

# building resilience in childhood against anxiety and depression

# FRIENDS

Prevention of Anxiety and Depression

## Introduction to FRIENDS

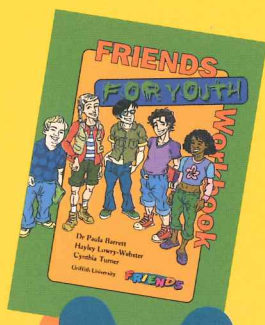
FRIENDS is a world-leading, evidence-based, cognitive behaviour therapy (CBT) program that targets childhood and adolescent anxiety to reduce the risk of chronic anxiety and depression emerging in adulthood.

Developed by Dr Paula Barrett and her clinical psychologist colleagues in Australia through extensive research and practice over the past 10 years, FRIENDS is effective as both a one-to-one brief clinical treatment or a school-based universal early intervention and prevention program.

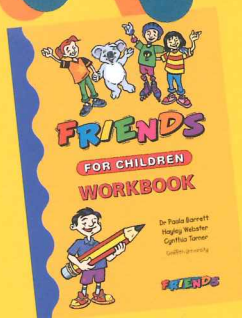
It is based on a firm theoretical model applied to reliable CBT practice and addresses cognitive, physiological, and behavioural processes which are seen to interact in the development, maintenance and experience of anxiety.

Unlike any other resilience-based program today, FRIENDS has been shown to be effective up to 6 years after initial exposure, and has an extensively published scientific developmental history. Dr Barrett's research team alone is recognised as publishing more controlled trials for childhood anxiety treatment than any other group in the world.

Research and improvements on the program continue today with an ongoing world-wide network of clinical research and testing across a wide range of cultural and social backgrounds. Translations and local adaptations of the program are available in The Netherlands, Germany and the United Kingdom. The program has so far been exported to over 12 countries including the US, Canada, New Zealand, Singapore, Portugal and Sweden.



Used  
with over  
25,000  
children  
since 1998



FRIENDS stems originally from the highly successful Coping Koala program developed by Dr Barrett in the early 1990s out of the pioneering work on general anxiety disorders in childhood by Phillip Kendall in the United States. In 1999 Dr Barrett expanded and refined the program to create two sets of school-friendly age-level materials: FRIENDS for Children (ages 7–11) and FRIENDS for Youth (ages 12–16).

When used in schools and run by teachers, FRIENDS serves as a highly cost-effective and efficient intervention to reduce the overall incidence of anxiety and depressive disorders in the community. It is a truly sustainable mental health promotion program that does not require expensive clinical intervention into the community nor ongoing government funding. In schools it avoids continual drains on limited resources and actively encourages sound educational values and learning principles within the normal teaching curriculum.



Validated effectiveness using  
randomised control studies up  
to 6 years post-intervention

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## Selected FRIENDS Research Abstracts

### Family Treatment Outcome Trial — Coping Koala

Barrett, P.M., Dadds, M.R., & Rapee, R.M. (1996) Family treatment of childhood anxiety: A controlled trial. *Journal of Consulting and Clinical Psychology, 64*, 333–342.

A family based treatment for childhood anxiety was evaluated. Children ( $n = 79$ ) aged 7 to 14 years who fulfilled diagnostic criteria for separation anxiety, overanxious disorder, or social phobia were randomly allocated to 3 treatment conditions: cognitive behavioural therapy (CBT: *Coping Koala* Program), CBT plus family management (CBT: *Coping Koala* Program + Family), and Waiting List. The effectiveness of the interventions was evaluated at posttreatment and at 6 and 12 month follow-up. Results showed 70.3% of the children in the CBT groups and 95.6% of the children in the CBT+Family group did not meet criteria.

### Family Treatment Outcome Trial — Coping Koala Six-year follow-up

Barrett, P.M., Duffy, A.L., Dadds, M.R., & Rapee, R.M. (2001) Cognitive-behavioral treatment of anxiety disorders in children: Long-term (6-year) follow-up. *Journal of Consulting and Clinical Psychology, 69*, 135–141.

Authors evaluated the long-term effectiveness of cognitive-behavioural therapy (CBT) for childhood anxiety disorders. Fifty-two clients (aged 14 to 21 years) who had completed treatment an average of 6.17 years earlier were reassessed using diagnostic interviews, clinician ratings, and self- and parent-report measures. Results indicated that 85.7% no longer fulfilled the diagnostic criteria for any anxiety disorder. On a majority of other measures, gains made at 12-month follow-up were maintained. Furthermore, CBT and CBT plus family management were equally effective at long-term follow-up. These findings support the long-term clinical utility of CBT in treating children and adolescents suffering from anxiety disorders.

### Group Treatment Outcome Trial — Coping Koala

Barrett, P.M. (1998). Evaluation of Cognitive-Behavioural Group Treatments for Childhood Anxiety Disorders. *Journal of Clinical Child Psychology, 27*(4), 459–468.

Researchers have shown the potential benefits of behavioural group programs as increased sources of reinforcement, prompting, normalisation, modeling and helping behaviour. The present researchers conducted a randomised clinical trial investigating the effectiveness of cognitive-behavioural and family management training procedures presented in a group format for childhood anxiety disorders (*Coping Koala*). The two treatment conditions were cognitive-behavioural group treatment and cognitive behavioural plus family management training group treatment. Both active treatment conditions produced significant change in diagnostic status, self-report measures and independent clinician ratings of improvement in contrast to the waitlist control condition. Improvement occurred across measures and was maintained at 12 months follow-up.

### Group Treatment Outcome Trial — FRIENDS

Shortt, A., Barrett, P., & Fox, T. (2001). Evaluating the FRIENDS program: A cognitive-behavioural group treatment for anxious children and their parents. *Journal of Clinical Child Psychology, 30*, 525–535.

A randomised clinical trial evaluating the efficacy of the FRIENDS program, a family based cognitive-behavioural group treatment for childhood anxiety disorders, was conducted. Children ( $n = 91$ ) ranging from 6.5 to 14 years old who fulfilled diagnostic criteria for separation anxiety, generalised anxiety disorder, or social phobia were randomly allocated to family based group cognitive behavioural treatment (FGCBT using the FRIENDS program) or a waitlist control group. The effectiveness of the interventions was evaluated at posttreatment and 12-month follow-up. Results indicated that 83% of children who completed FGCBT no longer fulfilled diagnostic criteria for their primary anxiety disorder, compared to 18.2% of children on the waitlist. At 12-month follow-up, 80.5% of children were diagnosis free. Results suggest that the FRIENDS program can be an effective treatment for clinically anxious children. Social validity data for the FRIENDS program is discussed.

### Selective Intervention Prevention Trial — Coping Koala

Dadds, M.R., Spence, S.H., Holland, D.E., Barrett, P.M., & Laurens, K.R. (1997). Prevention and early intervention for anxiety disorders: A controlled trial. *Journal of Consulting and Clinical Psychology, 65*, 627–635.

The Queensland Early Intervention and Prevention of Anxiety Project evaluated the effective of a cognitive behavioural and family based group intervention for prevention the onset and development of anxiety problems in children. A total of 1,786 7–14 year-olds were screened for anxiety problems using teacher nomination and children's self-report. After recruitment and diagnostic interviews, 128 children were selected and assigned to a 10-week school based child and parent focused psychosocial intervention (*Coping Koala* Program) or to a monitoring group. As a group, children who received the intervention emerged with lower rates of anxiety disorder at 6-month follow-up, compared to those who were identified but monitored only. Of those who had features of, but no full disorder, at pretreatment ( $n = 33$ ), 54% progressed to a diagnosable disorder at the 6-month follow-up in the monitoring group, compared with only 16% in the intervention group. These results indicated that the intervention was successful in reducing rates of disorder in children with mild to moderate anxiety disorders, as well as preventing the onset of anxiety disorder in children with early features of a disorder.

### Selective Intervention Prevention Trial — Coping Koala Two-Year Follow-up

Dadds, M.R., Holland, D., Barrett, P.M., Laurens, K., & Spence, S. (1999). Early intervention and prevention of anxiety disorders in children: Results at 2-year follow-up. *Journal of Consulting and Clinical Psychology, 67*, 145–150.

The Queensland Early Intervention and Prevention of Anxiety Project evaluated a child- and family-focused group intervention for preventing anxiety problems in children. This article reports on 12- and 24-month follow-up data to previously reported outcomes at posttreatment and at 6-month follow-up. A total of 1,786 7- to 14-year-olds were screened for anxiety problems using teacher nominations and children's self-report. After diagnostic interviews, 128 children were selected and assigned to either a 10-week school-based child- and parent-focused psychosocial intervention or a monitoring group. Both groups showed improvements immediately at postintervention and at 6-months follow-up; the improvement was maintained in the intervention group only, reducing the rate of existing anxiety disorder and preventing the onset of new anxiety disorders. At 12 months, the groups converged, but the superiority of the intervention group was evident again at 2-year follow-up. Severity of pretreatment diagnoses, gender, and parental anxiety predicted poor initial response to intervention, whereas pretreatment severity was the only predictor of chronicity at 24 months. Overall, follow-up results show that a brief school-based intervention for children can produce durable reductions in anxiety problems.

### Universal Prevention Trial — FRIENDS

Lowry-Webster, H.M., & Barrett, P.M., & Dadds, M. R. (in press). A Universal Prevention Trial of Anxiety and Depressive Symptomatology in Childhood: Preliminary Data from an Australian Study. *Behaviour Change, 18*, 36–50.

This paper describes the development and preliminary findings of a program designed to prevent the development of anxiety and depressive symptoms in children aged 10–13 years. Using a universal prevention approach, a total of 594 children were randomly assigned on a class-by-class basis to either a ten-session family group CBT program (FRIENDS for Children) routinely implemented as part of the school curriculum, or to a comparison group. Pre-post intervention changes were examined universally, and for children who scored above the clinical cut-off for anxiety at pre-test. Results revealed that children in the FRIENDS intervention group reported fewer anxiety symptoms, regardless of their risk status, than the comparison group at post-test. In terms of reported levels of depression, only the high anxiety group who completed the FRIENDS intervention evidenced improvements at post-test. Overall these preliminary results appear to support the benefits of a school based universal cognitive-behavioural intervention program. Implications of this study are discussed and long-term follow-up measures are currently underway.

### Universal Prevention Trial Extension — FRIENDS

Barrett, P.M., & Turner, C. (2002). Prevention of anxiety symptoms in Primary School Children: Preliminary results from a universal school-based trial. *British Journal of Clinical Psychology, 40*, 399–410.

Preliminary data is presented on the effectiveness of a universal school-based intervention for the prevention of anxiety symptoms in primary school children. Four-hundred and eighty-nine children (10–12

years) were assigned to one of three intervention conditions: a psychologist-led preventive intervention, a teacher-led preventive intervention, or a usual care (standard curriculum) with monitoring condition. The intervention offered was the FRIENDS for Children program, a 12-session cognitive-behavioural intervention, originally based upon Kendall's (1994) *Coping Cat* program. Participants in both intervention conditions reported fewer symptoms of anxiety at post-intervention than participants in the usual care condition. These preliminary results suggest that universal programs for childhood anxiety are promising intervention strategies that can be successfully delivered to a school-based population and integrated into the classroom curriculum.

### **Coping Koala Selective Intervention — The Netherlands**

Muris, P., & Mayer, B. (2000). *Early treatment of anxiety disorders in children*. Submitted for Publication.

The intervention protocol 'Early treatment of anxiety disorders in children' is developed to detect and treat children at risk. The protocol consists of three stages: (1) the detection of children at risk by means of a self-report questionnaire for measuring childhood anxiety, (2) the identification of children with anxiety disorders, and (3) the cognitive-behavioural treatment of children with anxiety disorders. The protocol was tested in four primary schools in the southern part of The Netherlands. All children ( $N = 425$ ) from grades 5 to 8 completed childhood anxiety questionnaires during regular classes. Six months later, 42 children who were selected on the basis of their elevated anxiety scores, were interviewed by a child psychologist using a diagnostic interview instrument to assess anxiety disorders in children. Thirty-six children (85.7%) were found to meet the full criteria for at least one of the major anxiety disorders (i.e., generalised anxiety disorder, separation anxiety disorder, social phobia, or obsessive-compulsive disorder). These children were treated with the *Coping Koala* Program, a 12-sessions cognitive-behavioural treatment. Results showed that the program yielded clinically significant treatment effects in about 75% of the children.

### **FRIENDS Universal Prevention with former-Yugoslavian, Chinese, and Mixed Ethnic Group Children in Australia**

Barrett, P.M., Sonderegger, R., & Sonderegger, N.L., (2001). Evaluation of an Anxiety-prevention and Positive-coping Program (FRIENDS) for Children and Adolescents of Non-English-speaking Background. *Behaviour Change*, 18, 78–91.

This study aimed to (a) appraise the efficacy of a well validated Anglo-Australian anxiety-prevention and stress-resiliency program (FRIENDS) for use with culturally diverse migrant groups residing in Australia, (b) examine the social validity of

FRIENDS, and (c) obtain information from both participants and facilitators regarding how the program can best be modified for specific use with non-English-speaking background (NESB) clients. To test the efficacy of the intervention, pre- and post-intervention evaluation of internalising symptoms and coping ability were compared with waiting-list control groups (matched according to ethnic group, gender, and school level). One hundred and six primary and ninety-eight high school students differentiated by cultural origin (former-Yugoslavian, Chinese, and mixed-ethnic) and school level (primary and high school), completed standardised measures of internalising symptoms and were allocated to either an intervention ( $n = 121$ ) or a waiting-list ( $n = 83$ ) condition. Both groups were readministered the assessment package for comparison following a 10-week treatment or waiting period. Consistent with a recent pilot study, pre/post-assessment indicated that participants in the intervention condition exhibited lower anxiety and a more positive future outlook than waiting-list participants. Participating students reported to be highly satisfied with the intervention. Despite the overall success of FRIENDS, the program may be enhanced by culturally sensitive supplements so that the program is more applicable for use with NESB participants. Suggestions for treatment program modifications of FRIENDS are discussed.

### **FRIENDS Selective Intervention with at-risk African-American Children in the United States**

Cooley-Quille, M., Boyd, R. C., & Grados, J. J. (in press). Feasibility of an anxiety prevention intervention for community violence exposed children. *Journal of Primary Prevention*.

Investigated the feasibility of using an anxiety preventative intervention efficacious with Australian children with at-risk inner-city African Americans (aged 10–11) who experienced moderate anxiety problems and community violence exposure. Of 91 fifth-grade students, 10 participated in the school-based selective intervention that targeted anxiety disorders. Pre- and post-intervention analyses revealed significant decreases in general anxiety and manifestations of anxiety that were contextually relevant to the community violence exposed youth (i.e. physiological symptoms, worry regarding environmental pressures, and concentration difficulties). The discussion focuses on the modifications necessary to make the prevention program culturally and contextually appropriate for anxious inner-city African-American children.

### **FRIENDS Universal Trial — Germany**

Essau, Cecilia A., Conradt, J., Kuhle, R., & Lowe R. (2001). *Feasibility and efficacy of the FRIENDS program for the prevention of anxiety in children*. (submitted for publication).

The aims of the present study were (a) to examine the feasibility of the FRIENDS program as a universal school-based prevention trial in Germany;

(b) to obtain information from children and trainers regarding possible modification of the program for use in German-speaking countries; and (c) to examine the efficacy of the FRIENDS program in reducing anxiety symptoms. A total of 124 primary school children, age of 8 to 12 years (50 girls and 74 boys), participated in the 10-session group training. A pre-post assessment showed reduction of anxiety symptoms, as measured using the Spence Children's Anxiety Scale. Significant reduction was obtained for the subscales "social phobia", "obsessive-compulsive", and "generalised anxiety". Children who participated in the FRIENDS program also had higher scores on the Social Skills Questionnaire (i.e., more socially competent) at the end than at the beginning of the training. Children were also asked the extent to which they like the FRIEND program, and its components. Almost all children rated the program in the range of "good" to "very good". Within the components of the program, games followed by the activities were the most popular. Less well-liked was the homework. To conclude, this study provided support for the feasibility and efficacy of the FRIENDS program in Germany. The use of the program as an intervention trial for children with anxiety disorders and high-risk children are underway.

### **Social Validity Evaluation — FRIENDS**

Barrett, P.M., Shorff, A.L., Fox, T.L. & Wescombe, K. (2001). Examining the social validity of the FRIENDS treatment program for anxious children. *Behaviour Change*, 18, 63–77.

This study conducted the first evaluation of elements of social validity of the FRIENDS program, a cognitive-behavioural treatment package for childhood anxiety disorders. Parents, children and adolescents were surveyed over time on their global satisfaction with the program, the acceptability of treatment components, and the completion of homework tasks. Results indicated a high level of satisfaction with the FRIENDS program and a high completion rate of homework tasks. Contrary to expectations, children rated the cognitive skills more useful than adolescents. Adolescents reported the behavioural strategy of graded exposure as more useful than other strategies. In addition, the relationship between treatment acceptability and clinical outcome was not significant. Limitations of the study and directions for further research are discussed.

