



The Development of Social–Emotional Competence in Preschool-Aged Children: An Introduction to the Fun FRIENDS Program

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The development of social–emotional competence is of key importance during early childhood, particularly during the preschool years. We too often believe that early childhood education should focus on the promotion of academic skills to increase intelligence and, therefore, neglect the importance of social and emotional learning. Children who are socially and emotionally well adjusted do better at school, have increased confidence, have good relationships, take on and persist at challenging tasks and communicate well. The school setting is the optimal environment to implement interventions focused on increasing social–emotional competence. This article examines the importance of developing social–emotional competence during the early years of life and discusses universal intervention approaches within the classroom. A particular universal intervention program — The Fun FRIENDS program (Barrett, 2007) — aimed at increasing social–emotional competence is described in detail. The Fun FRIENDS program is a developmentally tailored, downward extension of the preexisting, evidence-based FRIENDS for Life program (Barrett 2004; 2005).

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The development of social competence is a key challenge for young children as they enter the social field of preschool and encounter the complex demands of teachers and peers. Socially competent children possess the ability to develop peer and adult relationships that are necessary to succeed in academic and nonacademic settings (Mendez, McDermott, & Fantuzzo, 2002). In this sense, social–emotional competence can be seen as an important protective factor for young children, buffering them from stressors and helping to prevent the development of serious emotional and behaviour difficulties in later life (Garmezy, 1991). The development of social–emotional competence is of

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key importance during early childhood, particularly during the preschool years. We often believe that early childhood education should focus on the promotion of academic skills to increase intelligence and therefore neglect the importance of social and emotional learning.

An important lesson to draw from the entire literature on successful early intervention is that it is the social skills and motivation of the child that are more easily altered — not IQ. These social and emotional skills affect performance in school and in the workplace. We too often have a bias toward believing that only cognitive skills are of fundamental importance to success in life (Heckman, 2000, p.7).

Schools can play an important role in the promotion of social–emotional development in children by implementing universal intervention programs focused on increasing social–emotional learning. This article will review the importance of building social–emotional skills in preschool aged children (4–6 years) to increase academic success and to decrease the likelihood of later life pathologies. A newly developed program — Fun FRIENDS — created by Dr Paula Barrett will be introduced as a universal intervention program to teach children social–emotional skills to prevent the onset of emotional and behavioural difficulties (e.g., anxiety and depression).

Social–Emotional Competence in Schools

Academic achievement without social and emotional competence on the part of students is undesirable and rarely feasible (Zins, Elias, Greenberg, & Weissberg, 2000). Academic achievement is best fostered in an environment that supports the child across multiple contexts. Zins et al. (2000) believes we should expand beyond an academic focus to acknowledge the importance of educating knowledgeable, responsible and caring citizens, which requires systematic attention to children’s social and emotional learning/competence. Social–emotional competence influences academic growth and progress as children who feel competent, autonomous, and happy generally make good students (Harniss, Epstein, Ruser, & Pearson, 1999). Dr James Heckman (Nobel Laureate in Economics, 2000) believes that the preoccupation with cognition and academic ‘smarts’ as measured by test scores excludes the critical importance of social–emotional skills, self-discipline, and a variety of other non-cognitive skills that are known to determine success in later life (Heckman, 2000). These social–emotional skills affect performance in school and in the workplace and are more easily altered than IQ. From an economical standpoint, Heckman (2000) explains that the return on human capital investments is higher when each dollar is spent on the ‘young’ than when it is spent on the ‘old’. Therefore, Heckman prescribes that we must, ‘invest in the very young and improve basic learning and socialisation skills’ (p. 4, 2000). He continues, ‘As a society, we cannot afford to postpone investing in children until they become adults, nor can we wait until they reach school age — a time when it may be too late to intervene’ (p. 4, 2000). He believes that ‘investing in the young’ can begin by providing children with interventions that increase social–emotional competence in early life, particularly during the preschool years, which are vitally important for skill formation (Heckman, 2000). Since learning is a dynamic process, it is most effective when it begins at a young age and continues through adulthood (Heckman, 2000). Social-emotional wellbeing/competence can be defined as cooperative and pro-social behaviour, initiation and maintenance of peer friendships and adult relationships, management of aggression and conflict, development of a sense of mastery and

self-worth and emotional regulation and reactivity (Squires, 2002). Children who are socially and emotionally well adjusted do better at school, have increased confidence, have good relationships, take on and persist at challenging tasks and communicate well (National Research Council and Institutes of Medicine, 2000).

Recently, attention has been paid to the contribution of social and emotional readiness to children's school success. Research documents the negative influence of social, regulatory, and emotional problems on children's early school experiences (Knitzer, 2003; Raver, 2002). Preschool children who exhibit challenges in these areas are more likely to experience difficulties within the classroom that affect their ability to develop normal peer relationships and to behave in ways conducive to learning (Vaughn et al., 1992). As a consequence, these children are less likely to be socially and academically prepared for school (Huffman, Mehlinger, & Kerivan, 2000). Young children require healthy social-emotional development in order to be prepared and ready to learn once they enter school (Klein, 2002). Children who have limitations in their social-emotional development often demonstrate poor social, emotional and academic success (Aviles, Anderson, & Davila, 2005).

Studies indicate that as many as 20% of preschool children in the general population show moderate to clinically significant levels of emotional and behavioural problems (e.g., Lavigne et al. 1996). Early emotional and behavioural problems have significant implications for young children as these problems may interfere with the acquisition of age-appropriate skills and adversely affect developmental trajectories (Patterson & Stoolmiller, 1991) and may place children at risk for future problems.

Universal Approach to Intervention

Children spend a significant part of their day in school, which makes the school environment a common point of entry to provide services and interventions to a large number of children. The school environment is a good avenue to identify children in need of services and provide them with those services they have the right to receive. It is the optimal place to implement preventative intervention programs aimed at promoting social-emotional competence in the early years. Current approaches of preventive interventions include *universal*, *selective*, and *indicated* programs (Mrazek & Haggerty, 1994). *Indicated* approaches are those applied to individuals or groups who are found to already report mild symptoms, identifying them as being at 'increased risk' for the future development of mental health problems (see Mrazek & Haggerty, 1994). *Selective* approaches are those applied to select individuals or subgroups of individuals who present with a significantly higher than average risk ('high risk') of developing a mental health disorder, based on our knowledge of the associated risk factors of that disorder (see Mrazek & Haggerty, 1994). *Universal* approaches are those applied to whole populations or entire classrooms, regardless of the risk status of the children. Universal interventions are generally designed to enhance general mental health or to build *well-being and resilience*. The current article will focus on universal interventions as applied to entire classrooms of preschool aged children.

Universal approaches offer several advantages especially when working within the school setting. Given that universal approaches target the entire population, such interventions have the potential to be of large benefit to a wide range of children (Greenberg et al., 2001). In addition, *all* children regardless of their risk level are engaged in a positive program within the school environment without the burden of potential stigmatisation from other classmates. There is also a reduced need to screen

and recruit participants (all children in the classroom participate in the program, therefore you do not have to identify and select children); the ability to reach a broad range of children, enhancing peer support and reducing psychosocial difficulties within the classroom, promoting learning and healthy social and emotional development in *all* children (Evans, 1999; Kubiszyn, 1998). Promoting such healthy social and emotional development is extremely important as developing resilience skills are beneficial for all children and their families (Greenberg et al., 2001; Shure, 2001).

Although the promotion of social–emotional competence and positive mental health for all children within the school setting is largely important, the disadvantages of such an approach cannot be disregarded. Conducting a universal intervention program with a large number of children can be very costly *if* the program is being evaluated by a research team. Another questionable disadvantage of a universal approach is the possible ‘low dose effect’ offered by universal programs and whether classroom based program delivery offers sufficient program duration and intensity needed to alter the developmental pathways of children who may be already at risk for emotional and behavioural problems. According to current research, it appears that the dose of intervention at the universal level may be sufficient, with evidence suggesting that all children, primarily those at increased risk, do receive a sufficient level of skill acquisition (e.g., Barrett & Turner, 2001; Lowry-Webster, Barrett, & Dadds, 2001; Lock & Barrett, 2003). Regardless of the difficulties associated with universal prevention programs, this population based, entire classroom approach offers promising outcomes for the social–emotional development of children.

In light of the pressing need to develop effective interventions that promote social and emotional wellbeing and competence, Dr Paula Barrett has created the Fun FRIENDS program. The Fun FRIENDS program is a downward extension of the pre-existing, evidence-based FRIENDS program for children and youth (aged 7–18 years). The FRIENDS program (Barrett 2004; 2005) is the only program supported by the World Health Organisation (WHO, 2004) as an effective treatment for childhood anxiety and depression. The Fun FRIENDS program (for children aged 4–6 years) focuses on increasing social–emotional skills, coping skills, and resilience to prevent the onset of emotional and behavioural disorders in later life. The program teaches children developmentally tailored cognitive behavioural strategies which correspond to several areas of social and emotional learning which will be discussed later in this article. First, the theoretical underpinning of the Fun FRIENDS program will be discussed, beginning with resilience theory.

Theoretical Rationale of the Fun FRIENDS Program

The process of resilience represents a *biopsychosocial model* (Goldstein & Brooks, 2005), which takes into account a range of biological, psychological and social factors, each with multidirectional influences contributing to adequate functioning over time (Sameroff, 1995; Sroufe, 1997). Recent resilience research has largely focused on this interaction between the individual and their surrounding systems/contexts. Garmezy (1985) and Werner and Smith (1982, 1992) provide a theoretical framework of resilience, which is based on the assumption that protective and vulnerability processes affecting ‘at-risk’ children operate on three levels. These include influences at the level of the community (e.g., social support, neighbourhoods), the family (e.g., parental warmth), and the child (e.g., traits such as social skillfulness or intelligence). The Fun FRIENDS program uses this multi-system approach by actively

involving children, families, teachers, and schools in the intervention process. Children, parents, and teachers are taught the intervention skills with the aim of promoting wellness and providing children and families with the skills needed to conquer challenges and adversity.

Cowen (1994) adopted this framework and incorporated a concept of wellness. Cowen believes that research focusing on the promotion of wellness will ensure psychological health. His framework is based on the development of healthy personal environmental systems leading to the promotion of positive wellbeing and the reduction of dysfunction. This wellness framework highlights the interaction of the child in the family, in academic settings, and with adults and peers. Cowen (1994) believes that a person-environment interaction is one that predicts the strength and power of an individual's resilience in the face of adversity. This approach to understanding resilience focuses on encompassing family and community relational networks (Cowen, 2000; Cummings, Davies, & Campbell, 2000; Roberts & Masten, 2004). The Fun FRIENDS program is based on this approach that incorporates family and community (i.e., school) participation. It focuses on the bidirectional connections between the child and his/her context and environment through the promotion of coping skills, social-emotional skills and wellness.

Research suggests that clinically relevant interventions can increase positive outcomes for children by creating a 'resilient mind-set' (Goldstein & Brooks, 2005). The importance of a 'resilient mind-set' is based on the perception that no child is immune from the pressure of our fast-paced, stress-filled world. Even children who are not faced with significant adversity or trauma may experience the pressures around them (Goldstein & Brooks, 2005). The Fun FRIENDS program is based on this conception — that the *majority* of children will feel pressure at some stage in their life and it is important to provide these children with the effective coping skills needed to 'bounce back' in those situations (e.g., teaching children how to be brave, problem solving, positive thinking, relaxation, self-soothing skills).

In addition to a resiliency framework, the Fun FRIENDS program is also grounded in cognitive behaviour therapy (CBT). A number of studies conducted over the past decade have indicated that CBT for children and adolescents is effective in reducing anxiety and emotional distress (Kendall, 1994; Barrett, Dadds, & Rapee, 1996). A large number of these studies have examined the effectiveness of the FRIENDS for Life program (for children 7–18 years; FRIENDS; Barrett et al., 1996; Barrett, 1998; Barrett, Duffy, Dadds, & Rapee, 2001; Shortt, Barrett, & Fox, 2001), with both individual and group treatment. Results from these trials have been consistently positive with remission rates (decreased anxiety) ranging from 65% to 90% following FRIENDS treatment (Barrett et al., 1996; Short et al., 2001), with treatment effects being maintained up to 6 years (Barrett et al., 2001). Results from these trials indicate that the FRIENDS program is effective for children as young as 7 years of age. Therefore, the next logical step was to create a downward extension of the FRIENDS program suitable for children younger than 7 years of age (Fun FRIENDS). The Fun FRIENDS program has a large focus on play-based, experiential learning within a CBT framework.

The Fun FRIENDS program is based in the work of Arend, Gove, and Sroufe (1979) who found that 5-year-olds who can think of more options to interpersonal problems are more likely to display ego-resiliency, defined as 'the ability to respond flexibly,

persistently, and resourcefully, especially in problem situations' (p. 951). They continue, 'Individuals presumably have a typical or preferred level of threshold of control. Being ego-resilient implies the ability to modulate this preferred level of control in situational appropriate ways'. The ego-brittle individual 'implies inflexibility — an inability to respond to the changing requirement of the situation and a tendency to become disorganised in the face of novelty of stress'. This individual will be 'impulsive (or constrained) even in situations when such behaviour is clearly inappropriate'. Therefore, having multiple ways to solve problems provides flexibility that creates an ego-resilient individual. The Fun FRIENDS program teaches children and parents ways to effectively problem solving and in turn, aims to promote the development of ego-resilience as defined by Arend, Gove, and Sroufe (1979).

The program is also grounded in the work of Spivak & Shure. Spivak & Shure measured the ability to think of alternate solutions to problems with 4- and 5-year-old children. Shure, Spivak & Jaeger (1971) found that good problem solvers (compared to poor ones) were less physically and emotionally aggressive and they were less likely to display inhibited behaviours within the classroom. Shure et al. (1971) emphasised the importance of developing strong interpersonal cognitive problem solving (ICPS) skills in the early years of life (from preschool on). Poor ICPS skills have been associated with high-risk impulsive and inhibited behaviour as well as fewer positive prosocial behaviours (Shure & Spivak, 1982). Longitudinal research has shown that poor ICPS skills are associated with serious outcomes such as violence, substance abuse, unsafe sex, and some forms of psychopathology including depression (Parker & Asher, 1987; Roff, 1984; Rubin, 1985). More recent research by Shure & Aberson (2005) indicates that children who are empathic and good problem solvers have developed effective interpersonal skills, as they have more friends and are less frustrated when things do not go their way (Shure & Aberson, 2005). The Fun FRIENDS program incorporates these findings by promoting the development of strong interpersonal cognitive problem solving skills. A large focus of the program is on the interplay between cognitions, problem solving and interpersonal skills. The program also teaches children how to be empathic and how to be a good friend to others.

The Fun FRIENDS program incorporates several important cognitive-behavioural (CB) components which co-inside with areas of social-emotional learning. It focuses on teaching children cognitive problem-solving skills for dealing with interpersonal challenges; recognising and dealing with body clues (i.e., physiological arousal) through breathing control and progressive muscle relaxation; cognitive restructuring (recognising and changing unhelpful red thoughts to helpful green thoughts); attention training (looking for the positive, happy aspects of a given situation); graded exposure to fears (creating coping step plans), and family and peer support. The CB skills are delivered to correspond to social-emotional learning areas. Social-emotional learning interventions help children accumulate knowledge and skills that facilitate the optimal emotional processing of, and response to, their social contexts (Elias, Kress, & Neft, 2003).

The five major areas of social-emotional learning covered in the Fun FRIENDS program are: (1) Developing a sense of self: who am I? (2) Social skills: looking people in the eye, smiling, speaking with a confident voice; (3) Self regulation: the ability to adjust to new situations, awareness of own feelings and the ability to manage emotions; (4) Responsibility for self and others: demonstrates self-direction and independence,

respects and cares for the classroom or group environment, follows routine and rules, social awareness; and (5) Prosocial behaviour: plays well with others, recognises others feelings and responds appropriately, empathy, shares, respects the rights of others, and uses thinking skills to resolve challenges and conflicts.

The program incorporates all of the above skills and each session corresponds with one of the five areas mentioned for social–emotional development. Each of the 10 sessions is broken down into 10 to 15 minute learning activities (4–5 learning activities for each session), so that the program objectives are reinforced through experiential, play-based activities such as the use of play, dramatic role-play, puppets, games, story telling, music, movement and art. Each session is designed to run for approximately 1 to 1.5 hours. In the classroom setting, it is useful to have children work together on activities in small groups (of 4 or 5 children) with an adult helper (e.g., teacher, teacher’s aid, parent, and older student) and then return to the large group for a general discussion. The use of co-facilitators/helpers within the classroom is very helpful in managing the group process and in assisting children who may have any reading or writing difficulties. Teachers are provided with a leader’s manual with the content and process of each session (Barrett, 2007). Teachers must attend an accredited teacher-training workshop before implementing the program within their classroom. Information regarding these workshops can be obtained from Dr Barrett’s community clinic, Pathways Health and Research Centre, Brisbane, Australia.

Parents are actively involved in the program as they are encouraged to attend several parent information sessions where they learn the skills taught in the program. The program includes a *Family Learning Adventure* workbook for parents and children, which provides step-by-step instruction for home implementation of the session skills (Barrett, 2007). Involving parents is essential with young children as parental involvement may increase sustainability of skills within the home.

Preliminary results from a universal trial of Fun FRIENDS have focused primarily on anxiety reduction from pre to post intervention. These analyses have indicated that children who received the program had decreased anxiety scores from pre to post intervention ($N = 70$). A paired samples t test revealed a statistically significant decrease in scores on the Preschool Anxiety Scale (PAS; Spence, Rapee, McDonald, & Ingram, 2001) from pre-, $M = 22.09$, $SD = 12.29$, to post-, $M = 18.67$, $SD = 10.81$, $t(69) = 3.45$, $p < .001$, intervention. Further analyses indicated the decrease in anxiety scores for children who received the program was significant for females only ($n = 31$), pre-, $M = 25.61$, $SD = 12.53$, to post-, $M = 19.19$, $SD = 12.01$, $t(30) = 4.43$, $p < .0005$. These preliminary analyses indicate that children (primarily females) who received the Fun FRIENDS program had decreased anxiety scores following the intervention, therefore highlighting the preliminary effectiveness of the program. Further analyses are being undertaken with a larger sample of children.

It is clear that social and emotional development within the early years of life is of great importance. It is essential that interventions begin at an early age in order to obtain optimum change by way of strengthening resilience and social–emotional skills. Research has suggested that the preschool years (4–6 years) are essential for building social–emotional competence (Masten & Coatsworth, 1998). Serious emotional disturbance can develop before the age of 6 and may interfere with crucial emotional, cognitive, and physical development presaging a lifetime of problems in schools and at home (Costello, Angold, Keeler, 1999). Therefore, we must begin to

intervene early and begin teaching children social and emotional skills to increase their overall resiliency and wellbeing and prevent the onset of psychopathologies in later life (e.g., anxiety and depression). In response to this need, Dr Paula Barrett created the Fun FRIENDS program focusing on the promotion of social–emotional competence and the reduction of emotional and behavioural difficulties. This program is specifically catered to preschool aged children (4–6 years) and uses experiential play-based learning components under the realm of cognitive–behavioural and resilience theory. The program can be run within the school setting as a universal intervention program. The school setting is the optimal environment for all children to receive a skill-building program. It is imperative that we begin to implement such interventions as Fun FRIENDS within preschool classrooms. We must acknowledge the importance of social–emotional development in early childhood and remove the academic pressures that are put onto young children. Research has indicated that ‘doing well’ in grade 8 could be better predicted from knowing children’s social competence 5 years earlier than from primary school academic results (Caprara et al., 2000). We must work together to improve the mental and social health of young Australian children by providing them with intervention programs aimed at increasing social–emotional wellbeing and subsequently decreasing emotional and behavioural difficulties.

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