

A randomised controlled trial of the *FRIENDS for Life* emotional resili- fag 0 at J O wra J- GriK

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The FRIENDS for Life programme is a cognitive behavioural based programme designed to reduce childhood and

is evidence to suggest that childhood anxiety
 role's literature significantly
 increase the risk of mental health difficulties
 in adulthood (Littner et al., 2010).
 Resilience has been defined as the
 capacity of a person to prevent, minimize or
 overcome the negative effects of a stressful
 event. Stressful events can include life
 events such as maternal depression, marital
 discord, experience of a severe event,
 divorce or separation from a significant
 person in a child's life (Cicchetti &
 Rogosch, 1996). Cicchetti & Rogosch
 describe a resilient person as having high self-concept,
 an optimistic outlook, possessing good social
 problem-solving skills and being instilled
 with

emotional skills attitudes, behavior and academic performance that reflect an 80th percentile joint 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. This can serve to reduce many of the common barriers to intervention in the clinic setting such as time location stigma transport and cost. In schools prevention programmes are universal selective or indicated rather than targeted.

Universal programmes are delivered to all students and are aimed at enhancing general mental health. Selective programmes are targeted at students who have been identified as being at risk of developing disorders or are already those having an anxiety disorder. Since a study by the National Institute for Research in School Mental Health delivered to students with early or mild symptoms of an anxiety 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 and inclusion in targeted intervention groups can have the potential to reduce the incidence of anxiety disorders through early intervention. (Simpson et al 2008)

Milligan (2008) details some of the potential power of school experiences arguing that school life offers vulnerable pupils a wide range of opportunities to boost resilience, acting as a collective buffer against adversity and opportunities for developing self-esteem and self-efficacy and opportunities for constructive contact with peers and adults. (Cotton 2008)

Non-school opportunities for building capacity within schools. McAuley (2008) has argued that group cognitive behavioral interventions

delivered by school staff were better than those facilitated by researchers or clinicians. (Cotton 2008) The school systematic review by Eilander and Christensen (2008) found that a higher percentage of trials involving teacher programmes were successful in significantly reducing the symptoms of anxiety than trials involving mental health professionals. (Cotton 2008)

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universally to whole classes of children. Stellar
The first study to evaluate the effectiveness of *FRIENDS for Life* involved 8
children aged 7 to 10 and showed a significant
reduction in antisocial behavior (Stellar et al., 2002).
These findings were replicated by
Cowan, Ester et al.

Teachers trained in a sort of
educational psychologists are able to
effectively deliver the *FRIENDS for Life*
programme

Method

Design

This study used a randomised controlled
design where, schools

school setting of participants, groups are shown in Table

Intervention Group

Thirteen schools were assigned to the intervention group according to their school type leading to the inclusion of 333 children. Information about parents were distributed to participating schools. The children and their parents were invited to join the FRIENDS for Life program. The purpose of the study was that the whole family be contacted at three time points over the 3 academic year to complete a number of questionnaires. Children who declined to be part of the research study were invited to participate in the program if they so wished or were facilitated to engage in other activities over the school year. The average age was 8.5 years.

SS, UT, Se, T, S, n, %

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Coping Efficacy Scale (CES)

The CES (Santer et al., 1991) is a questionnaire developed for children to assess how satisfied they are with their handling of their roles in the past and their level of confidence about handling future roles. Internal consistency and test-retest reliability of the CES have been reported as satisfactory.

Santer et al. (1991) reported that the CES was a reliable measure of coping efficacy in children with a history of trauma. The CES was used in the current study to assess the coping efficacy of the children in the US and the children in the UK. The CES was used in the current study to assess the coping efficacy of the children in the US and the children in the UK.

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ence between the groups was significant. Total
anxiety scores at Time 1 after receiving the
FRIENDS for Life program there was a
decrease in anxiety. Significant differences were found between
the control and intervention groups in the percentage of
participants who were employed at Time 1. Significant differences
were also found between the control and intervention groups in the
percentage of participants who were employed at Time 2.

between within subjects was conducted in order to determine if there was a significant effect for the *FRIENDS for Life* program on participants' mean SSS scores when compared with the control group. A significant interaction between group and time was found, $F(6, 38) = 6.38, p < .05$, 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 program on participants' happiness, belonging, safety and closeness to others at school as well as treat-

ment by teachers was determined by analyzing scores on the SSS. There was no significant difference between the intervention and control groups' mean SSS scores at Time 1, Time 2, Time 3, and Time 4. A significant interaction between group and time was found, $F(6, 38) = 6.38, p < .05$, indicating that there was a significant effect for the *FRIENDS for Life* program on participants' mean SSS scores when compared with the control group. A significant interaction between group and time was found, $F(6, 38) = 6.38, p < .05$, indicating that there was a significant effect for the *FRIENDS for Life* program on participants' mean SSS scores when compared with the control group.

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

Social validity

The majority of the children in the study
completed a social validity measure
based on the *FRIENDS for Life*™

Study limitations

In considering the findings of the present study it is important to acknowledge its limitations. Santer (1998) suggests that the effects of prevention programmes should be judged on how well they change targeted outcomes over time rather than in terms of immediate effects. The skills base 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-

Because of their parents' increased involvement and heightened awareness of the *FRIENDS for Life* program,

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