

A randomised controlled trial of the *FRIENDS for Life* emotional resilience programme delivered by teachers in Irish primary schools

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The FRIENDS for Life programme is a cognitive behavioural based programme designed to reduce childhood anxiety and promote emotional resilience. Teachers are in a unique position to monitor children who are at risk and to intervene early with preventive social and emotional learning programmes. This study was designed to replicate very positive international evaluations of the FRIENDS for Life programme for anxiety reduction and extend the evidence base by investigating effects on strengths based qualities such as self-concept, coping and school connectedness. Further, for the first time in an Irish context primary school teachers were the lead facilitators of the programme, with 709 children aged 9 to 13 years in a representative sample of 27 primary schools from across Ireland. Schools were allocated to an intervention group or a wait-listed control group. Teachers were trained and supported to deliver the programme by educational psychologists. Quantitative and qualitative data including measures of anxiety, self-concept, coping, school connectedness and social validity indicated that the FRIENDS for Life programme was very positively received by children, parents and teachers. The programme was implemented successfully by teachers and resulted in positive outcomes for students including improved emotional wellbeing, greater coping skills and an enhanced sense of connectedness with school.

Keywords: anxiety; emotional resilience; children; school-based intervention; universal.

THIS PAPER briefly outlines the research on childhood anxiety, resilience and belonging in school. Each of these factors is important in understanding children's mental health and wellbeing. The positive capacity and accessibility of schools to promote resilience and wellbeing through early intervention and prevention programmes, including those based on cognitive behavioural approaches is discussed. Specifically, evidence for the cognitive behavioural *FRIENDS for Life* programme to improve emotional health is highlighted. Overall, the importance of training teachers as lead facilitators in the universal delivery of the programme in the 'secure base' of school is supported.

Anxiety disorders are the most common form of psychological distress in childhood and youth (Cartwright-Hatton et al., 2004), with prevalence reported as high as 21 per cent (Kashani & Orvaschel, 1990) with most studies estimating around 10 per cent (Carr, 2006). Anxiety can have negative consequences in many areas including educational attainment and social functioning (Pine, 1997). Research has linked high anxiety with low cognitive performance as excessive anxiety impairs concentration on academic tasks due to biased attention to negative cues (Wood, 2006). School attendance can be affected and there is an increased risk of premature withdrawal from school (Van Ameringen et al., 2003). There

is evidence to suggest that childhood anxiety problems, left untreated, significantly increase the risk of mental health difficulties in adulthood (Bittner et al., 2007).

Resilience has been defined as the capacity of a person to prevent, minimise or overcome the damaging effects of adversity (Grotberg, 1997). Adversity can include life events such as maternal depression, marital discord, experience of abuse, bereavement, divorce or separation from a significant person in a child's life (McCrory & Cameron, 2009). Rutter (2006) describes a resilient person as having high self-concept and confidence, possessing good social problem-solving skills and being instilled with a sense of self-efficacy. Studies have found that the following characteristics were positively associated with resilience: using effective coping strategies (Werner & Smith, 1992), effectively controlling negative feelings (Eisenberg et al., 2004), and using available social supports (Jonzon & Lindblad, 2005).

The need to belong is a powerful motivation and has multiple and substantial effects on emotional and cognitive processes (Frederickson & Baxter, 2009). Maslow (1962) detailed a hierarchy of human needs in which a need to belong was central to the acquisition of knowledge. Having a sense of belonging to a school community is likely to have a positive effect on crucial factors including engagement with learning, mental health and happiness. Grotberg (1997) states that for children in middle childhood (aged 5 to 12) school may play an even more important role than the family unit, since it exposes them to the powerful influence of teacher support and peer networks. Not belonging may lead to disaffection, disengagement from learning, anxiety and depression (Frederickson & Baxter, 2009). Stewart et al. (2004) found that schools where students reported more feelings of connectedness to adults and peers were strongly associated with higher pupil-ratings of resilience.

Interventions based on cognitive behavioural approaches are recommended as a first line intervention for anxiety (National Institute for Health and Clinical Excellence, 2008). The core principle of cognitive behavioural theory is that people are not disturbed by things, but by the views they take of them (Greig, 2007). Children with anxiety disorders have been found to misperceive ambiguous events as threatening. Cognitive behavioural interventions aim to increase a child's awareness of unhelpful or irrational cognitions and understanding of the effects these have on behaviour and emotions (Crosbie et al., 2011).

It can be difficult for children with anxiety symptoms to access appropriate and timely therapeutic intervention (Barrett & Pahl, 2006). Children needing support are often not reached by front line mental health services (Essau, 2005). In a UK study Ford et al. (2003) found that 53 per cent of children with significant emotional disorders had no contact with any mental health service over an 18-month period. Childhood anxiety is frequently overlooked as these children are likely to be shy, co-operative and compliant (Essau et al., 2012). Socio-economic disadvantage is a risk factor for childhood anxiety (Sawyer et al., 2001). Children from disadvantaged communities are not only less likely to receive intervention (Misfud & Rapee, 2005), but also more likely to terminate the intervention prematurely (Kazdin et al., 1997). Therefore, it is increasingly important to consider how effective interventions can be made accessible to children with anxiety symptoms or those who are at risk of developing anxiety disorders.

Wood (2006) found that using a cognitive behavioural based intervention to reduce anxiety resulted in improved school performance and social functioning. A meta-analysis conducted by Durlak et al. (2011) of 213 school-based, universal social and emotional learning programmes found that compared to controls, participants demonstrated significantly improved social and

emotional skills, attitudes, behaviour, and academic performance that reflected an 11 percentile point gain in achievement. An important finding was that regular school staff were well placed to deliver these programmes.

Schools have been identified as having a key role in the provision of prevention and early intervention programmes for childhood anxiety (Neil & Christensen, 2009). This can serve to reduce many of the common barriers to intervention in the clinic setting, such as time, location, stigma, transport and cost (Barrett & Pahl, 2006). In schools, prevention programmes may be universal, selected or indicated (Mrazek & Haggerty, 1994). Universal programmes are delivered to all students and are aimed at enhancing general mental health (Neil & Christensen, 2009). Selective programmes are targeted at students who have been identified as being at risk of developing disorders, for example, those having an anxious parent (Spence & Dadds, 1996). The final method is an indicated or tertiary approach delivered to students with early or mild symptoms of a disorder to prevent more severe problems emerging. Universal programmes to reduce anxiety are advantageous for schools as they target a large number of students regardless of risk status, help to reduce difficulties in screening for inclusion in targeted intervention groups and have the potential to reduce the incidence of anxiety disorders through early intervention (Essau et al., 2012).

Gilligan (1998) details some of the 'potential power of school experiences, arguing that school life offers vulnerable pupils a wide range of opportunities to boost resilience, by acting as a complementary secure base, providing many opportunities for developing self-esteem and self-efficacy, and opportunities for constructive contact with peers and adults' (McCrory & Cameron, 2009, p.8).

In support of building capacity within schools Macklem (2011) has argued that group cognitive behavioural interventions

delivered by school staff work better than those facilitated by researchers or clinicians from outside the school. A systematic review by Neil and Christensen (2009) found that a higher percentage of trials involving teacher programme leaders were successful in significantly reducing the symptoms of anxiety than trials involving mental health professionals, researchers or graduate students. However, the authors highlight that the effect sizes in the studies where teachers acted as programme leaders were slightly smaller than those trials employing other programme leaders. Effectiveness trials involving teacher programme leaders may have produced smaller effects as teachers are less experienced than mental health professionals in the delivery of psychological interventions. However, it has been argued that although the effects for social and emotional programmes in schools may be 'small to moderate in statistical terms; they represent effects in the real world that are important and relatively large' (Weare & Nind, 2011, p.64).

The *FRIENDS for Life* programme

The *FRIENDS for Life* programme is a cognitive behavioural based early intervention and prevention programme, delivered to children in group or universal formats, and designed to help cope with feelings of anxiety, fear and worry by developing self-esteem, teaching coping skills and promoting resilience in a simple, structured way (Barrett, 2012). The programme has been supported by the World Health Organisation (2004) as an anxiety intervention that 'appears to be efficacious across the entire spectrum, as a universal prevention programme, as a targeted prevention programme and as a treatment' (p.43). It is also listed on the National Registry of Evidence-Based Programs and Practices (2013) maintained by the United States Department of Health and Human Services.

A series of studies, including randomised control trials, have reported positive outcomes when the programme is delivered

universally to whole classes of children (Stallard, 2010). The first study to evaluate the effectiveness of *FRIENDS for Life* involved 489 children (aged 10 to 12) and showed a significant reduction in anxiety symptoms (Barrett & Turner, 2001). These findings were replicated by Lowry-Webster et al. (2003) in a study involving 594 young people (aged 10 to 13), which found that gains were maintained a year after completing the *FRIENDS for Life* programme. Long-term positive effects of the programme were demonstrated by Barrett et al. (2006) who found that a sample involving 692 children and young people (aged 9 to 16) showed significant reductions in anxiety three years later when compared with control groups. This study also found that the impact of the programme was stronger at four-month follow-up than immediately after completing the programme. Stallard et al. (2008) evaluated *FRIENDS for Life* with 106 children (aged 9 to 10) and found that significant improvements in emotional health, namely anxiety and self-esteem, were maintained at three-month and 12-month follow-up respectively. Essau et al. (2012) evaluated *FRIENDS for Life* with 638 children (aged 9 to 12) and found that participants in the programme exhibited significantly fewer anxiety and depressive symptoms and lower perfectionism scores than children in the control group at 12-month follow-up.

Overall, whilst international evidence on the universal delivery of the programme has been positive and has the potential to reach more children, studies have used a variety of facilitators that are not available universally, such as psychologists, school nurses and research students. Teachers in schools are available universally and have been facilitators of the programme previously (Barrett et al., 2006; Lowry-Webster et al., 2003). Therefore, the accessibility of the programme could potentially increase further following specific training of teachers as lead facilitators.

Research in Ireland and the UK has found that school nurses (Stallard et al., 2008) and psychologists (Crosbie et al.,

2011) are effective in delivering the *FRIENDS for Life* programme. Mixed results have emerged in terms of teacher delivery. Stallard et al. (2014) found differences between 'health-led' and 'teacher-led' intervention in favour of the former. In contrast, other studies report that teachers can deliver the programme equally as well as psychologists (Barrett & Turner, 2001). This suggests further research on supporting teacher delivery of the programme is warranted, particularly as teachers are viewed as experts in providing education to children and in understanding their specific school context (Shute, 2012).

Study aims

This study was undertaken to develop further the evidence base for using the *FRIENDS for Life* programme in Irish primary schools. Teacher-led delivery of the programme has not previously been evaluated in an Irish context. Specifically it sought to investigate the following hypotheses:

1. In comparison with children in the control group, children who participate in the *FRIENDS for Life* programme, delivered by teachers, will report a significantly lower level of anxiety symptoms at the end of the intervention.
2. In comparison with children in the control group, children who participate in the *FRIENDS for Life* programme, delivered by teachers, will report significantly higher self-concept at the end of the intervention.
3. In comparison with children in the control group, children who participate in the *FRIENDS for Life* programme, delivered by teachers, will report a significantly higher level of coping self-efficacy at the end of the intervention.
4. In comparison with children in the control group, children who participate in the *FRIENDS for Life* programme, delivered by teachers, will report a significantly higher sense of school connectedness at the end of the intervention.

5. Teachers trained and supported by educational psychologists are able to effectively deliver the *FRIENDS for Life* programme.

Method

Design

This study used a randomised controlled design whereby schools were used as the unit of random assignment to either an intervention or a to a wait-list control group. Block randomisation by school was employed to facilitate matching on potentially important characteristics within the schools grouped (mixed sex, single sex, urban, rural, designated socioeconomic disadvantage [DEIS], non-DEIS, emotional behavioural difficulties [EBD] special school). Within each group of schools, names were drawn at random to join the intervention group, with the others being assigned to the control group. There were two independent variables: between subjects (intervention or control group) and within subjects (time). Children, parents and teachers completed measures at three different time points: Time 1 (early January 2013), Time 2 (early April 2013) and Time 3 (late June 2013). The dependent variables included measures of anxiety, self-concept, behaviour, coping, school connectedness and social validity. This enabled comparison between children in the intervention group who received the *FRIENDS for Life* programme, delivered by their teachers, and those in the control group who received Social, Personal and Health Education (SPHE) lessons as part of the normal Irish primary school curriculum between Time 1 and Time 2. It also allowed for a 12-week follow-up of programme effects for the intervention group at Time 3.

Sample

A *priori* power analysis was carried out using G*Power (Faul et al., 2009) to find out the number of participants that would be required for the study. G*Power is a stand-alone power analysis programme for statistical tests commonly used in the social and

behavioural sciences. The effect size for mixed between-within subjects (2x2) analysis of variance (ANOVA) is calculated by the partial eta squared statistic (small effect: .01; moderate effect: .06; large effect: .14; Cohen, 1988). Selecting a partial eta squared effect size of .14 and an alpha level of .05 in G*Power led to a sample size calculation of 70 participants. This sample allowed for a power of .80 to be achieved, which is considered by Ellis (2010) to be acceptable in order accurately to reject, or accept, the null hypothesis. A total of 709 children from 27 primary schools across Ireland participated. The large sample size ensured more than adequate power to detect statistically significant changes over the duration of the study for the overall group.

Schools from across Ireland were recruited to participate in the study by educational psychologists from the National Educational Psychological Service. To ensure the sample was representative a variety of schools were included from both urban and rural areas. Single sex schools, mixed sex schools and schools assigned designated socioeconomic disadvantaged (DEIS) status were part of the sample. A number of special schools for children with significant emotional and behavioural difficulties (EBD) were also included.

Of the 27 schools, 13 were drawn at random and assigned to the intervention group leaving 14 schools in the wait-list control group. The assignment of schools to the intervention or control group was managed using block randomisation by school type (mixed sex, single sex, urban, rural, DEIS, non-DEIS, EBD special school). This ensured that each group had the same composition of school types. Table 1 details how schools in the intervention and control groups were matched to reduce between group variability.

The age of participants at Time 1 (January 2013) ranged from 9 to 13 years (*Mean age*=10.83 years; *SD*=.70). Out of the 709 participants 346 were male and 363 were female. The number, gender, mean age and

school setting of participants by group are shown in Table 1.

Intervention Group

Thirteen schools were assigned to the intervention group, according to their school type, leading to the inclusion of 333 children. Information packs for parents were distributed by participating schools. The children and their parents were informed about the *FRIENDS for Life* programme, the purpose of the study and that they would be contacted at three time points over the 2012/2013 academic year to complete a number of questionnaires. Children who declined to be part of the research study were permitted to participate in the programme if they so wished or were facilitated to engage in other activities offered by the school such as Art or Physical Education. The average age was 10.88 years ($SD=.70$).

Information sessions for participating schools were provided by educational psychologists where teachers were appraised of the purpose and protocols of the study, training requirements and follow-up support. Subse-

quently, 34 teachers from the intervention group schools attended the compulsory accredited *FRIENDS for Life* two-day training workshop in November 2012, delivered by educational psychologists from the National Educational Psychological Service. Two teachers per classroom then delivered the 10-session programme on a weekly basis to a whole class in their school, as part of the SPHE curriculum, between January and April 2013. Each child was given a workbook which was used throughout the duration of the programme. Educational psychologists accredited as trainers of the *FRIENDS for Life* programme were available for consultation if the teachers required support throughout the programme. They also checked in directly with teachers at the beginning, middle and end of the intervention.

Parents of participating children were invited to attend two parent psycho-educational workshops jointly facilitated by the teachers delivering the programme and the school's allocated educational psychologist. One was held at the beginning and the other half-way through the programme.

Table 1: Participant data by group.

Participant data	Intervention group ($N=333$)		Control group ($N=376$)	
Gender and Mean Age:	<i>N</i>	Mean Age	<i>N</i>	Mean Age
Male	173	10.98 ($SD=.70$)	173	10.89 ($SD=.79$)
Female	160	10.76 ($SD=.69$)	203	10.71 ($SD=.61$)
Total	333	10.88 ($SD=.70$)	376	10.79 ($SD=.70$)
School Location:				
Urban	169		228	
Rural	164		148	
School Type:				
All Male	97		83	
All Female	105		120	
Mixed Sex	107		161	
EBD Special School	24		12	
School Status:				
Non-DEIS	226		224	
DEIS	107		152	

Control Group

Fourteen schools were assigned to the control group, leading to the inclusion of 376 children. Similar to the intervention group the children and their parents were informed about the *FRIENDS for Life* programme, the purpose of the study and that they would be contacted at three time points over the 2012/2013 academic year to complete a number of questionnaires. In order to meet ethical guidelines these children were then invited to participate in the programme three months later than the intervention group (between April and June 2013). This ensured that all children in both the intervention and control groups received the intervention, albeit at different time points. The average age was 10.79 years ($SD=.70$). Prior to beginning the programme 33 teachers from the 14 control group schools attended the compulsory accredited *FRIENDS for Life* two-day training workshop in March 2013. The 10-session programme was then delivered in these schools to a whole class on a weekly basis. Similar to the intervention group, two parent psycho-

educational workshops were also facilitated at the beginning and half-way through the programme.

FRIENDS for Life programme content

As shown in Table 2 the *FRIENDS for Life* programme consists of 10 structured sessions using behavioural, physiological and cognitive strategies to teach children how to identify feelings associated with various kinds of emotional distress; how to relax; how to identify unhelpful thoughts and to change these to more helpful thoughts; how to overcome everyday problems and build on success (Stallard et al., 2008). The sessions involve a mixture of group work, role plays, workbook exercises, games, and interactive activities. Some tasks are completed at home with the participant's family in order to practise new skills learned.

FRIENDS for Life group facilitator training for teachers

Primary school teachers from participating schools ($N=27$ schools, minimum of two teachers per school) were trained to deliver

Table 2: The *FRIENDS for Life* 10 session emotional resilience programme.

Session	Content
Session 1	Introduction to <i>FRIENDS for Life</i> ; understanding and accepting difference
Session 2	Introduction to feelings
Session 3	Introduction to body clues and relaxation
Session 4	Self-Talk: Helpful (Green) and Unhelpful (Red) thoughts
Session 5	Challenging Unhelpful (Red) into Helpful (Green) thoughts
Session 6	Introduction to Coping Step Plans
Session 7	Learning for our role models and building support teams
Session 8	Using a Problem Solving Plan
Session 9	Using the <i>FRIENDS for Life</i> skills to help ourselves and others
Session 10	Review, generalising skills and planning for the future

FRIENDS for Life by their school educational psychologist and three other educational psychologists, all accredited as trainers by the programme licensor Pathways. Teachers assigned to the intervention group received the training in November 2012 and those from the control group received the training in late March 2013. The training was delivered at different time points to ensure no contamination within the control group during the waiting period between January and April 2013. An intensive two-day training programme was delivered in order to familiarise teachers with the programme and to ensure fidelity of implementation. The workshops also covered the underlying theory behind cognitive behavioural approaches, self-concept, attachment theory, anxiety, depression and ethical issues when running the programme. The training involved reviewing each session of the programme using dialogue, role plays and exercises. Each teacher received a leader's manual (Barrett, 2012) providing a detailed plan of each of the 10 sessions.

Fidelity of implementation

A checklist was used to ensure teachers delivered the programme with fidelity. After each session teachers ticked the checklist to confirm that each part of the programme had been completed. This checklist was then returned to the researchers at the end of the programme. In addition, a timetable was given to each teacher detailing the time scale and completion dates to be adhered to.

Ethical issues

This study was guided by the Psychological Society of Ireland's *Code of Professional Ethics* (2010). Prior to taking part in the study informed written consent was obtained from the participants and their parents. The children and their parents were made aware of their right to withdraw from the study at any time. Descriptions of each measure were provided for parents and steps were taken to ensure that completed questionnaires remained confidential. However, it was

explained to participants that their parents would be informed if they reported significant concerns or if their scores on the standardised test measures were in the elevated range. After collecting the data a standard protocol was followed whereby parents of participants who rated themselves in the elevated range were contacted by educational psychologists from the research team and advised as to appropriate next steps for their child. In addition, educational psychologists were available for consultation with school staff to discuss any concerns they might have had around programme implementation or other matters arising during the course of the sessions.

Measures

Spence Children's Anxiety Scales (SCAS)

Child and parent versions of the SCAS (Spence, 1998) were used. The questionnaires assess anxiety in the areas of social phobia, separation anxiety, panic attack/agoraphobia, physical injury fears, obsessive compulsive disorder and generalised anxiety disorder. Internal consistency and test-retest reliability of the SCAS have been reported as satisfactory, with Cronbach Alpha coefficients well above .70 and a test-retest correlation coefficient of .60 (Spence, 1998). DeVellis (2003) recommends that the Cronbach alpha coefficient should ideally be above .70. In the present study the Cronbach alpha coefficients for the child and parent version of the SCAS were both .89.

Beck Self-Concept Inventory for Youth (BSC-Y)

The BSC-Y (Beck et al., 2005) is a self-report scale about thoughts, feelings and behaviours relating to self-concept. Children describe how frequently each statement is true for them. Internal consistency and test-retest reliability of the BSC-Y have been reported as satisfactory, with Cronbach alpha coefficients above .80 and test-retest correlation coefficients above .74 (Beck et al., 2005). In the present study the internal consistency of the BSC-Y was high with a Cronbach Alpha coefficient of .89.

Coping Efficacy Scale (CES)

The CES (Sandler et al., 2000) is a questionnaire developed for children to assess how satisfied they are with their handling of their problems in the past and their level of confidence about handling future problems. Internal consistency and test-retest reliability of the CES have been reported as satisfactory, with Cronbach alpha coefficients generally above .82 and a test-retest correlation coefficient of .75 (Sandler et al., 2000). In the present study, the Cronbach alpha coefficient for the CES was .83.

School Connectedness Scale (SCS)

The SCS (Resnick et al., 1997) is a questionnaire which measures self-reported happiness, belonging, safety and closeness to others at school, as well as treatment by teachers. The internal consistency of the SCS has been reported by Sieving et al. (2001) as satisfactory with Cronbach alpha coefficients ranging from .75 to .82. In the present study the Cronbach alpha coefficient was .80.

FRIENDS Social Validity Measures (SVMs)

The SVMs (Barrett et al., 1998), designed to measure child, parent and teacher satisfaction with the programme, were completed at the end of the programme. These scales gathered information on how much participants had learned about feelings and how to cope with them, and how often they used skills taught in the programme. Respondents answered questions by ratings on a four-point Likert scale as follows: 1=*Very useful*; 2=*Somewhat useful*; 3=*A little useful*; and 4=*Not at all useful*. Other questions enquired about aspects of the programme that children enjoyed, parent views on the usefulness of the programme and teacher views on the opportunities and challenges in using the programme. This measure has been used in a number of studies; however no psychometric data have been reported. In the present study the Cronbach alpha coefficients for the child, parent and teacher measures were .89, .88 and .68 respectively, indicating acceptable internal consistency.

Results

This section presents findings on the effect on participants' psychological wellbeing after receiving the *FRIENDS for Life* programme; data on social validity; and data relating to programme implementation by teachers in Irish primary schools. A series of 2 (Time: Time 1, Time 2) x 2 (Group: Intervention, Control) mixed between within subjects ANOVA were conducted using the Statistical Package for Social Sciences (SPSS) – Version 20.0 (IBM Corporation, 2011) in order to determine if there were significant programme effects for the intervention group when compared with the control group. An alpha level of $\alpha=.05$ was used for all tests, with the Bonferroni correction being applied as appropriate. Data are presented at Time 3 to provide evidence that gains were maintained by the intervention group at 12-week follow-up. Children in the intervention and control groups did not differ significantly on any of the measures completed at Time 1 (January 2013). A full data set of child self-report measures was available for 301 participants in the control group and 338 participants in the intervention group, indicating a response rate of 90 per cent and reducing the effect of missing data. All teachers returned the fidelity checklist confirming that they had delivered all 10 sessions of the programme in sequence and covered the key components.

Anxiety

The impact of the programme on children's anxiety was determined by analysing the seven scores on both the self-report (SCAS-Child) and parent (SCAS-Parent) measures. Bonferroni adjusted alpha levels of $\alpha=.007$ per test ($.05/7$) were used to account for multiple comparisons and to reduce the chance of Type 1 errors.

The mean Total Anxiety score at Time 1 (see Table 3 below) on the SCAS-Child for participants in the intervention group was 24.13 ($SD=16.16$) and the mean score for participants in the control group was 23.09 ($SD=16.08$). There was no significant differ-

Table 3: Means and Standard Deviations of self-report measures for children in the Intervention and Control Groups at Time 1, Time 2 and Time 3.

Variables	Time 1 (January 2013) Mean (SD)	Time 2 (April 2013) Mean (SD)	Time 3 (June 2013) Mean (SD)
SCAS-Child			
<i>Total Anxiety</i>			
Intervention	24.13 (16.16)	19.48 (15.16)	15.33 (12.63)
Control	23.09 (16.08)	19.73 (14.38)	16.66 (12.11)
<i>Separation Anxiety</i>			
Intervention	3.48 (3.06)	2.64 (2.78)	1.96 (2.22)
Control	3.22 (3.01)	2.68 (2.72)	2.14 (2.40)
<i>Social Phobia</i>			
Intervention	4.60 (3.69)	3.75 (3.51)	3.15 (3.07)
Control	4.24 (3.43)	4.03 (3.54)	3.55 (3.02)
<i>Obsessive Compulsive</i>			
Intervention	4.59 (3.77)	3.53 (3.48)	2.43 (2.97)
Control	4.36 (3.70)	3.52 (3.43)	2.62 (2.88)
<i>Panic/Agrophobia</i>			
Intervention	2.70 (3.62)	2.10 (3.05)	1.54 (2.66)
Control	3.02 (3.67)	2.14 (2.84)	1.83 (2.55)
<i>Physical Injury Fears</i>			
Intervention	3.53 (2.93)	3.02 (2.74)	2.68 (2.49)
Control	3.34 (2.80)	3.14 (2.60)	2.90 (2.50)
<i>Generalised Anxiety</i>			
Intervention	5.29 (3.36)	4.42 (2.99)	3.57 (2.75)
Control	4.91 (3.31)	4.22 (3.03)	3.63 (2.63)
BSC-Y			
<i>Self-Concept</i>			
Intervention	41.68 (9.29)	44.16 (9.24)	44.86 (9.29)
Control	42.04 (9.23)	41.69 (9.11)	43.11 (9.26)
CES			
<i>Coping</i>			
Intervention	21.21 (4.01)	22.18 (3.84)	22.03 (4.08)
Control	21.35 (3.99)	21.44 (3.97)	21.93 (3.94)
SCS			
<i>School Connectedness</i>			
Intervention	24.36 (3.97)	24.54 (4.14)	24.72 (4.44)
Control	24.49 (3.86)	23.91 (4.17)	24.04 (4.28)

ence between the groups' mean Total Anxiety scores at Time 1. After receiving the *FRIENDS for Life* programme there was a decrease in the intervention group's mean Total Anxiety score at Time 2 to 19.48 ($SD=15.16$). Over the same time period the control group's mean Total Anxiety score decreased to 19.73 ($SD=14.38$). A 2 (Time: Time 1, Time 2) \times 2 (Group: Intervention, Control) mixed between within subjects ANOVA was conducted, and found that there was no significant interaction between time and group, indicating that the reduction in the intervention group's mean Total Anxiety scores between Time 1 and Time 2 did not reach significance when compared to the control group. From Table 3 it can be seen that the intervention group's mean Total Anxiety score dropped further to 15.33 ($SD=12.63$) at Time 3 giving some indication that the reduction between Time 1 and Time 2 was maintained and improved upon 12 weeks after completing the programme, but without availability of a similar comparison for controls.

Exploration of the SCAS-Child mean subscale scores found that there was no significant differences between the intervention and the control groups at Time 1 for Separation Anxiety, Social Phobia, Obsessive Compulsive, Panic/Agrophobia, Physical Injury Fears and Generalised Anxiety. Analysis of the mean subscale scores between Time 1 and Time 2 using 2x2 mixed between within subjects ANOVA indicated that whilst mean scores for Separation Anxiety, Obsessive Compulsive, Panic/Agrophobia, Physical Injury Fears and Generalised Anxiety reduced for the intervention group, the reductions were not significant ($p>0.007$) when compared with the control group.

A significant interaction was found between group (Intervention, Control) and time (Time 1, Time 2) for Social Phobia, Wilks' Lambda=.97, $F(1,637)=8.929$, $p=.003$, $\eta^2=.014$, showing that there was a significant decrease in the intervention group's mean score on this subscale, after completing the *FRIENDS for Life* programme

when compared with the control group. This reduction was maintained by the intervention group at Time 3.

Data from the SCAS-Parent for both Time 1 and Time 2 were available for 304 participants in the intervention group and 339 controls, representing a response rate of 91 per cent. There was no significant difference between the intervention and control groups' Time 1 SCAS-Parent mean Total Anxiety or subscale scores. From Table 4 it can be seen that the mean score on the SCAS-Parent at Time 1 for the intervention group was 15.84 ($SD=12.89$) and the mean score for the control group was 14.72 ($SD=9.19$). After receiving the *FRIENDS for Life* programme there was a decrease in the intervention group's mean Total Anxiety score at Time 2 to 13.84 ($SD=11.94$). Over the same period the control group's mean Total Anxiety score decreased to 13.95 ($SD=10.64$). A 2 (Time: Time 1, Time 2) \times 2 (Group: Intervention, Control) mixed between within subjects ANOVA was conducted, and found that there was no significant interaction between time and group indicating that the reduction in the intervention group's mean Total Anxiety scores between Time 1 and Time 2 did not reach significance when compared with the control group. Data were available at Time 3 for 254 participants in the intervention group and indicated a mean Total Anxiety score of 13.00 ($SD=12.81$), giving some indication that the reduction between Time 1 and Time 2 was maintained and improved upon 12 weeks after completing the programme, but without availability of a similar comparison for controls.

A significant interaction was found between group (Intervention, Control) and time (Time 1, Time 2) for Separation Anxiety, Wilks' Lambda=.98, $F(1,656)=10.691$, $p=.001$, $\eta^2=.016$, showing that there was a significant decrease in the intervention group's mean score on this subscale, after completing the *FRIENDS for Life* programme, when compared with the control group. This reduction was maintained by the intervention group at Time 3.

Table 4: Means and Standard Deviations of SCAS-Parent for Children in the Intervention and Control Groups at Time 1 and Time 2.

Variable	Time 1 (January 2013) Mean (SD)	Time 2 (April 2013) Mean (SD)
<i>SCAS-Parent</i>		
<i>Total Anxiety</i>		
Intervention	15.84 (12.89)	13.84 (11.94)
Control	14.72 (9.19)	13.95 (10.64)
<i>Separation Anxiety</i>		
Intervention	3.16 (3.20)	2.51 (2.79)
Control	2.56 (2.52)	2.44 (2.61)
<i>Social Phobia</i>		
Intervention	4.01(3.50)	3.64 (3.19)
Control	3.83 (2.74)	3.86 (2.84)
<i>Obsessive Compulsive</i>		
Intervention	1.47 (2.31)	1.19 (2.15)
Control	1.48 (2.08)	1.19 (2.14)
<i>Panic/Agrophobia</i>		
Intervention	1.19 (2.34)	1.14 (2.34)
Control	1.14 (2.34)	0.93 (1.77)
<i>Physical Injury Fears</i>		
Intervention	2.90 (2.47)	2.59 (2.40)
Control	2.59 (2.40)	2.82 (2.42)
<i>Generalised Anxiety</i>		
Intervention	3.10 (2.66)	2.77 (2.34)
Control	2.77 (2.34)	2.71 (2.12)

Self-concept

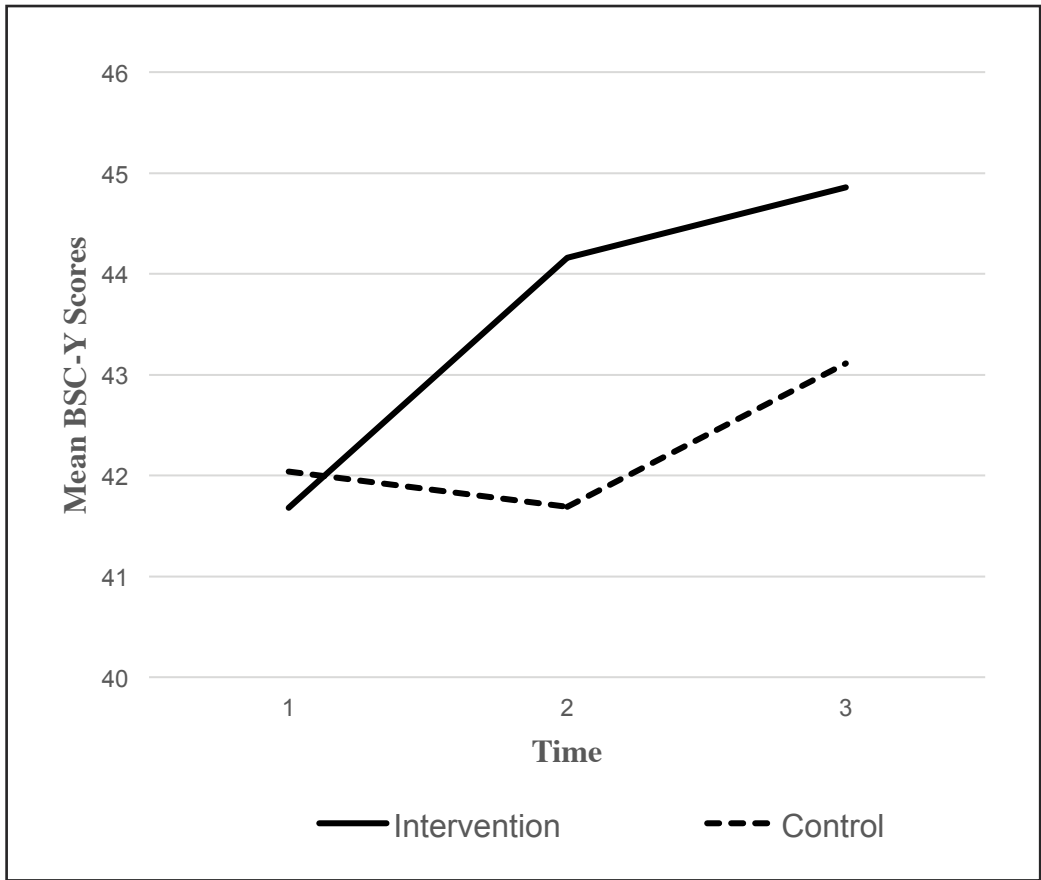
The mean BSC-Y score at Time 1 for participants in the intervention group was 41.68 ($SD=9.29$) and the mean score for participants in the control group was 42.04 ($SD=9.23$). There was no significant difference between the intervention and control groups' Time 1 mean BSC-Y scores. A 2 (Time: Time 1, Time 2) x 2 (Group: Intervention, Control) mixed between within subjects ANOVA was conducted in order to determine if there was a significant effect for the *FRIENDS for Life* programme on participants' self-concept scores when compared with the control group. A significant interaction between group and time was found, Wilks' Lambda=.96, $F(1,638)=24.612$, $p=.000$, $\eta_p^2=.037$, indicating that there was a signifi-

cant increase in the intervention group's self-concept when compared with the control group. From Table 3 and Figure 1 it can be seen that the intervention group maintained the gains made between Time 1 and Time 2 at 12-week follow-up (Time 3) with a mean score of 44.86 ($SD=9.29$).

Coping

The impact of the programme on children's capacity to cope with problems was determined by analysing scores between Time 1 and Time 2 (see Table 3). There was no significant difference between the intervention and control groups' mean CES scores at Time 1. A 2 (Time: Time 1, Time 2) x 2 (Group: Intervention, Control) mixed

Figure 1: Intervention and Control Groups' mean self-concept scores at Time 1, Time 2 and Time 3.



between within subjects ANOVA was conducted in order to determine if there was a significant effect for the *FRIENDS for Life* programme on participants' mean CES scores when compared with the control group. A significant interaction between group and time was found, Wilks' Lambda=.99, $F(1,638)=7.738$, $p=.006$, $\eta^2=.012$, indicating that there was a significant increase in the intervention group's coping efficacy when compared with the control group.

School connectedness

The impact of the programme on participants' happiness, belonging, safety and closeness to others at school, as well as treat-

ment by teachers was determined by analysing scores on the SCS. There was no significant difference between the intervention and control groups' mean SCS scores at Time 1. A 2 (Time: Time 1, Time 2) x 2 (Group: Intervention, Control) mixed between within subjects ANOVA was conducted in order to determine if there was a significant effect for the *FRIENDS for Life* programme on participants' mean SCS scores when compared with the control group. A significant interaction between group and time was found, Wilks' Lambda=.99, $F(1,638)=7.389$, $p=.007$, $\eta^2=.011$, indicating that there was a significant increase in the intervention group's SCS mean scores when compared with the

control group. This increase was maintained by the intervention group at Time 3.

Social validity

The majority of the children in the study ($N=640$) completed a Social Validity Measure (SVM) and found the *FRIENDS for Life* programme 'very useful' or 'somewhat useful' ($N=490$, 68 per cent). Some highlighted benefits of the programme including increased self-esteem: '*made me feel good*'; reduced anxiety: '*less worries*'; increased learning: in terms of 'coping' strategies; and better connectedness to school. A specific aspect which was ranked highly as being 'helpful' was the '*relaxation*' element of the programme ($N=474$, 74 per cent); other useful aspects included using '*green thoughts*' ($N=181$, 28 per cent) and the '*step plan*' ($N=111$, 17 per cent). In terms of the programme's generalisation and usefulness to other areas many students stated that it '*helped me with a problem*'. Specific examples of current and future situations included: '*it helped me control my anger*'; '*to become a better friend*'; '*if it wasn't for FRIENDS for Life, I wouldn't have boxed in my boxing match*'; and '*it helped me join a new club*'. Some ideas for improvement included having '*more fun, more games and more activities*' and having '*more time*'.

Parental qualitative data from the SVM ($N=460$, 65 per cent) complemented data gathered from quantitative measures where children were reported as having 'a lot' or 'some' coping skills (53 per cent) following the programme to deal with feelings, for example, '*my child commented one day that FRIENDS for Life makes my stomach feel better... he was aware of his tension subsiding*'. In terms of generalisation to other situations, some parents noticed increased empathy for others, for example: '*my son is getting better at choosing his behaviour and trying to put himself in the position to think how his behaviour affects others*'. Moreover, parents commented on how the programme also helped their family. Instead of increased school connectedness as experienced by the children, parents

reported increased family connectedness. The home activities in the *FRIENDS for Life* programme encouraged increased family involvement and positive thinking which was commented on by parents. For example: '*each day we discuss the day at mealtime as a family unit. Myself as a parent I also benefit from changing negative to positive thoughts*'. Finally, some parents remarked that the two parents' information sessions were difficult to attend as only 30 per cent of parents who completed the SVM reported attending the two sessions. A suggestion made to involve parents included '*making the information sessions available on DVD*'.

Teachers from each of the 27 schools completed the SVM and rated the programme as 'very useful' in building resilience (68 per cent) and felt that children learned 'a lot' of new skills (52 per cent). In terms of benefits, teacher responses were in agreement with the quantitative findings in terms of reduced anxiety, increased coping, increased self-esteem and increased school connectedness: '*I really enjoyed the programme and think the philosophy and skills were excellent in helping children deal with difficult and anxious situations*'; '*it provides excellent coping strategies for dealing with difficult situations*'; and '*the programme was a very positive exercise, the children enjoyed the lessons and I do feel their outlook in the classroom has improved*'. Girls, children with emotional difficulties and those that were more anxious were seen as particular beneficiaries: '*I think that those in my class who are "worriers" benefited a lot from the course. All children enjoyed it and learned something useful from it*'; '*I think it particularly helped the girls that were timid, reserved and shy before the beginning of the programme. I feel they interact more with the class now in class and group discussions*'. The programme was felt to have benefited the general class ethos. Teachers stated how the language in the class has changed: '*the children now have a common language to express how they are feeling*' and '*I find that the FRIENDS language is used naturally throughout the day*'. Some barriers for teachers included the time taken to deliver the programme

($N=9$, 33 per cent), the workbook ($N=6$, 22 per cent) and the age group targeted by the programme ($N=3$, 11 per cent).

Discussion

The quantitative and qualitative results indicate that the *FRIENDS for Life* programme was positively evaluated by children, parents and teachers. The programme was implemented successfully by teachers in Irish primary schools of all types and resulted in positive outcomes for students including improved emotional wellbeing, greater coping skills and an enhanced sense of connectedness with school. The findings will now be considered in relation to the initial guiding hypotheses.

Anxiety

The first aim of the study was to investigate the effect of the *FRIENDS for Life* programme delivered universally on children's feelings of anxiety. The hypothesis that the intervention group would report significantly lower levels of anxiety than the control group between Time 1 and Time 2 was not supported as reductions in Total Anxiety on the SCAS-Child and SCAS-Parent scales did not reach significance. Other studies have found reductions in anxiety levels immediately after the intervention (Barrett & Turner, 2001; Liddle & Macmillan, 2010); however, some studies have noted effects were not fully evident until a longer time had elapsed than the current research study (Barrett et al., 2006; Lowry-Webster et al., 2003). The *FRIENDS for Life* programme is skills-based and children need time to practise the skills learned. It has been reported that younger children (aged 9 to 10) show treatment gains immediately after the intervention, whereas older children (aged 11 to 12) show anxiety reduction at six- and 12-month follow-up (Essau et al., 2012). Therefore, the current design may have been too short for this age cohort to show significant results. Participants in the intervention group reported significant reductions at Time 2, when compared with the control group on the Social Phobia subscale. In addition,

scores were significantly lower at Time 2 for the intervention group on the SCAS-Parent Separation Anxiety subscale. The decrease in anxiety symptoms was also supported by the reduction over time in the number of self-reported worries on the SCAS-Child. However, on balance there is insufficient evidence to accept the hypothesis.

Self-concept

The second aim of the study was to investigate the effect of the *FRIENDS for Life* programme on children's self-concept. The hypothesis that the intervention group would report significantly greater improvements in self-concept than the control group between Time 1 and Time 2 was supported by ratings on the BSC-Y. In addition, these gains were maintained, and continued to improve, at 12-week follow-up (Time 3). Previous research has also reported improvements and maintenance, at long-term follow-up, of self-concept gains following participation in the *FRIENDS for Life* programme (Liddle & Macmillan, 2010; Stallard et al., 2008). Data from the SVM indicated that children reported that they '*feel good*', parents reported that their children appeared '*more confident*', and teachers noted that the programme '*opened up self-esteem within the children*'.

Coping

The third aim of the study was to examine the effects of a universal delivery of the *FRIENDS for Life* programme on children's coping self-efficacy beliefs. Coping self-efficacy beliefs refer to individuals' beliefs about their ability to cope with external stressors (Pisanti, 2012). People with higher levels of coping self-efficacy beliefs tend to approach challenging situations in an active and persistent way, whereas those with lower levels tend to direct greater energy to managing increasing emotional distress (Bandura, 1997). The hypothesis that participants in the intervention group would report significantly higher levels of coping self-efficacy than those in the control group

between Time 1 and Time 2 was supported by ratings on the CES. This finding was evidenced further by qualitative data gathered from the SVM, where participants reported that they learned skills about coping when feeling worried. Parent reports indicated that they found the programme enhanced their child's coping skills and teachers commented on the '*excellent coping strategies for dealing with difficult situations*'. The programme devotes considerable time to using and developing 'Coping Step Plans' which mirror the cognitive behavioural strategy of gradual desensitisation to anxious situations. Furthermore, participants reported on current situations where they were using the skills learned in the programme to cope better with anger, friendships and sports. In anticipation of future life stressors many children described how they could apply the skills learned during the *FRIENDS for Life* programme to events such as transferring to secondary school.

School connectedness

The fourth aim of the study was to investigate the impact of the *FRIENDS for Life* programme on participants' sense of school connectedness. The hypothesis that the intervention group's sense of happiness, belonging, safety and closeness to others in school would improve relative to the control group between Time 1 and Time 2 was supported. These gains were maintained at 12-week follow-up (Time 3). The benefits of the programme in terms of school connectedness were evidenced further by data from the SVM. Children reported '*liking school better*' and their teachers noted a more '*positive outlook*' in school and that the '*FRIENDS for Life language is used naturally throughout the day*'. This finding emphasises the importance of social and emotional literacy becoming part of routine educational practice as advocated by numerous empirical studies (Durlak et al., 2011). Furthermore, parents described how the skills learned during the programme led to an improved sense of *family connectedness*.

Teacher implementation of the FRIENDS for Life programme

The fifth and final aim of the study was to examine if teachers, trained and supported by educational psychologists were able to deliver the *FRIENDS for Life* programme effectively. The hypothesis was supported by quantitative data showing positive outcomes for children, as assessed by participants themselves, their parents and teachers. This finding was further triangulated by qualitative data which were overwhelmingly positive in attesting to teachers' capacity to deliver the programme. Whilst there was no independent evaluation of the programme implementation, through objective observation, fidelity checklists completed by the two teachers in each classroom and consultation with their school's educational psychologist indicated high adherence to the programme. The value of teacher-led social and emotional interventions has been demonstrated to be equally effective to that of outside professionals (Barrett & Turner, 2001) or indeed more effective (Durlak et al., 2011). It should be noted that in the current study the teachers were delivering the *FRIENDS for Life* programme for the first time. Therefore, it could be posited that the impact of the programme on participants would be greater as teachers become more practised at delivering it.

Study strengths

The major strength of the study was its large sample size and the large number of schools representing a variety of settings and socioeconomic backgrounds. Other notable strengths included the random assignment of schools to intervention or control conditions, the presence of a control group, use of a standardised evidence-based intervention protocol to ensure fidelity of implementation, and the use of reliable and valid assessment measures. In addition, there was a high completion rate from participants, parents and teachers in returning standardised test measures.

Study limitations

In considering the findings of the present study it is important to acknowledge its limitations. Sandler (1999) suggests that the effects of prevention programmes should be judged by how well they change targeted outcomes over time, rather than in terms of immediate effects. The skills-based and cognitive behavioural nature of the *FRIENDS for Life* programme indicates that longer-term outcomes are particularly important for assessing the true effect of the intervention. In the present study there was less time for changes to take effect and impact on daily life; the reported results may, therefore, underestimate the true clinical impact of the programme (In-Albon & Schneider, 2007). International research has found larger effect sizes for the programme when children are followed up at six and 12 months (Essau et al., 2012).

Whilst the assignment of schools to the intervention or control group was managed to ensure that each group had a similar composition of school type and setting the data gathered are nested within different schools and the programme was delivered by different teachers. Therefore, it could be postulated that the positive effects reported in this study were not solely due to the children's participation in the *FRIENDS for Life* programme. For example, some schools may have been more motivated towards prevention than others and individual teachers may have been more effective in their programme delivery. Future research could consider using advanced modelling techniques such as hierarchical linear modelling to account for factors such as school effects specifically. Using measures such as the My Class Inventory (Fisher & Fraser, 1981) would also explore school and classroom ethos.

As highlighted in the SVM this was the first time that the teachers had delivered the *FRIENDS for Life* programme. Anecdotal evidence suggests that teachers stuck rigidly to the children's workbook, which was not always culturally or age appropriate.

Teachers were confined to a tight timeline within which to deliver the programme. This may have led them to work too prescriptively through the manual and acted as a barrier to working more creatively. It is likely that teachers would be more effective after repeated delivery, as they would become more familiar with programme content and structure. Stallard (2010) highlights that effective delivery of the *FRIENDS for Life* programme can be influenced by a range of variables including leader commitment and confidence in discussing a range of social and emotional health issues as part of the school curriculum.

The use of behavioural self-report measures for children raises the issue of internal validity as participants are often prone to giving socially desirable responses (Sellitz et al., 1961). It would have been beneficial to have used a teacher measure of child self-concept and anxiety to detect change in this area. A measure of childhood depressive symptoms would also have been useful given the co-morbidity of anxiety and depressive symptoms in children and young people. Furthermore, the timeline of the study did not facilitate further qualitative exploration such as focus groups or follow-up interviews with participants, parents and teachers. Likewise, additional investigation of the impact of the programme with focus groups of 'targeted' populations, such as those with high anxiety, depression, lower self-esteem or learning difficulties could form the basis of future research.

International research has found that programmes which actively encourage the involvement of parents, local community groups and agencies are more likely to have a positive impact on pupil behaviour, resilience, mental health and learning (Brooks, 2006). Although two parent psycho-educational sessions were delivered in each school as part of the programme, no attendance records were taken by the research team. This would have enabled the researchers to ascertain if children whose parents attended the sessions gained most

because of their parents' increased involvement and heightened awareness of the *FRIENDS for Life* programme.

Future directions

Contemporary research has provided clear evidence about the positive correlation between social and emotional learning and academic success and the links between emotional distress and poor academic attainments (Payton et al., 2008). An area of future investigation would be to ascertain if children's attainment scores rose after completing the *FRIENDS for Life* programme.

The transition from primary to secondary school has been found to be particularly stressful as children adjust to their new educational and social environment (Greene & Ollendick, 1993). It is a time of heightened anxiety for both children (Bloyce & Frederickson, 2012) and their parents (O'Brien, 2003). Further longitudinal research could assess programme impact over a longer period of time (Maggin & Johnson, 2014) and allow examination of associated helpful effects in relation to transition from primary to secondary school.

Jennings and Greenberg (2009) highlight the importance of teachers' social and emotional competence and wellbeing in the development of supportive teacher-pupil relationships, effective classroom management, and successful social and emotional learning programme implementation. An *Adult Resilience* programme has been developed by Professor Paula Barrett to complement the suite of *FRIENDS* programmes. Future research could consider the effect of completing the *Adult Resilience* programme on teacher delivery of the *FRIENDS for Life* programme with children.

The content of the programme workbook was raised as a barrier by a number of teachers, children and parents. Like all social and emotional learning programmes *FRIENDS for Life* needs to be adapted to the

needs of the group. Given that the programme was developed in Australia, many of the activities were culturally unsuitable and need to be modified to suit an Irish context. Another challenge emerging from teacher SVM responses was the time taken to deliver the programme. Teachers made a number of suggestions as to how to overcome this difficulty such as teaching each session over two lessons or spreading the programme over the course of the academic year rather than the suggested 10-week format. Educational psychologists have the requisite psychological consultation skills and theoretical knowledge to support teachers in the adaptation and evaluation of the programme with fidelity in school contexts for universal and targeted populations.

Conclusion

In summary, it has been shown that teachers are in an optimal position to promote resilience in children through delivery of the *FRIENDS for Life* programme. Schools provide opportunities to target large numbers of children and make evidenced-based intervention and prevention programmes more accessible at a universal level. The challenge is to continue delivering evidenced-based programmes with fidelity through ongoing support and coaching. Educational psychologists have the specialist expertise, knowledge and skills to train and support school staff in delivering, evaluating and adapting such programmes. This support will enable the expansion of such programmes in Ireland nationally to reach more children, potentially leading to improved emotional wellbeing, greater coping skills and an enhanced sense of connectedness with school. The current study has added to the body of international evidence for the efficacy of the *FRIENDS for Life* programme and shown that educational psychologists are ideally placed to promote mental health and wellbeing in schools.

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References

- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
- Barrett, P.M. (2012). *FRIENDS for Life: Group leaders' manual for children* (6th ed.). Brisbane: Barrett Research Resources Pty Ltd.
- Barrett, P.M. & Pahl, K.M. (2006). School-based intervention: Examining a universal approach to anxiety management. *Australian Journal of Guidance and Counselling*, 16(1), 55–75.
- Barrett, P.M. & Turner, C. (2001). Prevention of anxiety symptoms in primary school children: Preliminary results from a universal school-based trial. *British Journal of Clinical Psychology*, 40(4), 399–410.
- Barrett, P.M., Farrell, L.J., Ollendick, T.H. & 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 program. *Journal of Clinical Child and Adolescent Psychology*, 35(3), 403–411.
- Barrett, P.M., Lowry-Webster, H.M., Turner, C. & Johnson, S. (1998). *The FRIENDS program integrity checklists and social validity measures*. Unpublished manuscript. School of Applied Psychology, Griffith University, Queensland, Australia.
- Beck, J., Beck, A., Jolly, J. & Steer, R. (2005). *Beck Youth Inventories* (2nd ed.). Texas: Harcourt Assessment.
- Bittner, A., Egger, H.L., Erkanli, A., Costello, E.J., Foley, D.L. & Angold, A. (2007). What do childhood anxiety disorders predict? *Journal of Child Psychology and Psychiatry*, 48(12), 1174–1183.
- Bloyce, J. & Frederickson, N. (2012). Intervening to improve the transfer to secondary school. *Educational Psychology in Practice*, 28(1), 1–18.
- Brooks, J.E. (2006). Strengthening resilience in children and youth: Maximising opportunities through the schools. *Children and Schools*, 28(2), 69–76.
- Carr, A. (2006). *The handbook of child and adolescent clinical psychology: A contextual approach* (2nd ed.). London: Routledge.
- Cartwright-Hatton, S. Roberts, C., Chitsabesan, P., Fothergill, C. & Harrington, R. (2004). Systematic review of the efficacy of cognitive behaviour therapies for childhood and adolescent anxiety disorders. *British Journal of Clinical Psychology*, 43(4), 421–436.
- Cohen, J.W. (1988). *Statistical power analysis for the behavioural sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Crosbie, G., Charles, E., Peel, R., Moran, J., Cullen, A., Carroll, D. & Buckley, C. (2011). An evaluation of the FRIENDS for Life programme in Irish schools. *The Irish Psychologist*, 38(1), 14–20.
- DeVellis, R.F. (2003). *Scale development: Theory and applications* (2nd ed.). Thousand Oaks, CA: Sage.
- Durlak, J.A., Weissberg, R.P., Dymnicki, A.B., Taylor, R.D. & Schellinger, K.B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432.
- Eisenberg, N., Spinrad, T.L., Fabes, R.A., Reiser, M., Cumberland, A., Shepard, S.A., Valiente, C., Losoya, S.H., Guthrie, I.K. & Thompson, M. (2004). The relations of effortful control and impulsivity to children's resiliency and adjustment. *Child Development*, 75(1), 25–46.
- Ellis, Paul D. (2010). *The essential guide to effect sizes: An introduction to statistical power, meta-analysis and the interpretation of research results*. Cambridge: Cambridge University Press.
- Essau, C.A. (2005). Use of mental health services among adolescents with anxiety and depressive disorders. *Depression and Anxiety*, 22(3), 130–137.
- Essau, C.A., Conradt, J., Sasagawa, S. & Ollendick, T.H. (2012). Prevention of anxiety symptoms in children: Results from a universal school-based trial. *Behavior Therapy*, 43(2), 450–464.
- Faul, F., Erdfelder, E., Buchner, A. & Lang, A. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41(4), 1149–1160.

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- Fisher, D.L. & Fraser, B. J. (1981). Validity and use of the My Class Inventory. *Science Education*, 65(2), 145–156.
- Ford, T., Goodman, R. & 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), 37–51.
- Frederickson, N. & Baxter, J. (2009). Belonging. In N. Frederickson & S. Dunsmuir (Eds.), *Measures of children's mental health and psychological wellbeing: A portfolio for education and health professionals*. London: GL Assessment Limited.
- Gilligan, R. (1998). The importance of schools and teachers in child welfare. *Child and Family Social Work*, 3(1), 13–26.
- Greene, R.W. & Ollendick, T.H. (1993). Evaluation of a multimodal program for sixth graders in transition from elementary to middle school. *Journal of Community Psychology*, 21(2), 162–176.
- Greig, A. (2007). A framework for the delivery of cognitive behaviour therapy in the educational psychology context. *Educational & Child Psychology*, 24(1), 19–35.
- Grotberg, E.H. (1997). The International Resilience Project: Findings from the research and the effectiveness of interventions. In B. Bain et al. (Eds.), *Psychology and education in the 21st Century: Proceedings of the 54th Annual Convention of the International Council of Psychologists*. Edmonton: IC Press.
- IBM Corporation. (2011). *Statistical Package for the Social Sciences – Version 20.0*. Armonk, NY: IBM Corp.
- In-Albon, T. & Schneider, S. (2007). Psychotherapy of childhood anxiety disorders: A meta-analysis. *Psychotherapy and Psychosomatics*, 76(1), 15–24.
- Jennings, P.A. & Greenberg, M.T. (2009). The pro-social classroom: Teacher social and emotional competence in relation to student classroom outcomes. *Review of Educational Research*, 79(1), 491–525.
- Jonzon, E., & Lindblad, F. (2005). Adult female victims of child sexual abuse. *Journal of Interpersonal Violence*, 20(6), 651–666.
- Kashani, J. & Orvaschel, H. (1990). A community study of anxiety in children and adolescents. *American Journal of Psychiatry*, 147(3), 313–318.
- Kazdin, A., Holland, L. & Crowley, M. (1997). Family experience of barriers to treatment and premature termination from child therapy. *Journal of Consulting and Clinical Psychology*, 65(3), 453–463.
- Liddle, I. & Macmillan, S. (2010). Evaluating the FRIENDS programme in a Scottish setting. *Educational Psychology in Practice*, 26(1), 53–67.
- Lowry-Webster, H., Barrett, P. & Lock, S. (2003). A universal prevention trial of anxiety symptomatology during childhood: Results at one-year follow-up. *Behaviour Change*, 20(1), 25–43.
- Macklem, G.L. (2011). *Evidence-based school mental health services: Affect education, emotional regulation training and cognitive behavioral therapy*. New York: Springer.
- Maggin, D.M. & Johnson, A.H. (2014). A meta-analytic evaluation of the FRIENDS program for preventing anxiety in student populations. *Education and Treatment of Children*, 37(2), 277–306.
- Maslow, A.H. (1962). *Towards a psychology of being*. Princeton: D. Van Nostrand Company.
- McCrory, E. & Cameron, S. (2009). Resilience. In N. Frederickson & S. Dunsmuir (Eds.), *Measures of children's mental health and psychological wellbeing: A portfolio for education and health professionals*. London: GL Assessment Limited.
- Misfud, C. & Rapee, R. (2005). Early intervention for childhood anxiety in a school setting: Outcomes for an economically disadvantaged population. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(10), 995–1004.
- Mrazek, P. & Haggerty, R. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.
- National Institute for Health & Clinical Excellence. (NICE) (2008). *Public Health Guidance 12: Promoting children's social and emotional wellbeing in primary education*. Accessed 27 July 2012, from: <http://www.nice.org.uk/nicemedia/pdf/PH012Guidance.pdf>
- National Registry of Evidence-Based Programs and Practices (2013). *Intervention summary: Friends program*. Accessed 27 June 2014, from: <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=334>
- Neil, A.L. & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, 29(3), 208–215.
- O'Brien, M. (2003). *Making the move: Students', teachers' and parents' perspectives of transfer from first to second-level schooling*. Dublin: Marino Institute of Education.
- Payton, J., Weissberg, R.P., Durlak, J.A., Dymnicki, A.B., Taylor, R.D., Schellinger, K.B. & Pachan, M. (2008). *The positive impact of social and emotional learning for kindergarten to eighth-grade students: Findings from three scientific reviews*. Chicago: Collaborative for Academic, Social and Emotional Learning.
- Pine, D. (1997). Childhood anxiety disorders. *Current Opinion in Pediatrics*, 9, 329–339.
- Pisanti, R. (2012). Coping self-efficacy and psychological distress: Results from an Italian study on nurses. *The European Health Psychologist*, 14(1), 11–14.
- Psychological Society of Ireland. (2010). *Code of professional ethics*. Accessed 26 July 2012, from: <http://www.psihq.ie/2010%20Code%20of%20Ethics.doc>

- Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, T., Sieving, R.E., Shew, M., Ireland, M., Bearinger, L.H. & Udry, J.R. (1997). Protecting adolescents from harm: Findings from the national longitudinal study on adolescent health. *Journal of the American Medical Association*, 278(10), 823–832.
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094, 1–12.
- Sandler, I.N. (1999). Progress in developing strategies and theory for the prevention and treatment of anxiety and depression. *Prevention and Treatment*, 2, Article 9.
- Sandler, I.N., Tein, J.Y., Mehta, P., Wolchik, S.A. & Ayers, T. (2000). Coping efficacy and psychological problems of children of divorce. *Child Development*, 71(4), 1097–1118.
- Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B., Patton, G.C., Prior, M.R., Raphael, B., Rey, J.M., Whaites, L.C. & Zubrick, S.R. (2001). The mental health of young people in Australia: Key findings from the child and adolescent component of the national survey of mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 35(6), 806–814.
- Selltiz, C., Jahoda, M., Deutsch, M. & Cook, S. (1961) *Research methods in social relations*. New York: Holt, Rinehart & Winston, Inc.
- Shute, R.H. (2012). Promoting mental health through schools. *The Psychologist*, 25(10), 752–755.
- Sieving, R.E., Beuhring, T., Resnick, M., Bearinger, L.H., Shew, M., Ireland, M. & Blum, R.W. (2001). Development of adolescent self-report measures from the National Longitudinal Study of Adolescent Health. *Journal of Adolescent Health*, 28(1), 73–81.
- Spence, S.H. (1998). A measure of anxiety symptoms among children. *Behaviour Research and Therapy*, 36(5), 545–566.
- Spence, S.H. & Dadds, M.R. (1996). Preventing childhood anxiety disorders. *Behaviour Change*, 13(4), 241–249.
- Stallard, P. (2010). Mental health prevention in UK classrooms: The FRIENDS anxiety prevention programme. *Emotional and Behavioural Difficulties*, 15(1), 23–35.
- Stallard, P., Simpson, N., Anderson, S. & Goddard, M. (2008). The FRIENDS emotional health prevention programme: 12-month follow-up of a universal school-based trial. *European Child and Adolescent Psychiatry*, 17(5), 283–289.
- Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R. & Simpson, N. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): A cluster randomised controlled trial to prevent anxiety in children through education in schools (PACES). *The Lancet Psychiatry*, 1(3), 185–192.
- Stewart, D., Sun, J., Patterson, C., Lemerle, K. & Hardie, M. (2004). Promoting and building resilience in primary school communities: Evidence from a comprehensive 'health promoting school' approach. *International Journal of Mental Health Promotion*, 6(3), 26–33.
- Van Ameringen, M., Mancini, C. & Farrowden, P. (2003). The impact of anxiety disorders on educational achievement. *Journal of Anxiety Disorders*, 17(5), 561–571.
- Weare, K. & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International*, 26(1), 29–69.
- Werner, E. & Smith, R. (1992). *Overcoming the odds: High-risk children from birth to adulthood*. New York: Cornell University Press.
- Wood, J. (2006). Effects of anxiety reduction on children's school performance and social adjustment. *Developmental Psychology*, 42(2), 345–349.
- World Health Organisation (WHO) (2004). *Prevention of mental disorders: Effective interventions and policy options*. Geneva: WHO.

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