

# A randomised controlled trial of the *FRIENDS for Life* emotional resilience programme in primary schools



*The FRIENDS for Life programme is a cognitive behavioural based programme designed to reduce childhood anxiety and depression in primary schools*

This article 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 well-being. The positive capacity and accessibility of schools to promote resilience and well-being 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-Natton et al., 2014) with prevalence reported as high as 14 per cent (Kashani & Ruvashel, 1999) with most studies estimating around 10 per cent (Cartwright-Natton et al., 2014). Childhood anxiety can have negative consequences in many areas including educational attainment and social functioning (Cartwright-Natton et al., 2014). Research has linked anxiety with low cognitive performance as excessive anxiety impairs concentration on academic tasks due to increased attention to negative cues (Cartwright-Natton et al., 2014). School attendance can be affected and there is an increased risk of premature withdrawal from school (Cartwright-Natton et al., 2014). There

There is evidence to suggest that children who experience anxiety problems left untreated significantly increase the risk of mental health difficulties in adulthood (Littner et al).

Resilience has been defined as the capacity of a person to prevent, minimise or overcome the damaging effects of adversity (Porter). Adversity can include life events such as maternal depression, marital discord, the experience of a bereavement, divorce or separation from a significant person in a child's life (Crouter). Porter (1996) describes a resilient person as having high self-concept and confidence, possessing good social problem-solving skills and being instilled with

emotional skills attitudes behaviour and academic performance that reflect an 80th 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 children and young people (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 (Arrett, Ahl, & Nelson, 2006). School prevention programmes may be universal selective or indicated (Raggett, 2009).

Universal programmes are delivered to all students and are aimed at enhancing general mental health (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, 2006). 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 a advantage 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 an anxiety disorder through early intervention (Ssau et al., 2006).

Hilligan (2009) 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 (Corney, 2009).

In support of building capacity within schools (Acland, 2006) has argued that group cognitive behavioural interventions

delivered by school staff work better than those facilitated by researchers or clinicians from outside the school (systematic review by Eil and Christensen, 2009). It was 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

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universally to whole classes of children. Stellar  
lar. The first study to evaluate the effectiveness of *FRIENDS for Life* involved 9  
children aged 10 to 12 and showed a significant reduction in anxiety symptoms (Turner  
Turner). These findings were replicated by Gowry-Lester et al.

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 where 15 schools

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 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 sport or physical education.

The average age was 10.5 years.



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*Coping Efficacy Scale (CES)*

The S San ler et al is a uestion-naire envelope for chil ren to assess how satisfie they are with their han ling of their pro lems in the past an their level of confi-ence a out han ling future pro lems nternal consistency an test-retest relia ility of the S have een reporte as satisfac-

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pen

ence between the groups mean Total  
anxiety scores at Time 1 after receiving the  
*FRIENDS for Life* programme there was a  
decrease in time  $\chi^2(1) = 10.5, p < .001$ .  
The decrease in anxiety scores was significantly greater in the  
intervention group compared to the control group  $F(1, 108) = 10.5, p < .001$ .



between within subjects was conducted in order to determine if there was a significant effect for the *FRIENDS for Life* programme on participants' mean S-S scores when compared with the control group. A significant interaction between group and time was found (F(1, 63) = 3.9, p = .05), 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 S-S. There was no significant difference between the intervention and control groups' mean S-S scores at Time 1, Time 2, Time 3, and Time 4. A significant interaction between group and time was found (F(1, 63) = 3.9, p = .05), indicating that there was a significant difference between the intervention and control groups' mean S-S scores at Time 1, Time 2, Time 3, and Time 4. There was no significant difference between the intervention and control groups' mean S-S scores at Time 1, Time 2, Time 3, and Time 4.

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

***Social validity***

The majority of the children in the study ( $N = 6$ ) completed a Social Validity measure. Sixteen of the *FRIENDS for Life*™

$N \approx 33$  per c





### ***Study limitations***

In considering the findings of the present study it is important to acknowledge its limitations. Santner <sup>1999</sup> 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 interven-

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ment an heightene awareness of the  
*FRIENDS for Life* programme

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