression and low self-esteem in the school setting, the Scottish Government has identified the FRIENDS for Life programme as a vehicle for preventative intervention in relation to anxiety and depression in children and adolescents.

The FRIENDS for Life Programme (Barrett, 2004, 2005) was developed in Australia as a school-based cognitive behavioural intervention for children and young people. It has two versions: children (7 to 12 years) and youth (12+ years). The programme can be used on an individual, targeted group (usually 6 to 10 pupils) or whole class basis. The 10-week programme also has two follow-up booster sessions, designed to follow approximately 4 weeks and 12 weeks after completion. Two parental information sessions are also conducted, one on commencing the programme and another mid way through the programme.

The ten sessions of the FRIENDS for Life programme cover the following: introduction to FRIENDS: introduction to the group; scene setting: feelings and the relationship between thoughts and feelings; learning to cope with worries, recognising emotions, relaxation, developing positive self-talk; challenging negative and unhelpful thoughts; developing problem-solving skills; coping step plans and rewarding yourself for success; building on success and the importance of practice. The final session consists of a review of the programme and a small celebration.

Accredited training is required by all practitioners intending to carry out the programme with children and young people in all settings. There is a structured manual for both the children and youth versions which specifies the goals of each session and gives advice on delivery. As would be expected, the manuals for the two versions differ in content in some of the activities and in the delivery, whilst retaining very similar overall objectives for the programme. Every child also has a colourful workbook for personal responses and plans relating to the group and individual activities. Some exercises are completed as home activities, involving other members of the child's family.

Evaluation studies of the FRIENDS for Life programme

FRIENDS for Life has been seen as a uniquely successful intervention over the last ten years. A World Health Organisation report (2004) states:

“Research suggests that there is good evidence to support new public policy investments in both preventing and treating anxiety disorders in children. Our review of the literature revealed a cognitive-behavioural program, FRIENDS, that appears to be efficacious across the entire spectrum, as a universal prevention program, as a targeted prevention program and as a treatment.”

(page 42-43)

Lowry-Webster, Barrett and Lock (2003) studied 594 young people aged 10 to 13 years who were allocated to control or intervention groups. Results indicated that following intervention, those participating in the FRIENDS group had fewer symptoms of anxiety compared to those that did not participate.

In an English study, Stallard, Simpson, Anderson, Hibbert and Osborn (2007) used the programme with 106 children aged 9 to 10 years. Anxiety and self-esteem levels were recorded as stable for six months prior to the programme commencing. Three months after completing the FRIENDS programme, rates of anxiety had decreased and self-esteem increased, both significantly.

Barrett, Farrell, Ollendick and Dadds (2006) found that children who had undergone a FRIENDS programme demonstrated significantly greater reductions in anxiety 3 years later, for both a 9-10 and a 14-16 year old cohort, compared to control groups. Interestingly, they also found stronger prevention impacts at four month follow up than immediately after the intervention.

Furthermore, a follow-up study was conducted on 52 young people aged 14-21 years who had undertaken the FRIENDS programme approximately six years earlier. Results indicated that 85.7% no longer fulfilled diagnostic criteria for any anxiety disorder (Barrett, Duffy, Dadds and Rapee, 2001). The FRIENDS for Life programme therefore appears to have significant research evidence to support its efficacy in reducing childhood and adolescent anxiety.

FRIENDS for Life in Scotland

Stirling Council Psychological Service received support from the Scottish Government to obtain a franchise with Pathways Ltd, to conduct training in FRIENDS across Scotland, to maintain a national database of FRIENDS practitioners and record their group work activities, and to carry out research on the effectiveness of FRIENDS in the Scottish setting.

This study therefore replicates in some respects earlier work carried out in Australia and elsewhere on the impact of a FRIENDS intervention on children's levels of anxiety, depression and self-esteem. In addition the study aims to evaluate the impact of FRIENDS upon social relationships, as this is an area which previous FRIENDS evaluation studies have not focussed upon. An increase in social skills resulting from taking part in FRIENDS would be of benefit, as being socially isolated is a widely accepted risk factor for developing poor mental health.

Therefore this study set out to determine:

- (a) Whether levels of anxiety, low mood, self-esteem and social skills when untreated, remain stable over time.

- (b) Whether the FRIENDS programme has an impact on measured levels of anxiety, low mood, self-esteem and social skills immediately after completion of the programme.
- (c) Whether improvements in these measures immediately following the programme are maintained in the four months following the intervention.

To achieve this within one academic year, the programme was delivered to two cohorts of children as described below.

2. Method

2.1 Participants

Within the Stirling Council area two primary and two secondary schools were approached by the Psychological Service to seek their involvement in a research project to evaluate the effectiveness of the FRIENDS for Life programme in a Scottish setting. The schools represented a mixture of urban and rural establishments. Teachers were given a checklist describing the kinds of difficulties experienced by children in the target population – indicators of anxiety, low mood and low self-esteem – and asked to nominate children whom they felt might benefit from the programme. The target group could include any child from P5 to S3 – age range 9 years to 14 years.

Initially 95 children were assessed for participation across the four schools; these children had been nominated by teachers and had received parental consent to participate should they be assigned to a FRIENDS group.

Using the criteria for indicated prevention, the number who qualified for inclusion in the study was 63, however 5 secondary school children who qualified for inclusion did not participate. Reasons for not participating include the young person choosing not to take part in the programme or it being deemed that they would be unable to participate in a small group work environment.

Participants were randomly assigned to one of two groups in both primary schools and one secondary school; in the other secondary school the number of young people identified was small so only one group was formed.

In Primary School 1, there were 10 children in the first group taking part in FRIENDS for Life and 9 in the second group. In Primary School 2, the numbers were 10 and 10 respectively. In Secondary School 1, there were 7 young people in the first group and 5 in the second. In Secondary School 2, 7 of the 11 young people allocated to a group took part in the programme, and this group formed part of cohort B. Groups 1 from three schools therefore formed cohort A of the study (N=27), while Groups 2 from all four schools formed cohort B (N=31). All 58 of these children completed the FRIENDS for Life programme. Age range on initial assessment was 8 –14 years; there were 31 male and 27 female participants.

The 10 week programme was delivered in small group settings within each school. Two educational psychologists from Stirling Council Psychological Service facilitated each group and overall 7 educational psychologists were involved in the delivery the programme across the four schools.

Parents and carers of participating children were invited to two information sessions about the FRIENDS programme during the course of the ten weeks. Booster

sessions for participants were delivered four and twelve weeks after the ten week programme as recommended.

2.2 Measures

2.2.1 Quantitative Data

As this was primarily a study to establish whether positive findings in other countries would be replicated in a Scottish setting, the measures used were mainly those employed in previous studies, namely:

Spence Children's Anxiety Scales (SCAS) (Spence, 1998) – child and parent versions. The child self report questionnaire consists of 45 questions, and the parent questionnaire consists of 39 questions. Raters evaluate statements with response options “never,” “sometimes,” “often” or “always.” Parents rate their child's behaviour and children self-report. A total anxiety score is produced by each version, which can be broken down into six anxiety subscales of panic attack/agoraphobia, separation anxiety, physical injury fear, social phobia, obsessive compulsive and generalised/over anxious disorder.

Children's Depression Inventory (CDI) (Kovacs, 2005) – the full 27 question self report child version was administered, with the exception that one question about suicide was removed when administered to primary school children. Respondents answer each question by choosing which one of three sentences best describes their feelings and each response has an associated score.

Culture-Free Self Esteem Questionnaire (Battle, 2002) – Either the adolescent or intermediate forms were completed according to age at initial assessment, which produce a Global Self Esteem measure. This self-report questionnaire requires a “yes” or “no” response on a total of 64 questions in the intermediate form and 67 in the adolescent form.

Additionally, the ***Social Skills Rating System*** (SSRS) (Gresham and Elliot, 2006) was employed to investigate the impact of the FRIENDS programme upon social interaction. Self-report child, parent and teacher versions were completed. There are separate versions for primary and secondary pupils, which produce a standard score of social skills and are rated on a never / sometimes / often scale. Teachers were only asked to complete the “social skills” section; also, parental data was only used from the “social skills” section and not the small “problem behaviour” section as many of the items in this section were not deemed as being problematic (eg “likes to spend time alone”).

All of the above self-report questionnaires were administered to the children in groups prior to commencing the programme. Individual assistance was available for children with limited literacy or linguistic skills. Research personnel from the Psychological Service carried out all self-report assessments; parent questionnaires were distributed and returned by post whilst teacher questionnaires were handed into the schools.

The criterion for inclusion in the study was one of “indicated prevention” (Mrazek and Haggerty, 1994) – each child self-reported in the highest range of anxiety scores from the sample, or the lowest mood levels, or reported below average in the self-esteem measure. Self reported social skill ratings were not used as selection criteria, as the FRIENDS programme is not designed specifically to address social skills – and the main focus of the study was replication of previous research findings.

Complete self and teacher-report data was obtained for all 58 of the children who participated in the study.

The time-scales for running the FRIENDS programme were as shown below:

Time-scale of Assessment and Intervention	
August to September 2007	Initial assessments of all children (T1)
October 2007 to January 2008	Cohort A received the FRIENDS programme
January to February 2008	Re-assessments of all children (T2)
February to May 2008	Cohort B received the FRIENDS programme
May to June 2008	Final assessments of all children (T3)

Thus it was possible to measure quantitatively:

- (a) The stability of the measures when untreated, over time (cohort B acting as a waitlist group, using T1 and T2 comparisons)
- (b) The impact of the programme immediately after completion (using immediate pre and post data from both cohorts – cohort A: T1 and T2; cohort B: T2 and T3)
- (c) The sustainability of the effects of the programme over time following intervention (cohort A, using T2 and T3 comparisons).

Due to time constraints of conducting all assessments within one academic year, there was no four-month follow up of cohort B; and no wait period for cohort A.

2.2.2 Qualitative Data

After each group had completed ten sessions, the children were asked to evaluate the programme in a participative session using a multisensory format eliciting anonymous responses. Parents were also sent a feedback form which asked for anecdotal evidence of any changes noticed in their child.

In addition to teachers completing the SSRS questionnaire for each pupil (class teacher for primary pupils and form teacher for secondary pupils), teachers were also asked to complete a feedback form in order to collect anecdotal evidence of changes that may not be detected by the SSRS. In secondary schools, a feedback form was also distributed to each young person's pupil support teacher; this was because secondary form class teachers indicated that they felt they did not always know each child well enough to comment on changes.

3. Results

There were no significant differences between the primary and secondary age groups on initial assessment; similarly, there were no significant differences in initial scores between boys and girls selected for the programme. Therefore analyses were performed with these variables collapsed across all experimental measures of anxiety, low mood, self esteem and social skills.

3.1 Quantitative Data

(a) The stability of the measures of anxiety, depression, self esteem and social skills, when untreated, over time

The children in cohort B received no input for the period (approximately four months) when cohort A was receiving the programme.

The data from their initial (T1) assessments and their pre-intervention assessments (T2) were compared on all five measures. The results as shown in table 1.

Cohort B N = 31	Anxiety	Low Mood	Self Esteem	SSRS child	SSRS Teacher
T1 Scores					
Mean	35.09	13.48	86.77	97.68	85.19
St. Dev	17.37	5.18	12.00	15.48	14.34
T2 Scores					
Mean	30.06	12.84	91.38	99.10	90.81
St. Dev	14.84	7.25	14.99	16.52	14.91
T-Test Results	Not significant	Not significant	Not significant	Not significant	Significant: p = 0.005

The results indicate that anxiety, low mood, self-esteem and social skills scores did not change significantly in the time *before* cohort B engaged in the programme. There was a tendency for scores to move in a positive direction, albeit not significantly, during the wait period for this cohort. Teacher estimates of children's social skills did, however, show a significant increase over the wait period.

(b) The immediate impact of the Friends programme on anxiety, low mood, self esteem and social skills scores

The mean scores of anxiety, low mood, self esteem and social skills from both cohorts immediately before (T1 for cohort A, T2 for cohort B) and immediately after (T2 for cohort A, T3 for cohort B) receiving the programme were compared. The results were as shown in tables 2 and 3.

(1) Anxiety measures

Cohorts A and N = 58	Total Scale	Sub Scales of total SCAS score					
		SCAS Total Scores	Panic Attack	Separation Anxiety	Physical Injury Fears	Social Phobia	Obsessive compulsive
Pre-Programme Scores							
Mean	32.59	5.51	4.62	3.78	6.88	5.38	6.41
St. Dev	16.71	4.63	3.01	2.88	4.10	3.28	3.56
Post-Programme Scores							
Mean	26.59	3.47	3.41	3.59	6.10	4.29	5.79
St. Dev	12.75	2.97	3.23	2.75	3.41	3.08	2.36
T-Test Results	Significant: p = 0.0036	Significant: p = 0.00017	Significant: p = 0.0015	Not significant	Not significant	Significant: p = 0.0024	Not significant

The scores suggest that completing the programme had an immediate effect on the anxiety levels of the children. There was a mean decrease of six points in the overall anxiety scale score, which was statistically significant ($p < 0.01$). Three of the six sub-scales of the Spence assessment also achieve significance: panic attack and agoraphobia, separation anxiety and obsessive-compulsive ($p < 0.01$).

(2) Low mood, self-esteem and social skills measures

The same immediately pre and post comparisons of the whole group were made with the measures of self reported low mood (CDI), self esteem (CFSE) and social skills (SSRS), and also the teacher and parent measure of social skills (SSRS teacher and SSRS parent respectively).

Cohorts A and B N = 58	CDI score	CFSE score	SSRS child	SSRS Teacher	SSRS Parent
Pre-Programme Scores					(based on 80% return)
Mean	14.10	87.38	97.71	91.08	88.25
St. Dev	8.23	15.41	17.04	13.50	17.25
Post-Programme Scores					
Mean	10.17	93.01	101.7931	98.32	93.30
St. Dev	7.69	16.74	19.38	13.22	17.53
T-Test Results	Significant $p = .00047$	Significant $p = .0041$	Significant $p = 0.045$	Significant $p < 0.0001$	Significant $p = 0.010$

The results following administration of the FRIENDS programme indicate an immediate and statistically significant impact on the children's general wellbeing; low mood scores improved by almost four points ($p < 0.01$); there were also significant gains in self esteem ($p = 0.01$) and in self-ratings of social skills ($p < 0.05$). Teachers also noted a highly significant improvement in children immediately after FRIENDS.

A sufficient number of parents did not return the parental SSRS in order to complete analysis for T1, T2 and T3. However, eighty percent of parents returned a questionnaire during the time before, and a questionnaire during the time after the intervention. Analysis of these returned SSRS parent version questionnaires showed that parents reported a significant improvement in their child's social skills after participation in the FRIENDS programme ($p < 0.05$).

Unfortunately, there were not sufficient responses from the SCAS parent version to complete any analysis.

(c) The sustainability of any improvements over time

In order to establish whether anxiety, low mood and self esteem and social skills continued to move in a positive direction in the period following intervention, the scores of children in cohort A four months after completing the programme (T3) were compared with their initial (T1) scores and their scores immediately after the programme (T2), using a one-way analysis of variance with repeated measures. Results are shown in Table 4.

N = 27	Anxiety	Low Mood	Self Esteem	SSRS child	SSRS Teacher
T1 Scores					
Mean	35.48	15.56	82.78	96.11	91.41
St. Dev	18.48	9.16	14.82	17.80	11.95
T2 Scores					
Mean	26.48	10.81	90.78	105.44	99.29
St. Dev	13.15	8.00	16.44	20.44	11.84
T3 Scores					
Mean	22.63	8.85	94.18	101.71	100.11
St Dev	15.33	7.18	15.84	20.08	13.51
ANOVA Results	Significant F = 13.387 p = 0.01	Significant F = 11.773 p = 0.002	Significant F = 17.332 p = 0.0001	Significant F = 6.374 p = 0.018	Significant F = 20.520 p = 0.0001

Repeated measures ANOVAs produced significant within-subjects effects in all measures between the assessment periods. This suggested that analysis of pairwise comparisons of T1-T2, T2-T3 and T1-T3 changes should be undertaken in relation to each measure.

(1) Anxiety measures

Comparisons of the three sets of anxiety scores of Cohort A were examined using Bonferroni pairwise comparisons, which make adjustments for multiple comparisons. The results are shown in Table 5.

N = 27	Anxiety T1 and Anxiety T2	Anxiety T2 and Anxiety T3	Anxiety T1 and Anxiety T3
Mean Difference	9.000	3.852	12.852
Standard Error	3.296	2.713	3.513
Significance	Significant p = 0.034	Not Significant	Significant p = 0.003

There was a significant decrease in anxiety as measured by the Spence Children's Anxiety Scale, immediately following the programme, as was the case with the combined cohorts above. There was a further mean decrease in anxiety of almost four points at four month follow up. This did not in itself constitute a statistically significant change from T2, although it did raise markedly the significance of the improvement overall; the change from T1 to T3 was almost 13 points and is statistically significant ($p < 0.01$).

(2) Low mood measures.

As the ANOVA comparing CDI scores at T1, T2 and T3 was significant, pairwise comparisons were examined. The results are shown in Table 6.

N = 27	Low Mood T1 and Low Mood T2	Low Mood T2 and Low Mood T3	Low Mood T1 and Low Mood T3
Mean Difference	4.741	1.963	6.704
Standard Error	1.675	1.234	1.954
Significance	Significant p = 0.027	Not Significant	Significant p = 0.006

A similar pattern of change is observed; a statistically significant mean drop of 4.74 between T1 and T2 ($p < 0.01$) is followed by a smaller, non-significant drop, contributing to a more significant change overall between T1 and T3.

(3) Self esteem measures

Following the significant ANOVA finding for self esteem, pairwise comparisons for T1, T2 and T3 were conducted on the Culture Free Self Esteem data. These are shown in Table 7 below.

N = 27	Self Esteem T1 and Self Esteem T2	Self Esteem T2 and Self Esteem T3	Self Esteem T1 and Self Esteem T3
Mean Difference	8.000	3.407	11.407
Standard Error	2.997	1.758	2.740
Significance	Significant $p = 0.039$	Not Significant	Significant $p = 0.001$

The Bonferroni comparison test again indicates that whilst there is not a significant rise in self esteem scores between T2 and T3, there is a significant overall change of over 11 points over the extended period from initial T1 score to T3 ($p < 0.05$).

(4) Social skills – child self-report

The data on children's self-reported social skills levels indicated a significant improvement overall. The follow-up pairwise comparisons for T1, T2 and T3 are shown in Table 8.

N = 27	SSRS(child) T1 and SSRS (child) T2	SSRS(child) T2 and SSRS (child) T3	SSRS(child) T1 and SSRS (child) T3
Mean Difference	9.333	-3.741	5.593
Standard Error	2.561	1.531	2.215
Significance	Significant $p = 0.004$	Not Significant	Not Significant

This finding represents a change from the pattern of previous results; having risen by over 9 points on average immediately after the programme, scores on the SSRS fell in the four months after; whilst the programme seemed to have an immediate impact on this measure, the effect became non-significant overall at four month follow up.

(5) Social skills – teacher report

The ANOVA completed on SSRS-teacher scores indicated significant changes in the children's social skills as observed by their teachers. This result was followed up by looking at pairwise comparisons for T1, T2 and T3 as shown in Table 9.

N = 27	SSRS(teacher) T1 and SSRS (teacher) T2	SSRS(teacher) T2 and SSRS (teacher) T3	SSRS(teacher) T1 and SSRS (teacher) T3
Mean Difference	7.889	0.815	8.704
Standard Error	1.858	1.834	1.921
Significance	Significant $p = 0.001$	Not Significant	Significant $p = 0.0001$

The pattern of change here reverts to that observed in three of the four previous results. The significant improvement observed by teachers immediately after the programme is followed by a non-significant change in the four months after; overall there is a highly significant improvement.

3.2.2 Qualitative data obtained from children

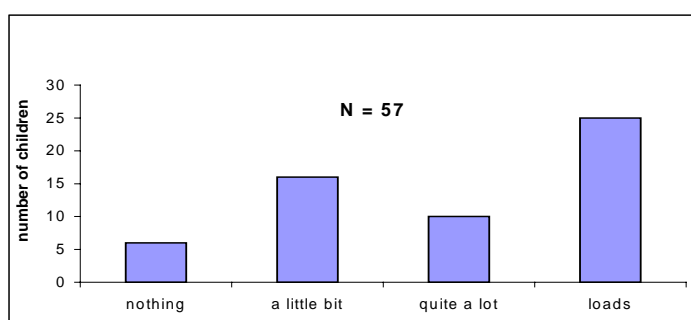
After completing the FRIENDS programme children engaged in an anonymous multi-sensory qualitative evaluation task, to gauge their opinions of the programme (N=57; as one child had moved away before qualitative analysis was completed). Responses to questions were posted in boxes or stuck on posters.

Below is a summary of the results of the following questions.

- **What would you give FRIENDS out of ten for enjoyment.**
1 out of 10= didn't enjoy it at all; 10 out of 10 = loved it.

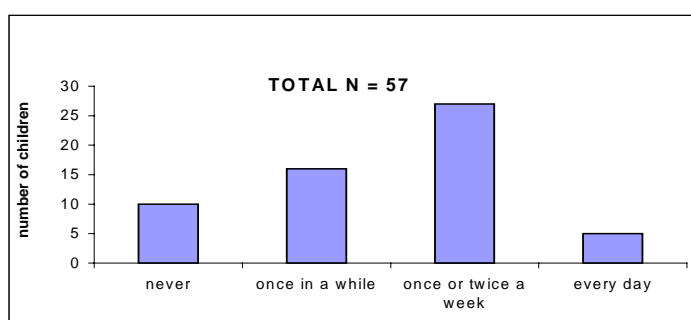
The programme was rated an average of 7.9 for enjoyment by the children who took part.

- **How much did you learn from the programme?**
(Circle and answer: nothing / a little bit / quite a lot / loads!)



89% of children felt they had learned something new, whilst 43% thought they had learned "loads".

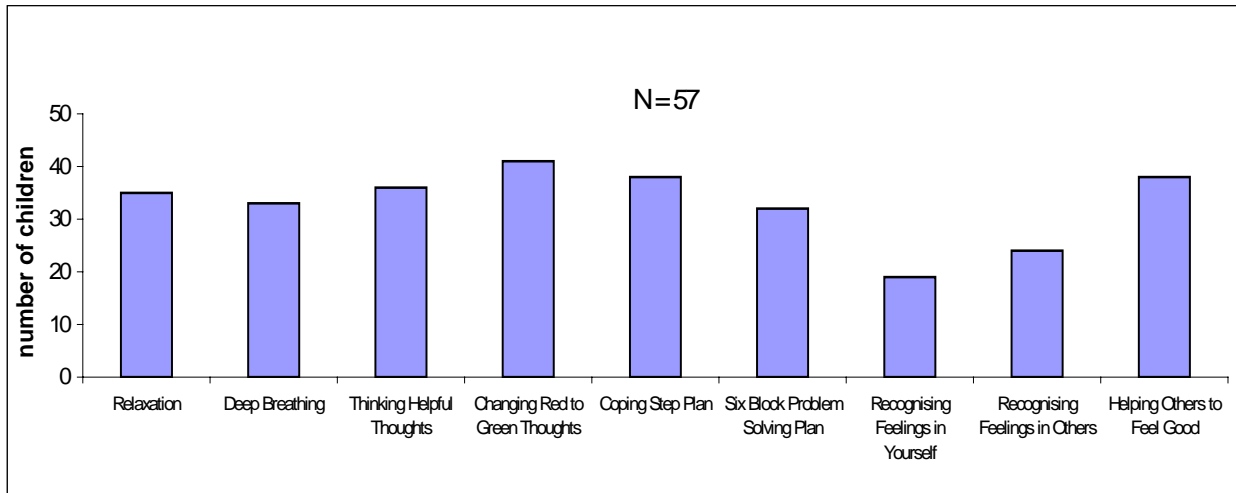
- **How often do you use the skills you learned from the FRIENDS programme?**
(Circle an answer: never / once in a while / once or twice a week / every day)



84% of children reported that they do use their new skills, with 56% using them once a week or more.

- **Which activities did you find most useful?**

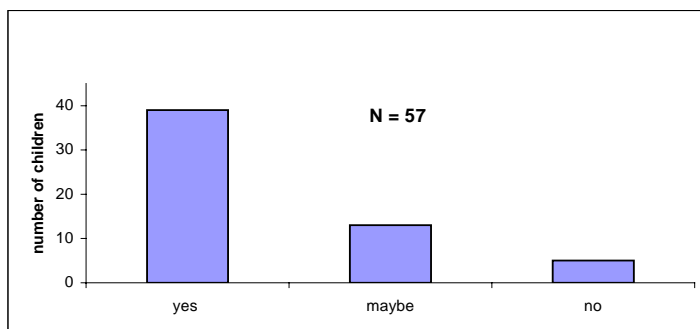
Children were asked to tick as many of the following activities as necessary from a list to indicate which they found the most useful.



Results from the above table indicate that 72% (N =41) of children felt that “changing red to green thoughts,” was one of the most useful activities. Two thirds of children (N=38) reported that they thought “Helping others to feel good” and “Coping Step Plans” were useful to them. “Thinking helpful thoughts” was rated by 63% of participants as being useful (N=36); the “Relaxation” activities were also popular among 61% (N = 35) of children, and 58% (N=33) of children felt that “Deep breathing exercises” were useful. The “Six Block Problem Solving Plan” was deemed useful by 56% (N=32) of children.

The two activities which were deemed to be amongst the most useful activities by less than half of participants were “Helping others to feel good” and “Recognising feelings in yourself”. However, 42% (N=24) and 33% (N=19) respectively indicated that these were useful to them.

❑ **Would you recommend FRIENDS to a friend?**



68% (N=39) of children reported that they would recommend FRIENDS to a friend; 23% (N=13) reported “maybe”; whilst only 9% (N=5) felt that they would not recommend FRIENDS.

❑ **Was there anything you didn't like or would change about the programme? How could we make it better?**

There were a number of themes emerging from the responses to this question. These included comments relating to the length of the programme, some children felt that it was too long whilst others would like the programme to be extended. Coping Step Plans were reported by some as not being an aspect of the programme which they enjoyed. The final theme emerging from comments made related to doing less “work” and having more games.

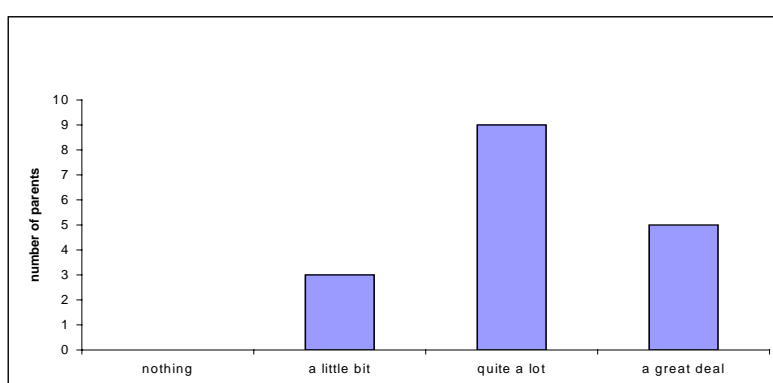
However the most common theme was that nothing should be changed - 35% (N=20) of responses were of this nature. A full list of children's comments is available in Appendix A.

3.2.2 Qualitative data obtained from parents

Seventeen of the fifty-eight parents returned the qualitative parent questionnaire which was sent out following their child's completion of the programme. Seven of these were secondary pupils' parents whilst the other 10 were from primary school pupils' parents.

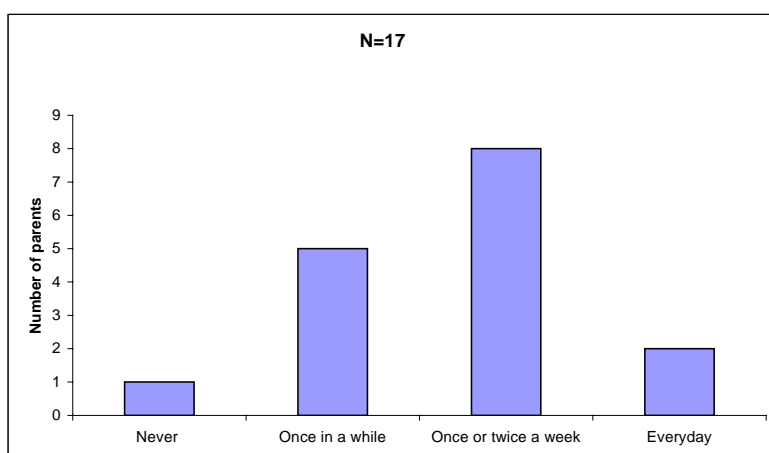
Some of the parental questions were similar to those which the children were asked in their qualitative evaluation.

□ How much do you think your child learned from the FRIENDS programme?



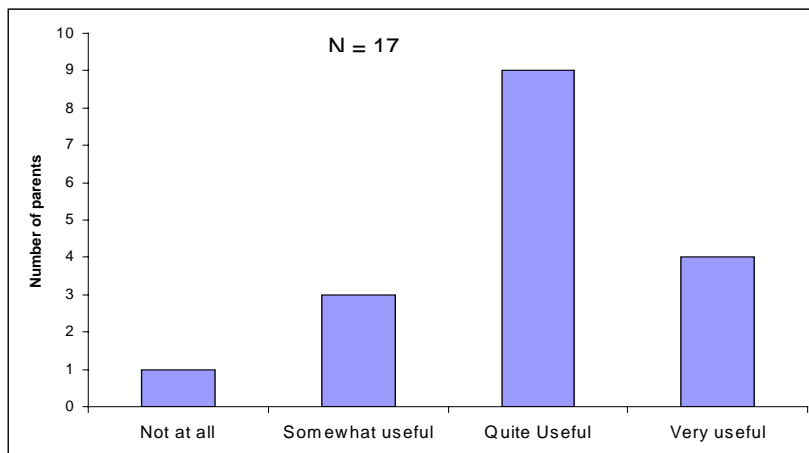
Every parent who returned the questionnaire (N=17) felt that their child had learned something new from the FRIENDS programme; 14 stating that they had learned either "quite a lot" or "a great deal".

□ How often do you think your child uses the skills learnt in the FRIENDS programme?



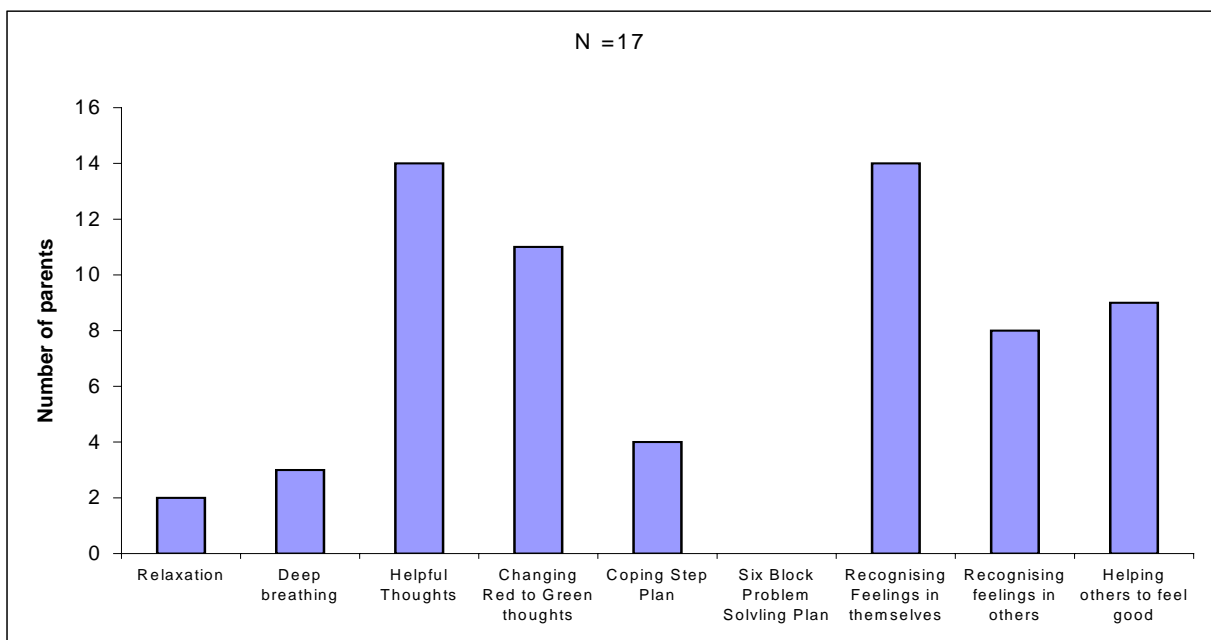
16 parents reported that they thought their child used the skills learned from FRIENDS. 10 parents reported that they thought their child used FRIENDS skills at least once a week.

- **How useful did you find the FRIENDS programme for improving your child's coping skills?**



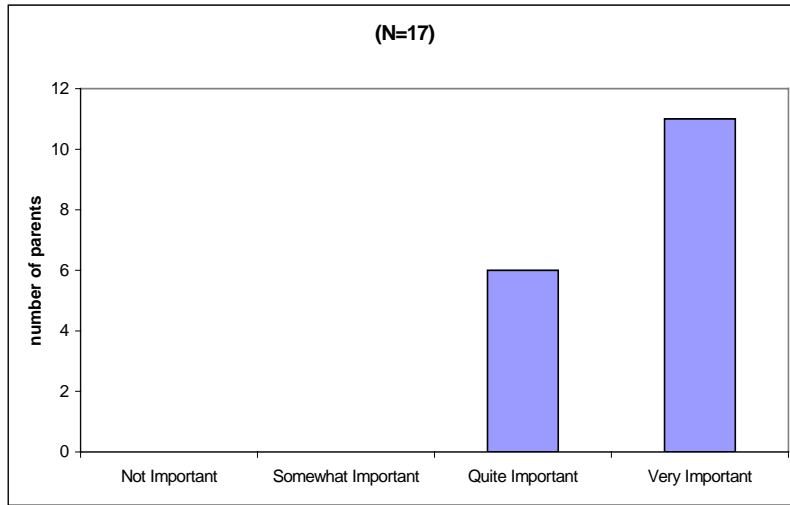
16 of the 17 parents felt that the programme was useful, with 13 reporting that it was quite or very useful at improving their child's coping skills.

- **Which skills do you think your child finds most useful?**



Parents reported that “thinking helpful thoughts”, “changing red to green thoughts and “recognising feelings in themselves” were the skills that they thought their children found most useful; whilst “relaxation”, “deep breathing” and the “six block problem solving plan” were reported by parents as being the least useful.

- **How important do you think it is that FRIENDS should be available to all children as part of the normal school curriculum?**



All the parents who returned the questionnaire felt it to be at least “quite important” that FRIENDS is available as part of the curriculum to all children, with 11 thinking it is “very important”.

- **Did you notice any other changes in your child?**
- **Do you have any other comments about the FRIENDS programme?**

Anonymised responses from parents to these two open questions are listed in Appendix B.

4. Discussion

Anxiety and low mood are increasingly prevalent in the school population and can damage educational and life prospects. Successful interventions in a school setting can help restore emotional balance and prevent later difficulties. The FRIENDS programme offers children strategies to avoid unhelpful negative thinking and to take positive steps towards addressing anxiety provoking issues, and the indications from this study are that it achieves considerable success with children in the age range 9 to 14 years. Self esteem is also a critical resilience factor influencing children’s ability to cope with social and school challenges – personal, curricular and developmental – and the programme’s impact on the participating children’s self esteem is a very positive finding.

4.1 Impact of the Programme

These results suggest that an indicated prevention school-based programme can have a significant positive impact upon the emotional wellbeing of children, as measured by their self-reported levels of anxiety, low mood, self esteem and social skills, and by teacher and parent assessments. Self-report measures showed no significant changes in the four months prior to intervention, but were all observed to improve significantly immediately following the programme, and apart from self-reported social skills, to continue to improve in the four months afterwards.

Anxiety

Data reported in the Spence Children's Anxiety Scale instructions (Spence 1998) report that a score on the SCAS of 42.48 or above indicates a clinical level of anxiety (although it should be noted that this self report measure is not intended for use as a diagnostic tool). The mean score of the group immediately on commencing FRIENDS was already below this clinical cut off, therefore supporting the indicated approach taken.

A closer analysis of the SCAS subscales reveals that there were significant decreases in panic attack, separation anxiety and obsessive compulsive anxiety levels following the FRIENDS programme. Panic disorders have been shown to have the highest continuity from childhood into adolescence of all anxiety subtypes – Costello et al (2003) reported that 45.5% of those adolescents diagnosed with panic disorder had previously been given the same diagnosis. Therefore interventions such as FRIENDS which successfully lower panic attack anxiety are particularly important in reducing subsequent anxiety in later years.

The significant drop in self reported SCAS total score immediately after FRIENDS offers additional support for the usefulness of FRIENDS as a preventative, indicated intervention to tackle childhood anxiety.

Low Mood

Normative data reported in the Children's Depression Inventory Manual across genders indicate that a score of 9.81 in 7-12 year olds and 10.49 in 13 -17 year olds is considered average (Kovacs, 2005). The mean CDI score of the group immediately prior to commencing the FRIENDS programme was 14.10 which dropped to 10.17 immediately after the 10 week programme ceased. This score indicates that the score moved to within the average range following the FRIENDS programme, and continued to decrease at the four-month follow up.

The apparent ability of the programme to improve low mood and 'normalise' negative feelings and thoughts has clear and positive implications for the broader population.

Self Esteem

The Culture Free Self Esteem Inventory Manual reports that a Self Esteem Quotient of 80-89 is below average; whilst a score in the range of 90-100 is within average parameters (Battle, 2002). The mean CFSE score of the children immediately prior to FRIENDS fell within the "below average" range at 87.38 and increased to 93.01 immediately following the programme and into the "average" descriptor range. This trend continued in the four month follow up with self esteem continuing to improve in the four months following completion of FRIENDS. Again, this is a very positive finding in terms of its potential impact on children's confidence to gain more from their educational and life experiences.

Social Skills

Although self-reported social skills did increase significantly immediately after the programme, these increases were not reported by children to be maintained at four-month follow up. Interestingly whilst teachers reported a significant improvement in social skills during the wait period, they also noted further significant improvement after the programme which was maintained at four month follow up.

There could be a number of explanations for this lack of maintenance in social skills gains reported by children. Intervention groups were constructed by combining children from a number of classes. Therefore, whilst self-reported social skills did increase initially it is possible that these increases were in relation to the FRIENDS group specifically, and so it seems possible that the children felt it difficult to maintain within their own classroom settings during the four month follow-up. It seems likely that if the groups were run with whole classes, that the language of the FRIENDS programme and concepts taught would be reinforced more often. This may support self-recognised maintenance of improved social skills learned from the programme. The improvement in social skills noted by teachers during the wait period could be a result of teachers simply getting to know children and having opportunities to observe such behaviours. It is however encouraging to note that although children did not report maintenance of social skills after four months, their teachers did.

Studies on whole classes partaking in FRIENDS have been shown to be successful in reducing anxiety and low mood levels (Stallard, Simpson, Anderson, Carter, Osborn and Bush 2005, Stallard et al 2007; Lowry-Webster, Barrett and Dadds, 2001). It would be of future interest to measure social skills improvement and maintenance in a population using the programme as a whole class approach. Wood's (2006) study reported an increase in social skills immediately following a clinic based CBT intervention to reduce childhood anxiety, however there was no longer term follow up as part of that study, so it is not clear if those gains were maintained.

4.2 Other findings

Gender differences

Lock and Barrett's (2003) large scale study of 733 children in grade 6 and 9 allocated participants to either a FRIENDS intervention condition or a control condition. This study found that there was a tendency for girls' anxiety in grade 6 (aged 9 to 10years) to be more responsive to the FRIENDS for Life programme than girls in grade 9 (14 to 16 years). Furthermore grade 6 females' reduction in anxiety was greater than males across both grades.

By contrast, Dadds, Holland, Laurens, Mullins, Barrett and Spence (1999) found that girls improved less than boys at post treatment - but this effect was no longer evidenced at 24 month follow up. Statistical analyses of the data in the current research also revealed a significant gender difference at post treatment but this was only true for total scores in the Spence Children's Anxiety Scale ($p < 0.05$) and the trend was that boys' self reported anxiety decreased significantly more than girls' when comparing immediate pre and post scores. It is, however, important to interpret the gender disparity in the current study with caution, as subdividing the cohort into gender groups reduces the sample sizes to only 31 males and 27 females. Many FRIENDS evaluations do not mention a gender analysis, but there may be differences in how males and females self report anxiety. Barrett, Farrell, Olendick and Dadds (2006) comment on females' apparent vulnerability of experiencing high levels of anxiety and suggest that females experiencing clinical and sub-clinical anxiety levels may benefit from additional community interventions as well as school based interventions such as the FRIENDS programme.

Changes during the waitlist period

The results indicate that anxiety, low mood and self-esteem scores did not change significantly in the time before Cohort B engaged in the programme. These are similar to the results of Stallard et al (2007) for the six-month period prior to

intervention. Also similarly to the Stallard study, there was a tendency for scores to move in a positive direction, albeit not significantly, during the wait period for this cohort. These findings are also helpful in establishing a sound baseline for both cohorts immediately prior to engagement in the FRIENDS programme.

The significant increase in teachers' ratings of this group over the wait period is surprising. It may be a reflection of their interest in the programme and anticipation of its use with this cohort in the near future. The initial assessment period occurred shortly after the first term commenced, therefore the significant increase in social skills scores during the wait period may be due to the teachers having more contact with the pupils and over time more opportunity to observe positive social skills behaviour. Asking secondary pupils' subject teacher instead of form teacher for feedback may have provided a better indication of improvement in social skills as many form teachers felt that form class did not provide the opportunity to observe specific social interactions.

Parental data

Parental engagement with educational programmes is a complex issue (Desforges 2003). Throughout the research project the extent of parental involvement in parental workshop sessions and in responding to requests for information was variable. For example, parent returns of Spence Children's Anxiety Scale – Parent Version were too few to allow any statistical analysis. However, there were sufficient returns to make comparisons of parent views on their children's social skills before and after the programme. Although these results do indicate that parents noticed an improvement in their child's social skills after taking part in FRIENDS it should be noted that the findings are based on 80% returns. Unfortunately also, waitlist and follow up parental data are not available due to the low return rate at the specific time intervals required to create such data.

Acceptability of FRIENDS to participants

The qualitative feedback of the programme by the participants was very favourable. Not only did children report that they enjoyed it, but also that they had learned new skills, which most were now using at least once a week. Although all parts of the programme were reported as being useful, it was the "Changing red thoughts into green thoughts" skills which were reported by most children as being most useful to them. This represents the most cognitive aspect of the programme, therefore showing that children are willing and able to understand and modify cognitions as long as material is age appropriate. FRIENDS for Life appears to be appropriately pitched to engage children in the cognitive aspects of the programme, both for adolescent and primary age groups.

Acceptability of FRIENDS to parents of participants

Unfortunately only 17 parents returned the final feedback questionnaire which was designed to collect qualitative information from parents. However, the parental feedback obtained from the parents of children who did return the questionnaire was very favourable. Parents felt that their children enjoyed the programme, the mean rating for how much their child enjoyed taking part in FRIENDS was 8.1 out of 10. Furthermore, every parent who returned the feedback questionnaire thought that his or her child had learned something new from the programme. Only one parent thought that their child never used the skills learned, whilst 10 parents felt that their child used their new skills at least once a week. All but one of the parents reported that FRIENDS had been useful in improving their child's coping skills, 13 reporting

that it was at least “quite useful” or “very useful” at doing so. Of the new skills learned, the top five skills which parents reported to be most useful to their children were “thinking helpful thoughts”, “recognising feelings in themselves”, “changing red to green thoughts”, “helping others to feel good” and “recognising feelings in others”.

All of the parents who returned the feedback questionnaire felt that it was either “quite important” or “very important” that FRIENDS should be available to all children as part of the school curriculum. This would suggest that FRIENDS was not only valued by the majority of children who participated but by their parents also. Parental comments regarding other changes noticed in their child were on the whole very positive, with general themes of children becoming more positive, optimistic and less worried. Parents appeared to have very positive opinions of the programme.

Overall, there is a general continuity between parents and children’s views of the programme. However there does appear to be a disparity between skills reported as being useful by children and those seen by parents as being useful. It would seem that whilst children reported that relaxation was very useful, this was not recognised by parents. However this could be explained by children carrying out relaxation exercises in private and perhaps not discussing this with their parents. Interestingly parents reported “Recognising feelings in themselves” as being particularly useful to their children, however this was the skill reported as being least useful by the children themselves.

Due to low return rate of parental questionnaires (17 out of 58 questionnaires returned) it is not possible to know if this sample of parental questionnaires is representative of the whole group of parents whose children took part. Therefore whilst the parental feedback questionnaires provide interesting information, it is difficult to directly compare adult perceptions of the programme with those which the children provided.

Delivery of the programme by schools

Given that 36.9% of those children with an emotional disorder in Ford et al’s British study (2003) had been in contact with school regarding their emotional disorder, school would seem an appropriate and accessible vehicle for delivering preventative interventions to children who may be at risk of experiencing emotional difficulties. Whilst in this particular study the FRIENDS programme was delivered by educational psychologists, there is evidence supporting its efficacy when delivered by non mental health professionals such as teachers and school nurses (Barrett and Turner, 2001; Stallard et al, 2005; 2007). Teachers delivering the FRIENDS for Life programme will encourage awareness of the importance of promoting positive mental health within school communities and build upon the supportive environment which schools offer.

Additionally, provided there are appropriate onward referral mechanisms for children and adolescents who continue to show worrying levels of anxiety or low mood, FRIENDS for Life appears to be an excellent first line intervention, suitable for delivery by teachers to reduce anxiety and low mood levels and promote positive self-esteem within their classes.

The participant selection process

Teachers were given a short list of behavioural descriptors of anxiety, low mood and self esteem which were compiled from questions in the Spence Children’s Anxiety Scale, Children’s Depression Inventory and Culture Free Self Esteem Scale. Teachers then suggested children for the FRIENDS programme who they felt

displayed a number of these behavioural indicators. Teachers appeared to be relatively accurate in their suggestions with 63 of the 95 suggested children self-reporting anxiety, low mood and self-esteem in the range which qualified for inclusion in this study. It is however possible that the teachers may have underestimated the populations of children in their class who felt anxious or down. As a result there may have been more children who would also have benefited from the programme. A universal classroom delivery approach would ensure that all children have access to FRIENDS as a support for their emotional wellbeing. Furthermore, this approach removes the necessity of teachers to try and “assess” which pupils might be suffering from anxiety, low mood and self esteem.

Future research

In addition to the current publication there are a number of other publications which could result from this study. It would be of interest to compare the outcomes of the most self reported anxious children with the rest of the cohort, both in terms of immediate and longer-term outcomes. A similar comparison could also be carried out with the measures of low mood, self esteem and social skills. A more qualitative paper relating to the group leaders’ experiences of delivering the programme in a Scottish context could also be of interest.

It would be of future interest to look at improvements in academic performance following the FRIENDS programme, as there is tentative evidence to suggest improved scholastic performance following a CBT programme to reduce anxiety (Wood, 2006). Furthermore, due to time restrictions it was only possible to look at four month follow-up data for the children who took part in FRIENDS in the first cohort. It would have been beneficial to look at the longer term outcomes of all the children, beyond the four month period. Positive reductions in anxiety as a result of FRIENDS have been shown to be maintained at six year follow up (Barrett et al, 2001); replication of these findings in a Scottish context would add further support to the suitability of FRIENDS for Scottish children and adolescents.

5. Conclusion

This study has explored the impact of the FRIENDS for Life programme using an indicated approach and was carried by Stirling Council Psychological Service. The study confirms that the positive, sustained gains in children’s emotional wellbeing reported in international studies are also clearly observed in a Scottish setting. It is now part of an increasing body of evidence in this country of the effectiveness of FRIENDS for Life as a school-based approach to improve emotional wellbeing (MacDonald and Rees, 2008; Smiley and Stalker 2008). This is a strong indication that the FRIENDS for Life programme could make a significant contribution to the Scottish Government’s overall strategy for improving educational outcomes and emotional wellbeing in school children.

Acknowledgements

The authors would like to thank the schools who agreed to participate in this study, the children who engaged in the FRIENDS programme and their parents and carers, who supported them in the process.

The authors would also wish to thank representatives of the Scottish Government for their interest in and continuing support for the project.

Appendix A: Qualitative Children's Data

Qualitative responses to the question:

***Was there anything you didn't like or would change about the programme?
How could we make it better?***

Secondary School Children:

- Nothing x6
- More relaxation
- Relaxation was a bit overdone
- Get more trips and more people
- I didn't learn anything from it and I think it is stupid to think people don't try to break their problems into pieces.
- They should treat us more adult
- It was so good and it made me feel good.
- Didn't like coping step plans
- No grumpy wifies
- Maybe it's up to the person in question
- More people in it and more of FRIENDS
- Keep going forever
- Longer sessions more activities
- I really hated doing the coping step plans because it was boring but I liked the concentrating on our breathing at the start and listening to the music.
- More games less work.

Primary School Children:

- Nothing x 12
- Nothing it is a very good group
- I want more parties and have more fun in it
- Nothing I would change I liked the party at the end. I didn't learn much.
- Too many private questions
- Most things
- It's perfect
- Not sit around the table all day
- Not much talking more games
- It's too long
- Not too much talking. Only with your class.

- ❑ I wish it was a longer session but it was still great
- ❑ Sometimes I felt sad and I was crying. Because we had to talk about sad things.
It was fun most of the time.
- ❑ More games x2
- ❑ More relaxation
- ❑ Have practice at speaking out to lots of people
- ❑ It was great keep it the same way. Thanks for the help.
- ❑ Have it on weekends or after school.
- ❑ At the party have fizzy juice
- ❑ Less homework. It was ok.
- ❑ Tell us the amount of stickers we got. No work. 1 bit a week.
- ❑ Nothing I don't want to change anything I liked it a lot.
- ❑ No work x2
- ❑ Yes x2

Appendix B: Qualitative Parental Data

Qualitative, anonymised parental responses to the question: “**Did you notice any other changes in your child?**” were as follows:

- ❑ A bit more optimistic. Braver. Seems a little bit more confident
- ❑ Fewer temper tantrums. More able to talk through difficult situations. Can turn negative feeling into a positive outlook more often.
- ❑ Happier and more relaxed. Slowly starting to relate better to siblings.
- ❑ More able to speak to me about what’s really bothering her. Accepting that she has done well when having to face a new situation or trying something new.
- ❑ More optimistic and less down on himself. Able to get himself out of moods quicker. Speaks out more and not as reserved. Happier.
- ❑ Less anxious and more confident in himself. Less concerned about what others think of him. Happier and more open in conversation. Grown up!
- ❑ Unfortunately I haven’t noticed any changes in his feelings of low self esteem, although it has never been to a level that unduly worried me. His class teacher – who proposed him – does feel there are small improvements at school.
- ❑ More positive about things.
- ❑ Less anxious or worried – happier at school. More open.
- ❑ Behaviour at home has not changed but I do think she has become braver about doing things outside.
- ❑ Managed to keep her temper around her peers when annoyed by them. Less outbursts of temper at home and are hopeful this will continue.
- ❑ More willing to make new friends, increased self confidence in regards to not worrying so much about what his peers think of him. His teacher commented “He’s more comfortable in his own skin now”!!
- ❑ Getting on better with her sister.
- ❑ Has had fewer temper tantrums and is a bit more able to speak openly to me.

Qualitative, anonymised parental responses to the question: “**Do you have any other comments about the FRIENDS programme?**” were as follows:

- ❑ My son is more resilient, able to accept difficult situations and rationalise appropriately. More able to let things go!
- ❑ I am not sure that the class teachers really felt very involved, nor that they understood how to continue the good work back in class.
- ❑ I feel I understand a lot more about how to help my daughter boost her confidence and, of course, so does she.

- ❑ It was a very positive 10 week programme and I think my daughter enjoyed being able to speak openly with a group with not too many powerful characters.
- ❑ Overall a well-run and very helpful programme that my son enjoyed and used quite a lot. The only drawback was the revision session coincided with a fun afternoon for his class, which he missed and was very upset about!
- ❑ My son was very positive about FRIENDS and I hope he has taken enough from it to find it useful over a period of time. He was determined not to discuss it with me which makes it hard to implement at home, but he has no great need of it in this environment. I was very pleased he took part in the assembly which discussed FRIENDS, as that would have been a difficult thing to do. I feel the programme is presented in a very positive light to the children.
- ❑ My daughter and I have found the programme very helpful but feel that the programme could have lasted a bit longer.
- ❑ Possibly widen the amount of children it reaches. My other daughter displays far more tendencies to worry about speaking out in front of people or to teachers etc. to the point where she might miss out on things she'd enjoy. This wouldn't be picked up under normal circumstances because she is very conformist and hates to draw attention to herself.
- ❑ Certainly worth trying – thank you for arranging it.

References

- Barrett, P.M., Duffy, A.L., Dadds, M. and Rapee, R. M. (2001) Cognitive-Behavioural Treatment for Anxiety Disorders in Children: Long Term (6 year) Follow-Up. *Journal of Consulting and Clinical Psychology*, 69 (1) p135-141.
- Barrett, P.M (2004) Friends for Life! for children. Participant workbook and leader's manual. Brisbane, Australia: Australian Academic Press.
- Barrett, P.M (2005) Friends for Life! for youth. Participant workbook and leader's manual. Brisbane, Australia: Australian Academic Press.
- Barrett, P. M., Farrell, L. J., Ollendick, T. H. and Dadds, M. (2006) Long-Term Outcomes of an Australian Universal Prevention Trial of Anxiety and Depression Symptoms in Children and Youth: An Evaluation of the FRIENDS Programme . *Journal of Clinical Child and Adolescent Psychology*, 35, 3.
- Barrett, P. and Turner, C. M. (2001) Prevention of anxiety symptoms in primary school children: Preliminary results from a universal school based trial. *British Journal of Clinical Psychology*, 40, p399-410.
- Battle, J. (2002) Culture-free self-esteem inventories: 3rd Edition. PRO-ED Inc, Austin, Texas.
- Cartwright-Hatton, S., Roberts, C., Chitsabesan, P., Fothergill, C. and Harrington, R. (2004) Systematic Review of the efficacy of cognitive behaviour therapies for childhood and adolescent anxiety disorders. *British Journal of Clinical Psychology*, 43, p421 – 436.
- Cartwright-Hatton, S., Roberts, McNicol, K. and Doubleday, E. (2006) Anxiety in a neglected population: Prevalence of anxiety disorders in pre-adolescent children. *Clinical Psychology Review*, 26 (7) p813-938.
- Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G. and Angold, A. (2003) Prevalence and Development of Psychiatric Disorders in Childhood and Adolescence. *Archives of General Psychiatry*, 60 (8) p837 – 844.
- Dadds, M., Holland, D., Laurens, K., Mullins, M., Barrett, P. and Spence, S. (1999) Early Intervention and Prevention of Anxiety Disorders in Children: Results at 2 – Year Follow-Up. *Journal of Consulting and Clinical Psychology*, 67 (1) p145 – 150.
- Desforges, C. (2003) The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievement and Adjustment: A Literature Review. DfES Research Report 433, 2003.
- Ford, T., Goodman, R. and Meltzer, M. (2003) Service use over 18 months among a nationally representative sample of British children with psychiatric disorder. *Clinical Child Psychology and Psychiatry*, 8 (1), p 37-51
- Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2005) Mental Health of children and young people in Great Britain, 2004. Office of National Statistics, Palgrave Macmillan.
- Gresham, F. and Elliot, S. (2006) Social Skills Rating System. NCS Pearson Inc.

Grieg, A. (2007) A framework for the delivery of cognitive behavioural therapy in the educational psychology context. *Educational and Child Psychology*, 24(1).

Kashani, J.H. and Orvaschel, H. (1990) A community study of anxiety in children and adolescents. *The American Journal of Psychiatry*, 147, p313-318.

Kim-Cohen, J., Caspi, A., Moffitt, T.E., Harrington, H., Milne, B. J., and Poulton, R. (2003) Prior juvenile diagnosis in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry*, 60, p709-717.

Kopela, J. and Clarke, A. (2005) An Integrated Approach to Promoting Emotional Well-being in the School Setting. National Programme for Improving Mental Health and Wellbeing Schools Development Group.

Kovacs, M. (2005) Children's Depression Inventory. Psychological Assessment Resources Inc. Florida.

Lock, S. & Barrett, P.M., (2003). A Longitudinal Study of Developmental Differences in Universal Preventive Intervention for Child Anxiety, *Behaviour Change*, 20, p183–199.

Lowry-Webster, H., Barrett, P. and Lock, S. (2003) A universal prevention trial of anxiety symptomatology during childhood: Results at one-year follow-up. *Behaviour Change*, 20(1) p25-43

Lowry-Webster, H.M., Barrett, P.M., & Dadds, M.R. (2001) A universal prevention trial of anxiety and depressive symptomatology in childhood: Preliminary data from an Australian study. *Behaviour Change*, 18, p36–50.

Ma, Y. (1999) A meta-analysis of the relationship between anxiety toward mathematics and achievement in mathematics. *Journal for Research in Mathematics Education*, 30, p520 – 540.

Macdonald A. and Rees, K. (2008) The FRIENDS FOR LIFE Programme: An Evaluation of the Implementation of FRIENDS FOR LIFE in Inverclyde. (Unpublished) Inverclyde Psychological Service.

Meltzer, H., Gatward, R., Corbin, T., Goodman, R. and Ford, T. (2003) The Mental Health of Young People Looked After by Local Authorities in England. TSO: London.

Mrazek, P. J. and Haggerty, R. J. (1994) Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research. National Academy Press, Washington DC.

National Institute for Health and Clinical Excellence (NICE) (2004) Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care. (CG28): December 2004.

National Institute for Health and Clinical Excellence (NICE) (2005) Depression in children and young people: identification and management in primary, community and secondary care. (CG22): September 2005.

Pine, D., Cohen, P. Gurley, D., Brook, J. and Ma, Y. (1998) The Risk of Early-Adulthood Anxiety and Depressive Disorders in Adolescents With Anxiety and Depressive Disorders. *Archives of General Psychiatry*, 55, p56 – 64.

Public Health Institute of Scotland (PHIS) (2003) Scottish Needs Assessment Report on Child and Adolescent Mental Health (SNAP Report) Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care. Scottish Executive, Edinburgh.

Scottish Executive. (2002) Choose Life: a national strategy and action plan to prevent suicide in Scotland. Scottish Government Publications.

Scottish Executive (2004) A Curriculum for Excellence: the curriculum review group. Blackwell, Edinburgh, November 2004.

Scottish Executive (2005) The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care. Scottish Government Publications.

Scottish Executive (2006) A Curriculum for Excellence: progress and proposals. Blackwell, Edinburgh, May 2006.

Smiley, N. and Stalker, G. (2008) An Evaluation of the "FRIENDS for Life" Programme within a Scottish Context. Scottish Government: Professional Development Programme for Educational Psychologists. *The Effectiveness of CBT Approaches in Educational Settings*, p104-129.

Spence, S. H. (1998) A Measure of Anxiety Symptoms among Children. *Behaviour Research and Therapy*, 36 (5), p545-566.

Stallard, P., Simpson, N., Anderson, S., Carter, T., Osborn, C and Bush, S. (2005) An evaluation of the FRIENDS programme: a cognitive behaviour therapy to promote emotional resilience. *Archives of Disease in Childhood*, 90, p1016 – 1019.

Stallard P., Simpson N., Anderson S., Hibbert S. & Osborn C. (2007) The FRIENDS emotional health programme: Initial findings from a school-based project. *Child and Adolescent Mental Health*, 12(1), p32-37.

World Health Organisation (2004) Prevention of Mental Disorders: Effective interventions and policy options. Geneva: WHO 129.

Wood, J. (2006) Effect of Anxiety Reduction on Children's School Performance and Social Adjustment. *Developmental Psychology*, 42 (2) p 345 – 349.

Woodward, L. and Fergusson D. (2001) Life Course Outcomes of Young People with Anxiety Disorders in Adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry*. 40 (9) p1086 -1093.

Friends For Life Research Study 2007 - 8

Stirling Council Educational Psychology Service

Research Team:

Dr Ian Liddle

Susan Macmillan

Programme Facilitators:

Dr Jenni Barr

Shirley Boyle

Whitney Barrett

Dr Deborah Lee

Elayne MacDonald

Muriel MacKenzie

Karen Scott