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# “FRIENDS for Life”: The Results of a Resilience-Building, Anxiety-Prevention Program in a Canadian Elementary School

*The purpose of the study in this article was to replicate past findings showing the effectiveness of a cognitive, behavioral resilience-building/anxiety-prevention program, “FRIENDS for Life.” The results of the controlled study of two Grade 4 classrooms in Canada (N = 52) indicate that all children reported reduced levels of anxiety regardless of receiving the FRIENDS program. Limitations of the study are discussed and future research concerning school counseling programs using evidence-based approaches is highlighted.*

As educators increasingly acknowledge, it takes more than academic competence to excel in life; there is a steady growth of interest in social-emotional instruction along with academic lessons in schools (Hymel, Schonert-Reichl, & Miller, 2006). The most common form of social-emotional disturbance are internalizing disorders (mood and anxiety problems); anxiety disorders are the most frequently occurring mental health concern in children and adolescents but are the least treated (Chavira, Stein, Bailey, & Stein, 2004). High levels of anxiety have been found to be related to poor academic achievement and cognitive functioning in children (Albano, Chorpita, & Barlow, 2003; Huberty, 1997). A review of past research in the area of anxiety and school performance was conducted by Huberty, who concluded that higher levels of anxiety affected cognitive functioning, specifically increased irrelevant thoughts of self-evaluation and self-deprecation, encouraged debilitating off-task thoughts, amplified difficulties with task completion, and increased attentional problems. In general, students who experience higher levels of anxiety were found to have more difficulty with school-related tasks.

A child’s development is largely fostered within the school setting. Thus, building resilience in children and reducing anxiety in schools would help promote healthy learning and development in children. However, school counselors, charged with prevention programming and social-emotional needs of students, have difficulty meeting the

demand for counseling services due to high case-loads (Baker & Gerler, 2004; Seashore, Jones, & Seppanen, 2001). One way to meet this demand is to offer evidence-based approaches that target mental health skill acquisition in universal (e.g., intact) classrooms, with classroom teachers as the main program facilitators and school counselors as their trainers and/or consultants. Primary preventative (universal) programs target the entire student population (Mrazek & Haggerty, 1994), thus reaching a larger number of students, with the benefit of reducing stigmatization and enhancing school social support from teachers and peers. The “FRIENDS for Life” program (Barrett, 2004a, 2004b) is one of few anxiety-prevention programs available today.

The FRIENDS program was adapted from the “Coping Cat” program (Kendall, 1990). Coping Cat, based on cognitive behavior theory (CBT), is a protocol-driven intervention. As an evidence-based approach to intervention/prevention programs, CBT has been found to be efficacious in treating anxiety in children, and positive outcomes have been robustly supported using clinical and community samples (Compton et al., 2004; Ferdinand, Barrett, & Dadds, 2004; In-Albon & Schneider, 2007).

The FRIENDS program is a curriculum that targets childhood anxiety and depression through the application of cognitive behavioral principles and the building of emotional resilience (Barrett & Turner, 2001). The program aims to reduce the incidence of serious psychological disorders, emotional distress, and impairment in social functioning by teaching children and young people how to cope with and manage anxiety both now and later in life. The word “FRIENDS” teaches children various ways to handle difficult situations, and it encourages them to consider their bodies as their *friends*, be their own *friend*, make *friends*, and talk to their *friends* (Barrett & Turner). Decades of research on children’s peer relationships (Ladd, 2005) have demonstrated the clear link between school social adjustment and both short-term and long-term life success (for reviews see Jaffè, Wolfe, Crooks, Hughes, & Baker,

2004; McDougall, Hymel, Vaillancourt, & Mercer, 2001).

The FRIENDS curriculum provides a universal approach to program delivery. The program is specifically written for schools to be delivered in a group-based, nonclinical format. This provides opportunities for children to model positive behaviors, have their own fears and worries normalized, and be positively reinforced for desired behaviors. The FRIENDS program aligns with the ASCA National Model® (American School Counselor Association, 2005) and meets many American and Canadian academic standards of education regarding the teaching of social-emotional learning and career and personal planning (British Columbia Ministry of Education, n.d.; Payton et al., 2008). The FRIENDS program is the only childhood anxiety prevention and treatment program acknowledged by the World Health Organization (2004). Finally, the long-term effectiveness of the FRIENDS program in maintaining lowered anxiety and depression levels has been demonstrated; past findings show that at 12 months, 24 months, and 36 months follow-up, levels of anxiety and depression remained lower compared to levels at pre-treatment (Barrett, Farrell, Ollendick, & Dadds, 2006).

The purpose of this study was to evaluate the effectiveness of the FRIENDS program, delivered by a FRIENDS facilitator (classroom teacher) who was trained by a school counselor educator, in building psychological resilience and reducing Grade 4 students' reported levels of anxiety. Although the FRIENDS program has been extensively researched in Australia, England, Germany, and the Netherlands (FRIENDS for Life, 2007), there have been few published studies in Canada or the United States. Thus, the following research question was identified: What effect does the FRIENDS for Life program have on fourth graders' self-reported levels of anxiety pre- and post-intervention?

## METHOD

### Study Design

The goal of the current study was to evaluate the FRIENDS program among a Canadian sample of school children by a FRIENDS facilitator (classroom teacher). The effectiveness of the FRIENDS program in reducing anxiety symptomatology was evaluated pretest and posttest. This was a nonrandomized control group pretest-posttest design, with two groups: study (intervention) and control.

### Participants

A total of 52 students ( $n = 26$  in intervention;  $n = 26$  in control) participated in the study. All of the students were in two separate Grade 4 (ages 8 to 9

years old) classrooms and attended an urban elementary school in western Canada.

### Intervention: FRIENDS

Participants received the FRIENDS for Life program (Barrett, 2004a, 2004b), a linear, formatted (i.e., manualized) cognitive-behavioral curriculum (i.e., intervention). Each participant received eight FRIENDS group sessions over the course of 2 months, as set out in the FRIENDS facilitators' manual. Sessions occurred one time per week for approximately 60 minutes per session. Manualized procedures are often used in research studies to help control for experimenter bias and to ensure intervention integrity.

Each session focused on recognizing anxious feelings and somatic reactions to anxiety, cognitive restructuring (i.e., challenging negative, unhelpful thoughts) in anxiety-provoking situations, coping self-talk, exposure to feared stimuli, evaluating performance, and administering self-reinforcement. During the first four sessions, anxiety management procedures were introduced, role-played by the teacher and practiced by the participants. In the first four sessions, students made personal connections to their individual strengths and were taught to recognize their own somatic symptoms relating to anxiety. Throughout the remaining sessions, participants were taught to recognize and differentiate between helpful "green" and unhelpful "red" thoughts, how to challenge and change these thinking errors, and finally how to make a coping step plan applying these adaptive skills to real-life situations, starting with low-stress situations and gradually increasing to high-stress situations.

### Measure: Multidimensional Anxiety Scale for Children

All participants were given the Multidimensional Anxiety Scale for Children (MASC; March, 1997), a self-reported, standardized measure of anxiety, to complete at pre- and post-intervention. The MASC consists of 39 items distributed across four basic scales (physical symptoms, harm avoidance, social anxiety, and separation anxiety). The MASC utilized a 4-point, Likert-style format in which respondents were asked to rate each item with respect to their own experience. The response options ranged from 0 for *never true about me* to 3 for *often true about me*. Raw scores are converted into T-scores, and elevated anxiety levels are referred to as "much above average" or above a T-score of 65 (March). The MASC can be completed in less than 15 minutes, depending on the reading level of the child, and demonstrates good psychometric properties. The MASC has demonstrated acceptable levels of both convergent and divergent validity, and it has a test-

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retest reliability of .79 in clinical samples and .88 in school-based samples (March, Parker, Sullivan, Stallings, & Conners, 1997).

A qualitative instrument measured students' perceptions of their skills learned from the FRIENDS for Life program. This instrument was a computer-generated survey that students took online during class computer time. The survey was generated using the Web site "Survey Monkey." The questions on the survey were created by the university anxiety research team led by the second author and contained eight rating scale questions and two open-ended questions. The survey utilized a 4-point, Likert-style format in which respondents were asked to rate each item with respect to their own experience; the response options included *yes, a little, not really*, and *no*. The rating scale questions were assigned a numerical equivalent and then scored according to percentages. The data from the qualitative questions were compiled, analyzed, and compared for similar or reoccurring themes.

Parents' perceptions of the FRIENDS for Life program and the effects it had on their children were assessed by a survey created by the first author. The survey included eight rating scale questions and two open-ended questions and utilized a 4-point, Likert-style format in which respondents were asked to rate each item with respect to their own experience. The response options included *a lot, somewhat, very little*, and *not at all*. The rating scale was assigned a numerical equivalent and then scored according to percentages.

In order to achieve the greatest possible validity and reliability in each of these three measures, the first two surveys were completed during class time under the supervision of the primary researcher. The parent survey was completed by the study group's parents outside the school setting.

### Procedures

A letter was first sent to the superintendent of a local school district for research approval. Following the approval of the project, the parents of the Grade 4 students at a local elementary school (in both the control and intervention groups) were informed of their child's participation in the study through an informational letter. Parents were only asked to respond if they did not wish their child to be involved in the study (passive consent).

The control group and the intervention group were administered the MASC during separate class times, which was scored and entered into a database, and coded for research purposes. Each group was given the MASC at similar times of the day. The facilitator read aloud the scripted introduction to the MASC and each of the 39 questions.

The intervention group then received the 8-week

FRIENDS program. Sessions occurred once per week for approximately 60 minutes per session. Upon completion of the 8-week program, students in both the intervention group and the control group were asked to complete the posttest MASC. The researcher used the same procedure for administering the posttest as used previously in the pretest. The control group then received the 8-week FRIENDS program.

## RESULTS

There were 26 participants in each of the two groups, totaling 52 participants in the study. Overall, the results of the study show that mean pretest scores on the MASC were higher for both groups compared to mean posttest scores. At pretest, students in the control group reported a mean total MASC T-score of 53.65, and students in the intervention group reported a mean total MASC T-score of 62.35. It is important to note that these T-scores are below the clinical range of T-score  $\geq 66$ . At posttest, students in the control group reported a mean total MASC T-score of 52.73, and students in the intervention group reported a mean total MASC T-score of 56.88. No significance was found following *t* testing, mean group difference, or repeated measures analysis of variance. It is interesting that the control group had lower rates of anxiety and lower rates of separation anxiety at the outset of the study; both of these mean differences were statistically significant ( $p = .05$  and  $p < .05$ , respectively). Two students within the study group displayed elevated mean pretest and posttest MASC scores. Due to these findings, these students' families were contacted, results were shared, and these students were brought to the attention of school counselors for further follow-up.

Table 1 illustrates mean scores reported by participants in both groups, and scores are broken down into the four MASC subscales.

Tables 2 and 3 summarize the findings from the child and parent surveys, respectively.

Two qualitative questions also were asked of students in this survey. These questions were, "What was the most helpful thing you learned in the FRIENDS program?" and "Do you think anything should be changed about the FRIENDS program? If, so what?" Forty-four percent of students responded that learning how to control their inner thoughts was most helpful while 28% of students felt exploring coping step plans and learning to problem-solve was best. Sixteen percent felt learning about their feelings and how to react to them was most helpful while 12% felt learning relaxation techniques was best. All students responded to the second question with an answer of "No" or nothing should be

**Table 1. Mean Scores for MASC Pretest and Posttest**

Variable	Group	Mean	Standard Deviation	Standard Error Mean
Pre physical symptoms	Study	16.85	7.09	1.39
	Control	13.15	6.20	1.22
	Difference	3.69	—	—
Post physical symptoms	Study	14.15	7.35	1.44
	Control	13.69	5.91	1.16
	Difference	0.46	—	—
Pre harm avoidance	Study	19.88	3.27	0.64
	Control	18.77	4.55	0.89
	Difference	1.12	—	—
Post harm avoidance	Study	18.35	4.59	0.90
	Control	18.15	4.12	0.81
	Difference	0.19	—	—
Pre social anxiety	Study	12.31	5.55	1.09
	Control	11.38	6.04	1.18
	Difference	0.92	—	—
Post social anxiety	Study	11.23	6.54	1.28
	Control	11.35	7.03	1.38
	Difference	-0.12	—	—
Pre separation anxiety	Study	13.92	5.31	1.04
	Control	9.96	5.54	1.09
	Difference	3.96**	—	—
Post separation anxiety	Study	12.38	6.02	1.18
	Control	9.58	5.57	1.09
	Difference	2.81	—	—
Total pre MASC	Study	62.35	17.00	3.33
	Control	53.65	19.82	3.89
	Difference	8.69*	—	—
Total post MASC	Study	56.88	20.33	3.99
	Control	52.73	16.50	3.24
	Difference	4.15	—	—

\* $p = .05$ . \*\* $p < .05$ .

changed about the FRIENDS for Life program.

Two qualitative questions to parents were, “What was the most helpful thing your child learned in the FRIENDS program?” and “What should be changed about the FRIENDS program?” Common

answers of what parents perceived as the most helpful things for their child included teaching their child about different kinds of feelings and how to deal with them, learning how to initiate positive self-talk and “green light” thinking, goal setting, and

**Table 2. Student Feedback Survey**

	Yes	A Little	No
1. I like the FRIENDS program.	73.1%	15.4%	11.5%
2. I know more about my different kinds of feelings.	42.3%	46.2%	11.5%
3. I can calm myself down when I'm worried.	57.7%	34.6%	7.7%
4. I know the difference between helpful and unhelpful thoughts.	92.3%	3.8%	3.8%
5. I can make a Coping Step Plan.	61.5%	19.2%	19.2%
6. I can help my friends or classmates when they are worried.	46.2%	46.2%	7.7%
7. I can use the 6-Block Problem Solving Plan to help solve my problems.	34.6%	26.9%	38.4%
8. The FRIENDS program has helped me.	61.5%	26.9%	11.5%

**Table 3. Parent Feedback Survey**

	A lot	Some/ A Little	Not at All
1. How useful are programs like FRIENDS in general?	83%	17%	0%
2. How useful did you find FRIENDS for enhancing <i>your child's</i> coping skills?	67%	33%	0%
3. How important is it for schools to implement programs like FRIENDS into the curriculum?	83%	11%	0%
4. How much did <i>you</i> learn about enhancing your child's coping skills?	39%	56%	0%
5. How much do you think the FRIENDS program has taught your child about coping?	67%	33%	0%
6. How much do you think your child enjoyed the FRIENDS program?	78%	17%	6%
7. How often does your child use the skills taught in the FRIENDS program?	28%	67%	6%
8. How important do you think the family component of FRIENDS is?	83%	17%	0%

learning various types of coping skills. A common thread of what parents felt should be changed about the program included the idea of having more detailed information sent home during and after the completion of the program. Parents felt this would help give them more information about the skills their children were learning and would help them support their children after the program ended.

## DISCUSSION

The purpose of this study was to evaluate the effectiveness of the FRIENDS program on student-reported levels of anxiety before and after interven-

tion. The findings showed that, as a group, all children reported lower rates of self-reported anxiety at posttest (practical significance), as measured by the MASC (March, 1997), regardless of group assignment, and changes were not statistically significant for either the control group or the intervention group. While the results are contrary to the hypothesis, several explanations may be relevant regarding this small sample. First, all children's anxiety scores in both groups, with the exception of two students, were in the normal range. Thus, the groups would not be expected to differ substantially before and after an anxiety prevention intervention, as the children involved were not reporting anxiety. One must

consider then the financial and time implications of offering a program for the overwhelming majority of students who are not anxious in comparison to offering it for the relatively few (in this case, two) who might benefit. This is an ongoing debate regarding universal prevention programming (Offord, Chmura, Kazdin, Jensen, & Harrington, 1998). If children in the study had been anxious, the time frame for the new program and attendant skill development was unusually brief: 8 weeks. While the MASC is sensitive to short-term individual change, other studies have found that when CBT is taught to children, a putative effect is enjoyed several months post-intervention.

Despite not seeing statistically significant intervention effects as captured by standardized measures, school counselors are keen to know about practical program implementation and meaningfulness to students. The students and their parents in the study participated in a qualitative review of the FRIENDS program. Student response to the program was overwhelmingly positive; a majority of 86% liked the program and clearly claimed to understand the difference between unhelpful and helpful thoughts as well as how to calm themselves down. Parents also felt programs such as FRIENDS were extremely important (83%) to include in schools, and they noted that they felt the most useful skill they saw their child using was the positive cognitive training (challenging “red” thoughts and shifting thinking to “green” thoughts). Finally, one program effect that cannot currently be evaluated is the value of increased awareness of how to manage one’s future anxiety. Anxiety is an expensive drain on health-care dollars; if recognized early and treated appropriately, anxiety may recede in prominence in health-care expenditures.

## LIMITATIONS OF THE STUDY

One major limitation of this study is the small sample size ( $N = 52$ ). Also, self-reported level of anxiety differed significantly between the groups at the outset of the study. This is likely due to the challenges of conducting research in two intact school classrooms, rather than being able to randomize students to groups. Multi-informant assessment is typically recommended in youth populations, but in this study neither parent nor teacher evaluations of student behavior were assessed.

Effects of teacher or counselor attention, being part of a special research study, and taking part in a new program were not controlled. Therefore, the intervention group’s anxiety level may have decreased by the mere attention they were receiving from the school counselor and classroom teacher on a regular basis, and not from the FRIENDS pro-

gram. As the teacher was not blinded to the study hypothesis, and she was trained in anxiety identification and intervention, she may have inadvertently responded differently to students (i.e., being more responsive to certain students, being more familiar with anxiety response styles). Time is a factor in many school studies (e.g., course effects) as well as subject maturation. Specifically for quantifying anxiety, it appears that all students in this study reported less anxiety over the course of the school year; students reported feeling more relaxed and calm as the school year progressed.

## IMPLICATIONS FOR SCHOOL COUNSELORS

Anxiety disorders are the most commonly occurring mental health concern in children. Given the past research linking anxiety to academic performance, it is important to target anxiety in the school setting. Evidence-based universal programs such as FRIENDS may be useful tools in today’s schools as part of comprehensive counseling programs.

Selecting an appropriate intervention and program can be a difficult task. To successfully implement an intervention program, school counselors must decide on which goals to set for social development improvement, which programs work, possible resistance by teachers and parents, funding issues, parental consent, and other barriers (Shapiro, 2004). Despite there being many useful, empirically validated interventions published over the past 20 years, access to information regarding effective programs by school counselors and other school-based personnel can be limited.

Once a program is selected, training of school personnel by school counselors must be negotiated (if a school counselor wishes to offer programming in this fashion). Teacher compliance with program goals is individually met. It may be difficult to draw conclusions about the relationship between the intervention and behavior change because of poor adherence to program elements (among other things), despite empirical research supporting the intervention. Thus, the intervention may be deemed as flawed and a waste of time, and unnecessarily terminated or adjusted (Gutkin, 2003). These are all complex but important issues for a school counselor to consider when selecting appropriate interventions for students. The school counselor may choose to run small groups with students who screen high for anxiety symptoms; FRIENDS would be a highly appropriate selection supporting evidence-based school counseling behavior.

Because of the lack of resources in the educational system, many interventions are considered too expensive, resource-dependant, time-consuming, or

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complicated to implement in the schools (Rathvon, 1999). Also, as school counselors are overloaded with work, many of these interventions may seem impractical to implement, especially as a universal prevention program. In many school districts in Canada and other places in the world, school counselors have limited availability at the elementary school level (the ratio of students to school counselors in British Columbia is 750:1, with a disproportionate rate concentrated in secondary schools and urban settings). Therefore, finding other service delivery options, such as the FRIENDS program, is an efficient and effective way to not only provide a program to students, but to train and sensitize classroom teachers to the psychosocial needs of students.

## CONCLUSION

The FRIENDS program is an intervention program that helps address some of the issues outlined above. The results of our study were mixed in that intervention and control groups both posted lowered rates of self-reported anxiety in Grade 4 children at a local elementary school. The FRIENDS program is a cost-effective program that has been well researched, and it is well accepted by schools, parents, and students. As a manualized protocol, the FRIENDS program is straightforward for counselors to teach teachers to implement in their own classrooms so that school counselors can help transfer some of the skills of social-emotional skill building to classroom teachers. Finally, the FRIENDS program is 8 weeks in duration, for 1 hour a week. While this may not be enough of a “dose” of anxiety-management skill building, the program can realistically be used in a group-based format as a universal protocol to increase awareness of anxiety as a significant health issue in children. Hopefully, programs such as this one will ultimately build resilience in our youth. ■

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**The FRIENDS program is a cost-effective program that has been well researched, and it is well accepted by schools, parents, and students.**

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