Canadian Social Validity Evaluation of the FRIENDS School-Based Universal

Anxiety Prevention Program.

by

Jonathan A. Cooper

A Thesis
Submitted to the Faculty of Graduate Studies
in Partial Fulfillment of the Requirements
For the Degree of

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THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES
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Abstract

Increased attention to the construct of social validity in school psychology

practice has resulted in a focus on social perceptions of treatment acceptability,

which can be conceptualized as the extent to which interventions are considered

appropriate, effective, and fair by program consumers and other stakeholders. A

crucial issue related to the functional utility of any program is the extent to which

consumers regard that program as understandable, helpful, and engaging. As a

component of a comprehensive program evaluation the current study sought to

examine the social acceptability of the Australian FRIENDS *for Children* group

cognitive behavioral anxiety prevention program, from the perspective of grade 4

students in a suburban school of a large prairie city. The FRIENDS Cognitive

Behavioural anxiety prevention program, which involves instruction on cognitive,

physiological, and behavioural coping strategies within a group context, was

implemented in one regular elementary school classroom (grade 4) in one hour

weekly sessions for 10 weeks. A school guidance counsellor, trained in the

delivery of the FRIENDS program, facilitated the weekly sessions during normal

class times. Participants (n = 28) were surveyed weekly on their perceptions of

the understandability, utility, and enjoyability of program treatment components.

In addition, students' perceptions regarding the utility and enjoyability of the

program were surveyed upon completion of the program, as was their global

comfort with the treatment. Overall, results indicate that students understood the

content of the program as intended, perceived the skills taught to be helpful to

them in their real lives, and felt that engaging in the program was a gratifying

experience. As predicted significant gender differences were found, with female participants reporting the FRIENDS program to be more enjoyable and helpful to them than did male participants. Qualitative information obtained from program participants was discussed, as were ways to inform clinical practices.

Social Validity Evaluation of the FRIENDS School-Based Universal Anxiety

Prevention Program.

INTRODUCTION

Mild anxiety is as much a part of childhood as skinned knees and runny

noses, and is a normal and even necessary part of healthy child development

(Kendal, Chu, Pimentel, & Choudhury, 2000). Children naturally experience

fears for a multitude of reasons throughout childhood. These "normal" age-

related fears are often times transitory. However, fears are considered

maladaptive when they are persistent and out of proportion to the actual threat

(Diagnostic and statistical manual of mental disorders, 4th Ed., Text Revision,

APA, 2000). Excessive worry may develop into a significant obstacle for some

children impacting friendships, school performance, and ultimately a reduced

quality of life (APA, 2000). When fears and worrying adversely affect a child's

quality of life for an extended period, or hinder his or her potential to experience a

fulfilling childhood, they could be considered as an anxiety disorder (APA, 2000).

There is no unanimity in the literature regarding the definition of terms

such as fear, phobia, worry and anxiety (King et al., 1988; Kratochwill &Morris,

1985). However, the term 'fear' is commonly used to indicate a reaction that is in

proportion to an actual danger posed. The term 'phobia' refers to a persistent,

abnormal, or irrational fear of a specific thing or situation causing the individual to

habitually avoid the feared stimulus or situation. The experience of a phobia is

also referred to as a clinical fear because it is almost always out of proportion to

the situation, is beyond voluntary control, and leads to avoidance of the feared situation (Marks, 1975).

When one experiences a troubled or anxious state of mind the term 'worry' is normally used. Worry is a component of anxiety and involves verbal cognitive activity. The term 'anxiety' is, in a general sense, an unconscious anticipatory tension or vague dread occurring in the absence of an identifiable specific threat. Anxiety is seen as the subjective experience that encompasses worry, fear, and distress. Anxiety is believed to have a cognitive component (fear-inducing thoughts or ideas), as well as a physiological (somatic) component involving symptoms produced by the hormonal, muscular, and cardiovascular systems involved in the fight-or-flight reaction.

As mentioned above, it is common for children to occasionally experience the subjective sense of apprehension, worry, fear and distress that typifies anxiety, and so it is important to distinguish normal levels of anxiety from unhealthy or pathologic levels of anxiety. The differentiation of normal anxiety from "pathological" anxiety is based, by and large, upon the frequency and duration of anxiety symptoms. In addition, the subjective discomfort reported, as well as the impact on a child's daily functioning are important factors in differentiating 'normal' from 'abnormal' anxiety. One must take into consideration the child's age and developmental level when assessing the extent of the presenting fears. The Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition – Text Revision (APA, 2000) is a categorical classification system that divides mental disorders into types based on criteria sets with defining

features. Specific anxiety disorders are diagnosed based on the pattern and quality of symptoms. Clinically significant individual behaviour patterns or psychological syndromes associated with present distress or impairment in one or more important areas of functioning (APA, 2000) is referred to as clinical anxiety. There are eleven anxiety disorders outlined in the Anxiety Disorders section of the DSM-IV-TR (APA, 2000), which provides a thorough review of the defining features of the various anxiety disorders.

Estimates of the prevalence of the various anxiety disorders differ significantly across studies, with reports between 3% and 20% of children enduring anxiety symptoms and disorders (Kashani & Orvaschel, 1990; Anderson, 1994; Kessler, McGonagle, Shanyang, Nelson, Hughes, Ehleman, Wittchen, & Kendler, 1994). Despite this variability, anxiety disorders are regarded as among the most prevalent psychological disorders in children (see Albano, Chorpita, & Barlow, 2003; Bernstein & Borchardt, 1991). Unfortunately, anxiety disorders frequently go undiagnosed and untreated in childhood (Zubrick et al., 1997, Parslow and Jorm, 2001), possibly due, in part, to a tendency of many adults to disregard the seriousness of anxious symptomatology, believing it to be an aspect of the child's personality or a passing phase soon to be outgrown (Spence, 2001). While many children overcome their anxiousness, for many other individuals it runs a chronic course into adulthood (Stemberger, Turner, Beidel, & Calhoun, 1995). There is much research evidence to suggest that anxiety developing in childhood can have profound and life-long consequences for many individuals of various ages, genders, and ethnic origin. The presence of an early predisposition for

shyness for instance is associated with negative outcomes later in life. Caspi, Moffit, Newman, and Silva (1996) found that shy and inhibited 3-year-olds had a significantly increased likelihood of experiencing difficulties with anxiety, depression, and alcohol dependence at age 21 compared to non-anxious three-year-olds.

Stability of Anxiety through Childhood and Adolescence

A number of researchers have found that children's fears tend to be stable over time (Dong, Xia, Lie, Yang, & Ollendick, 1995; King, Ollier, Lacuone, Schuster, Bays, Gullone, & Ollendick, 1989). Others have noted that the rates of anxiety disorders are also relatively stable over time, for example, Kashani and Orvashel (1990), reported prevalence rates of anxiety disorders of 25.7% for 8-year-olds, 15.7% for 12-year-olds, and 21.4% for 17-year-olds.

Ollendick, Yule, and Ollier (1991) suggested even though the overall number of fears children experience remains relatively stable as they age, the nature of their fears change over time. These researchers postulated that as children mature cognitively they are increasingly able to anticipate the inherent dangers in various situations. Older children therefore tend to experience more intangible fears compared to younger children who are more troubled with immediate, concrete fears.

In the first 6 months of life being dropped or startled, loud noises, and separation from the primary caregiver, usually the mother, are the predominate sources of fear. From 7 to 12 months of age the fear of strangers begins, as children are able to differentiate between the primary caregiver and others.

Beginning in the toddler years fear of imaginary creatures and small animals develop, followed by fear of separation from parents, animals, dark, noises (including at night), and insects. Social fears normally emerge and dominate beginning at 5 years of age. At 6 years of age fear of supernatural beings (e.g., witches, ghosts, and ghouls), bodily injuries, thunder and lightning, dark, sleeping or staying alone, and separation form parents predominates. At 7 to 8 years of age the primary fears appear to be supernatural beings, bodily injury, and the dark, fears based on media events, staying alone, and school performance. From around age nine through adolescence, fears remain relatively consistent and consist primarily of those related to tests and examinations in school, school performance, social performance, bodily injury, war, physical appearance, thunder and lightning, and death.

With respect to some of the most common fears that children report, a number of studies (Ollendick, et al., 1991; Ollendick, et al., 1996) have found the following fears to be among the more frequent: being hit by a car or truck, not being able to breath, falling from a high place, earthquakes, death and/or dead people, bombing attacks, fire/getting burned, failing a test, parental arguments, getting poor grades, getting a serious illness, and a burglar breaking into the house.

Gender Differences in Childhood Anxiety

Epidemiological research looking at childhood patterns of anxiety disorders find that females consistently outnumber males with respect to reported specific phobias and separation anxiety (e.g., Ollendick, King, & Muris, 2002). Girls

report more general distress than do boys on scales such as the Children's Manifest Anxiety Scale (Reynolds & Richmond, 1978). The ratio of females to males for generalized anxiety disorder among adolescents is estimated 6:1 (Bowen et al., 1990; McGee et al., 1990).

Caspi, Elder, and Bem (1988) followed shy children of both sexes, who were between the ages of eight and 10 years over a 30-year period. They found that compared to typical male children shy males were slower to get married, have children and develop a stable career. In addition, these shy individuals had less stable marriages and experienced less occupational success than the less shy individuals. Interestingly, compared to shy males, shy females' reticent nature had less of an impact on their accomplishments, presumably because shyness and withdrawal may be more normative for girls than boys due to traditional female gender-role expectations. Traditional female gender-role expectations hold that females will display more emotionality, cry more, need approval, and be aware of others' feelings. On the other hand, fearfulness is less accepted in boys because, according to the prevailing masculine gender-role, boys are expected to display confidence with active and purposeful coping behaviour.

Muris, Meesters, & Knoops (2005) examined the relation between gender-role orientation, fear, and anxiety in a sample of non-clinically-referred children (N=209) ages 10 to 13 years. Children and their parents completed questionnaires assessing children's gender-role orientation, toy and activity preference, and fear and anxiety levels. Results found that gender role orientation accounted for more of the variance in fear and anxiety than the child's

sex. In other words, femininity and a preference for girls' activities and girls' toys were positively associated with fear and anxiety, whereas masculinity and a preference for boys' toys and activities were negatively related to the expression of these emotions regardless of the sex of the individual. It was suggested that girls are more fearful and anxious than boys due to differences in gender-role orientation (Ollendick, Yang, Dong, Xia, & Lin, 1995). Girls and boys are socialized to develop gender-linked feminine and masculine behaviours, traits, and skills respectively. Results indicated potential linkages between cultural values, socialization practices and anxiety reporting. More research is needed in this area to make any firm conclusions.

Ethnic and Cultural Differences in the Expression of Childhood Anxiety

It has been shown that anxiety disorders are among the most common psychological disorders in children of various nationalities (e.g., 4- to 6- year-old Puerto Ricans in Bird et al., 1988; 14- to 16-year-old Americans in Kashani & Orvaschel, 1990; 4- to 16- year-old Canadians in Offord et al., 1987). Ollendick, Yang, King, Dong, and Akande (1996) found in their study involving children between 7 and 17 years of age in four different countries that American children display a mean number of about 13.60 fears, Australian children have on average 14.29 fears, Chinese children 15.52 fears and Nigerian children 26.08. American and Australian children younger than 11 years of age had appreciably more fears and higher levels of fear than older children. The researchers also found that consistent with other research literature girls in the American,

Australian, and Chinese samples reported appreciably more fears and had a higher level of fear than did boys.

With regard to anxiety in ethnic minority children in the United States, Lilly, and Zakis (1993) examined similarities and differences among fears of 109 African American children and 124 Caucasian children aged 6 to 12 years. It was reported that fears reported by African American and Caucasian children were more similar than different. In a study by Ginsburg and Silverman (1996), examining anxiety disorders between clinic-referred Hispanic and Caucasian children, it was found that there were few differences with respect to ethnicity.

Developmental Outcomes of Anxiety

Despite the lack of public alarm aroused by childhood anxiety relative to issues such as childhood aggression or suicide, its detrimental impact on children's lives has been well documented. Anxious children experience tremendous distress due to difficulties in being assertive, lowered self-esteem, and feelings of inferiority (APA, 2000). Researchers have shown that anxiety symptoms may intensify with children's increasing age (Strauss, Lease, Last, & Francis, 1988). Mounting evidence shows that anxiety is a risk factor for developing more serious disorders, such as depression and alcohol abuse (Cole, Peeke, Martin, Truglio, & Serocynski, 1998). Given the potentially dire and enduring consequences associated with childhood anxiety disorders, it is essential that they be addressed promptly and effectively.

Treatment for Anxiety

A growing body of research suggests that childhood anxiety disorders have many common elements (Kendall et al., 2000); therefore, managing the various forms of anxiety disorders encompasses a similar approach irrespective of the specific diagnosis (Rapee, Spence, Cobham, & Wignall, 2000). Commonly shared characteristics that have received research attention include information processing biases, and the maladaptive coping strategies of anxious youngsters.

Cognitive factors play a significant part in maintaining childhood anxiety. According to Kendall's (1985) theory of childhood anxiety, habitual over-activity of schemas related to themes of threat and danger are causally linked to pathological anxiety (Muris et al., 2000). There is evidence supporting the existence of two types of cognitive information processing irregularities in anxious children. The first is what has been termed attentional bias, which is the tendency to selectively attend to signals of threat. The second is termed interpretation bias, which is an inclination to readily interpret ambiguous situations as threatening. Anxious children are faster to react to a probe if it is preceded by a threatening rather than a neutral word (Taghavi, Neshat-Doost, Moradi, Yule, & Dalgleish, 1999). This distinct reaction pattern is believed to be due to selective attention to threatening stimuli in anxious children compared to the non-anxious control group.

Muris et al., (2000) conducted a study to determine if socially anxious children display a threat perception bias. A group of 252 primary school children were read stories about various social situations and told to point out as quickly

as possible whether a story was scary. Results indicate that socially anxious children more quickly and more often found the stories to be threatening, and exhibited higher levels of negative affect and cognition to these stories compared to control children. It was concluded that socially anxious children have lower thresholds for threat perception than do control children. Anxious children, whether socially anxious or otherwise, appear to present a pattern of cognitive bias which has strong implications for the nature of the treatment they receive. Cognitive-behavioral treatment, with a cognitive restructuring component, has been shown to be an effective intervention for addressing the information processing biases inherent to anxiety-disordered youngsters (Shortt, Barrett, & Fox, 2001).

Another common element in anxious individuals is the way they cope with anxiety. Anxious children tend to avoid fear-evoking experiences by refusing to face them (APA, 2000). This avoidance reaction is a diagnostic criterion for the various anxiety disorders in the Diagnostic and Statistical Manual of Mental Disorders – Forth Edition – Text Revision (APA, 2000), and it relates to the functional impairment in the lives of anxious children.

Cognitive-behavioral and pharmacological therapies are the two main treatment options believed to be effective in relieving anxiety symptomatology (Manassis, 2000). While the pharmacological management of anxiety has received significant research attention in adult populations far less empirical focus has been applied to child and adolescent populations (Manassis, 2000). Furthermore, medications may have immediate and, as of yet unknown, long-

term side effects due to the off label use of medications for pediatric populations (see Walkup, Labellarte, & Ginsburg, 2002 for an in-depth review of pharmacological treatments). Cognitive-behavioral therapy is widely regarded as an indicated front-line treatment option for anxious youngsters, as it addresses all of the factors common in anxious individuals without the side effects associated with pharmacotherapy (Kendall et al., 2000). Where pharmacotherapy is indicated cognitive-behavioural treatments are often used as an adjunct intervention to promote improvements in long-term coping.

In the next section the components of effective cognitive-behavioral treatments will be summarized, followed by a review of the empirical support for individual and group cognitive-behavioral approaches, with particular emphasis on the FRIENDS cognitive-behavioral treatment program. Rationale and empirical support for preventative programs, such as the FRIENDS program, proactively addressing anxiety, will be outlined.

Cognitive-Behavioral Therapeutic Elements

Cognitive-behavioral therapy (CBT) entails a set of strategies to help individuals identify maladaptive thought patterns and behaviours in distressing situations as well as methods to self-manage anxiety symptomatology (Rapee et al., 2000). Cognitive-behavioural therapy for children's anxiety typically involves 10 to 12 one hour weekly sessions and integrates cognitive restructuring, relaxation training, exposure, skills training, and often includes a parent management component (Kendall et al., 2000).

Cognitive restructuring involves challenging unrealistic thoughts by examining the evidence for those thoughts (Rapee et al., 2000). Children's self-directed behaviour is filtered through their thoughts and expectations about their perceived capacities, and their perceptions about the social and physical environmental demands (Rapee et al., 2000). An underlying principle guiding cognitive restructuring is that an individual's developed pattern of behavioural action and reaction tends to recur unless the thoughts guiding the behaviour are explicitly challenged (Rapee et al., 2000).

Relaxation Training includes techniques such as progressive muscle relaxation (Kendall, 2000), relaxed breathing (Markway, Carmin, Pollard, & Flynn, 1992) and engaging in relaxing activities. Children begin by practicing relaxation techniques when they are not anxious, and eventually move on, when comfortable, to practice relaxation in fear-evoking situations.

Exposure to the feared stimulus is also a key element of effective CBT. Exposure involves presenting the feared object or situation to the child, in manageably small, slow, and smoothly graded steps, as she or he is performing an activity antagonistic to the anxiety response (i.e., relaxation) (Francis & Beidel, 1995; Marks, 1975). Exposure exercises provide individuals with opportunities to practice coping strategies (cognitive restructuring and relaxation) in their minds (in vitro) and eventually in real life settings (in vivo). Children face a particular situation repeatedly, or until very little anxiety is experienced, and then they proceed on to the next exposure, thereby gradually acclimating to the fear-evoking situation (Kendall et al., 2000).

Some children may lack a number of social skills, therefore, skills training may be necessary (Rapee et al., 2000). Because parent-child interaction patterns are etiologically important in cases of childhood anxiety some treatment programs (e.g., Barrett, 1998) include a parent management component. Parents are taught behavior management strategies and are provided with information on how to deal with the anxious behaviors exhibited by their child (Rapee et al., 2000). Researchers have demonstrated that improvements can occur with clinically anxious children with little or no parent involvement (Kendall, 1994; Mifsud & Rapee, 2005); however, stronger effects are achieved with parental participation (Barrett et al., 1996; Spence et al., 2000).

Empirical Evidence for the Effectiveness of CBT with Childhood Anxiety

A number of studies provide evidence that individual and group cognitive-behavioral treatment is effective in reducing anxiety symptomatology (Barrett, 1998; Barrett, Dadds, Rapee, 1996; Dadds, Spence, Holland, Barrett, & Laurens, 1997; Short, Barrett, Dadds, & Fox, 2001; Flannery-Schroeder & Kendall, 2000; Kendall, 1994; Kendall, Southam-Gerow, Henin, & Warman, 1997). A meta-analytic study of randomized controlled trials (RCT) of CBT for childhood or adolescent anxiety disorders was conducted by Cartwright-Hatton, Roberts, Chitsabesan, Fothergill, and Harrington published in the British Journal of Clinical Psychology in 2004. The RCT is the "gold standard" in evidence based practice because it is the best method of reducing the risk of invalid research conclusions. Initially, the review sought to compare CBT to both inactive and to other interventions; however, no studies comparing CBT to another active treatment

met the authors' criteria for inclusion in the analysis. So, following an extensive literature review and applying stringent exclusionary criteria the authors were able to identify 10 RCT with acceptable trial designs (i.e., using an inactive control group and using diagnosis as an outcome measure) to include in their meta-analysis. The main outcome assessment was the number of cases who were diagnosis-free at the post-treatment assessment. For each study, the odds ratio of remission after treatment was estimated. The pooled odds ratio and confidence interval were calculated using the log odds procedure. It was found that all of the studies included in the review reported a positive odds ratio. Children randomized to receive CBT had a 56.5% chance of remission of their anxiety (225/398). In comparison, children who were randomized to control groups had a 34.8% chance of remission (73/210). The odds of recovery in the treatment group as compared to the waiting list control were 3.27 (95% CI = 1.92-5.55, p<.001). A less conservative analysis based on follow-up cases only found that the odds of recovery in those who complied with treatment compared to the followed up from the control group was 8.13 (95% CI = 4.35-15.22, p<.001). The percentage of followed up children whose anxiety remitted after CBT was 63.74% compared to 21.43% in children followed up from the control group. The study authors concluded that the results indicate that CBT is an effective intervention for anxiety disorders in childhood and adolescence, when compared to no treatment control. A Numbers-Needed-to-Treat (NNT) statistic was calculated, which represents the number of patients who must receive an intervention to prevent one additional adverse event (in this case, unremitted

anxiety). It was found that the NNT analysis reported indicated that four children with anxiety disorders would need to be treated in order for one additional case to remit.

Empirical Evidence for the Effectiveness of Group CBT with Childhood Anxiety

Research has shown that group cognitive behavioral treatment programs are an effective and cost effective alternative to individual sessions (Hayward et. al., 2000; Flannery-Schroder & Kendall, 2000; Silverman et al., 1999; Dadds et. al., 1997; Barrett, 1998; Spence et al., 2000; Shortt et al., 2001). Group-format CBT has the advantages of increasing opportunities for positive modeling, normalization of children's fears, and reinforcement (Albano, Martin, Holt, Heimberg, & Barlow, 1995; Heimberg et al., 1990; Heimberg, Salzman, Holt, & Blendell, 1993). Moreover, the group format allows for a relatively protected environment in which children can practice the skills taught (Rapee et al., 2000).

Barrett (1998) conducted the first study into the efficacy of group CBT (GCBT). This study also demonstrated the utility of including a parent management component. Sixty children ages 7 to 14 years diagnosed with either separation anxiety, overanxious disorder, or social phobia, were randomly assigned to one of three conditions: GCBT, GCBT + family management (GCBT + FAM), and a wait-list control group (WL). Children in the GCBT condition took part in a 12-week program (Barrett, 1995). Treatment included cognitive restructuring, relaxation training, and exposure. This group consisted of children only (i.e., no parents were included in the group sessions). The children in the GROUP+FAM (Children with Family) condition also took part in a 12-week

program including cognitive restructuring, relaxation training, and exposure. This group consisted of children and their parents. Parents were trained in reinforcement strategies, modeling of problem solving, and communication skills. The family intervention involved three phases: (a) parent skills for managing child distress and avoidance, (b) parent skills for managing their own anxiety, and (c) parental communication and problem solving skills. At post treatment, 88% of children in the GCBT+FAM treatment no longer met a DSM-III-R (APA, 1987) diagnosis, compared with 61% in the GCBT group, and less than 30% in the waiting list condition. The superiority of the GCBT+FAM was maintained at 12-month follow-up.

Silverman, Kurtines, Ginsburg, Weems, Lumpkin, and Carmichael (1999) completed a second randomized clinical trial of GCBT with 56 children ages 6 to 16 years (M=9.96 years). Consistent with the results obtained by Barrett (1998), Silverman et al., found that 64% of the children in the GCBT were free of their primary diagnosis at post treatment, compared with 13% in the wait-list condition. Similar improvements were observed for clinicians' ratings of severity and on child and parent self-report measures. These gains were maintained at 3- 6- and 12-month follow-up.

Description of the FRIENDS Cognitive Behavioural Treatment Program for Childhood Anxiety

The FRIENDS program is a group-based cognitive-behavioral anxiety treatment and prevention program developed in Australia, which incorporates all of the basic ingredients previously outlined for effective cognitive-behavioral

treatments (Barrett, Lowry-Webster, & Turner, 2000a, 2000b, 2000c). The FRIENDS is a 10-week program. The duration of the program was established to be as short as possible while incorporating all of the treatment elements deemed necessary to address anxiety. The FRIENDS program developers attempted to create a developmentally sensitive program by including two parallel programs, one for children younger than 11 years and another for older children (Barrett et al., 2000a Group Leader's Manual for Children). The program uses a peer learning model, in which children learn adaptive skills and strategies from each other in a controlled environment (Barrett et al., 2000a Group Leader's Manual for Children). "FRIENDS" is an acronym used to help children recall the seven steps of the FRIENDS plan. F for what am I Feeling? Children are taught to identify their body clues and to recognize when they are feeling anxious. The second step is R for learning to Relax and feel good. Students are taught relaxation games, including progressive muscle relaxation, to incorporate when they are feeling anxious. Additionally, children are instructed to identify activities such as reading, talking to a friend, drawing or exercising as ways to promote relaxation. The third step is I for identifying Inner thoughts. Children are introduced to the concept of self-talk. Helpful thoughts are distinguished from "unhelpful thoughts" depending on whether they promote positive coping. Children are encouraged to explore alternate helpful thoughts for a given situation. The fourth step is E for Explore plans of action. Children are encouraged to identify how others successfully cope with a difficult or scary situation and they are challenged to find ways in which they too could use those

strategies to become confident and cope with difficult situations. Furthermore, children are taught to identify their support team, or people who can assist them in difficult times. N is for Nice work, reward yourself. Reward for effort is emphasized and identifying the positive aspects of a difficult situation is stressed. The sixth step for coping with worries is D for Don't forget to practice. The final step is S for Stay cool and calm! (Barrett et al., 2000a).

The FRIENDS prevention program, according to the program developers, therefore provides training on skills at three levels: Cognitive, physiological, and behavioral (Barrett et al., 2000a). Cognitive skills addressed include positive self-talk and self-reward. Physiological coping strategies include recognizing physical symptoms of anxiety and relaxation techniques. Behavioral coping strategies include a six-stage process for problem-solving, gradual exposure to fear-evoking experiences and self reward for approaching feared situations. The six-stage problem-solving process involves: (1) Identifying the problem to be overcome; (2) Conceptualizing all possible responses; (3) Anticipating possible consequences for each response; (4) Choosing the best solution; (5) Putting the plan into action, and; (6) Evaluating the outcome (did it work, identifying good and bad points).

Empirical Evidence for the Effectiveness of the FRIENDS Treatment Program

As mentioned, a number of RCTs (Kendall, 1994; Kendall and Southam-Gerow, 1996; and Barrett, Dadds, and Rapee, 1996) have shown that individually administered CBT can effectively treat childhood anxiety disorder. Research into the effectiveness of the FRIENDS program began with the Coping Koala

program, the precursor to the FRIENDS program. Barrett, Dadds, and Rapee (1996) randomly assigned 79 children between 7 and 14 years of age to three treatment conditions: the Coping Koala program, the Coping Koala program with a family component and a waiting list control group. All participants met diagnostic criteria for social phobia, separation anxiety or generalized anxiety. In addition to post intervention evaluations 6 and 12 month follow-ups were conducted. It was found that 70.3% of the children in the CBT groups and 95.6% of the children in the CBT with a family component no longer met diagnostic criteria.

At 6 year follow-up 85.7% of 52 individuals (aged 14 to 21 years) who completed the Coping Koala intervention continued to be anxiety diagnosis free as assessed by diagnostic interviews, clinician ratings, and self and parent-report measures (Barrett, Duffy, & Rapee, 2001).

Shortt, Barrett, & Fox (2001) conducted a study to evaluate the efficacy of the FRIENDS program with a group format (Barrett, et al., 2000a, 2000b, 2000c) on the diagnostic status of seventy-one anxious children (42 generalized anxiety disorder, 19 separation anxiety disorder, and 10 social phobia), age 6 to 10 years (M=7.85). The children were randomly assigned to either the FRIENDS group cognitive behavioral treatment (FGCBT) condition or to a waiting list (WL) control group. Results revealed that 69% of the children who completed the FGCBT were diagnosis-free, compared to only 6% of children in the WL condition. These improvements were maintained at 12-month follow-up. The authors

concluded that group cognitive-behavioural therapy is an effective alternative to individual interventions.

In the next section the need for a Canadian national public mental health strategy that incorporates mental health promotion and prevention initiatives through health psychology delivery systems will be discussed. The need for a shift in school psychology's focus from assessment and treatment to a focus on providing services that address the mental health needs of the general population will be summarized. Examples of successful universal prevention programs will be outlined followed by the empirical evidence for the effectiveness of the FRIENDS selective and universal school-based anxiety prevention program.

Mental Health Delivery Systems and Mental Illness Prevention

After more than two years of literature reviews, briefs, and hearings the Senate Standing Committee on Social Affairs, Science, and Technology led by Senator Kirby tabled their final report on mental health care in Canada on May 9 2006. The Canadian Psychological Association described it as "the most comprehensive report on the topic in the history of the country." Chapter 6 of the report dealt with mental health issues related to children and youth, and chapter 15 dealt with mental health promotion and illness prevention. It was stated that approximately 3% of the Canadian population will experience a serious mental illness and another 17% will experience mild to moderate illness therefore, "a full range of services must be available to address the needs of people affected by illness in both broad categories." (P7).

Shortages of mental health professionals were acknowledged by the

Honourable Michael Kirby and his Standing Senate Committee on Social Affairs,

Science, and Technology. According to an August 2005 Canadian Medical

Association Journal article written by Laura Eggertson the Canadian Academy of

Child and Adolescent Psychiatry estimates the need for child and adolescent

psychiatrists at 1 per 4000 youth. The authors stated that about 2000

psychiatrists are required to meet the needs of the 7.8 million Canadian youth

under 19 years of age; however, there are currently approximately 480 employed

in Canada. In addition to long waiting lists, lack of public funding for

psychological services in most provinces and cuts to special education programs

in schools and to other community mental health resources has resulted in

substandard mental health service. In a recent review paper published in the

Canadian Journal of Psychiatry (Waddell et al., 2005) a new national action plan

to improve the mental health of Canadian children is warranted because the

"burden of suffering" for children with mental health problems is "unacceptably

high", as less than 25% of children with mental disorders receive specialized

treatment services (Waddell et. al., 2002). It was stated that to improve the

mental health of Canadian children, a public health strategy that incorporates

promotion and prevention in addition to treatment is needed. It was further

stated that evidence-based practice should be the standard of care, and

treatment services should be reorganized to make better use of schools.

The Senate Committee acknowledged the scarcity of mental health

resources and emphasized the importance of supporting school-based delivery

of mental health services, and the need for psychoeducation and evidence-based group therapies to reduce wait times for children and youth as an effective means to overcome mental health care shortages.

The acknowledgement of mental health promotion and group therapies as a means to address national mental health services shortages was seen as a progressive stance because many, including the Canadian Psychological Association, have argued against the adoption of a medicine centric system, with its strong focus on illness, to the exclusion of delivery systems such as health psychology which has a focus on promotion, prevention and resilience. While recognizing the need for the traditional clinical treatment services many organizations such as the World Health Organization (WHO, 2004), The National Institute of Mental Health (NIMH, 1993), the Institute of Medicine (IOM, 1994) regard treatment as just one component of an adequate public health strategy and they have advocated for providing a range of services and perspectives including preventive services.

According to the Canadian Psychological Association the Senate Standing Committee's final report should have gone farther to adopt a behavioural health or health psychology perspective, which is a field of research and service delivery that is growing exponentially. There is a mounting, and convincing body of literature that supports the notion that a reduction of childhood pathology and clinical referrals is possible by proactive intervention approaches (Spence, 2001). Universal prevention, that is, intervening before a disorder develops, has been found to be a therapeutically effective as well as cost-effective method of

reducing the negative long-term disruption to relationships, work, and personal physical well-being associated with mental health problems and disorders such as anxiety disorders. This paradigm shift from an emphasis on treatment to a focus on prevention is seen as a fundamentally necessary progression for future school psychology-delivery programs. Bonnie Natasi (2004) in her article on integrating public health and public education for mental health promotion outlined discussions held at the Future of School Psychology 2002 Invitational Conference. A need for school psychologists to advance a public health model rather than an over reliance on a medical model was recognized. The conclusions drawn were that school psychologists should participate as leaders in comprehensive health and mental health care (Adelman & Taylor, 1998), and adopt a public (mental) health perspective (Natasi, 2000, 2003; Natasi et al., 2004.) A paradigm shift from medical to public health perspective involves transforming the focus from etiology, diagnosis, and treatment of mental health problems (illness) to a focus on providing services that address the mental health needs of the general population; making services accessible to all segments of the population; addressing individual, cultural, and environmental factors in mental health; and providing a full continuum of services that include mental health promotion and illness prevention as well as treatment. One component of effective comprehensive mental health programming for school-aged populations includes offering a continuum of services, ranging from prevention to treatment and empirically-based interventions as well as systematic program evaluations (Natasi, 2000; Natasi et al., 2004).

Mental Health Promotion and Prevention

As is the case with many constructs in the social sciences there is little in the way of consensus on the definitions of terms such as mental health, mental health problems, and mental illness. There is a common view that mental health and mental illness are not mutually exclusive categories, representing points on a continuum ranging from positive mental health through mental health problems to serious mental illnesses influenced by many biological, psychological, and social factors which are subject to change over time.

Defining Promotion and Prevention

Broadly speaking, mental health promotion emphasizes positive mental health, as opposed to the treatment of mental illness. Its focus is on the many personal, social, economic and environmental factors that are thought to contribute to mental health. This approach emphasizes the need to improve the health of the population by addressing the malleable or changeable determinants of health.

Mental illness prevention seeks to achieve the same objectives, specifically positive mental health, but focuses on reducing risk factors associated with mental illness and enhancing protective factors that reduce the likelihood of mental illness onset. Risk factors are the personal, social, economic or environmental factors that increase the likelihood of the onset, increase the degree of severity, or prolong the duration of major mental health problems. Protective factors, on the other hand, are the personal, social, economic or environmental factors that promote resistance to mental illness. It is believed that

intervention programs can serve to prevent the onset of mental disorders by reducing risk factors and enhancing protective factors. Ultimately the aim is to concentrate efforts on the modifiable risk and protective factors to reduce the incidence of mental disorders.

Mental health promotion, therefore, includes promoting positive mental health as well as preventing the development of mental health problems and disorders.

Empirical Evidence for the Effectiveness of a Mental Health Prevention Approach

Prevention as a construct in mental health has been around for about 100 years; however, it has only been in the last 25 years that significant randomized controlled studies have been undertaken to test the effectiveness of prevention programs. There are many multidisciplinary scientific publications evaluating prevention programs with many programs found, in replicated randomized controlled trials (RCT), to reduce risk factors, strengthen protective factors, and decrease child psychosocial symptoms and mental disorders. The World Health Organization compiled a major report entitled Prevention of Mental Disorders: Effective interventions and Policy Options (WHO, 2004) which includes a selective review of the available evidence from a range of countries and cultures. A comprehensive review of specific programs is beyond the scope of this paper, however a cursory review of successful preventive interventions will be provided to illustrate the potential benefits of such an approach.

One such example of a successful prevention initiative which has been thoroughly evaluated in 3 RCTs is known as the Prenatal and Infancy Home

Visiting Program (Olds, 1997, 2002). It is an intensive early-years intervention developed in the United States involving 2 year pre- and post-natal home visits by nurses to at-risk, first time mothers. The program has demonstrated numerous positive short- and long-term maternal and child effects. Participating in the program resulted in reducing low birth weight for the newborn child (increase of up to 400 grams), a 75% reduction in preterm delivery, more than a two-fold reduction in emergency visits and a significant reduction in child abuse among unmarried teens. Over the next four years there was less punishment used by the mothers, the mothers increased employment by 82%, postponed their second child by more than 12 months and their children obtained higher IQ scores. By age 15 there were fewer reports of maltreatment; children were 56% less likely to have problems with alcohol or drugs and reported 56% fewer arrests, 81% fewer convictions and a 63% reduction in the number of sexual partners (Olds, 1997, 2002; Olds et al., 1997; Olds et al., 1998). Families receiving the intervention were more secure financially than control families and an independent evaluation found that for every dollar invested, $4.00 were saved which resulted in recovering the investments in the preventive services by the time the child reached 4 years of age. At 15 year follow-up, the children showed less drug and alcohol use, ran away from home less frequently, and were arrested less frequently, compared to the control group.

The Triple P Positive Parenting Program (Sanders, Turner & Markie-Dadds, 2002), a multilevel parent management programs that include universal, selective, and indicated strategies is another successful example of a preschool

parenting intervention. In one controlled follow-up study, parents who viewed a series of videotapes on parenting reported a significant reduction in disruptive behaviours and in increase in parenting confidence (Sanders, Montgomery & Brechman-Toussint, 2000).

Universal interventions that have been found to successfully impact on conduct problems include the Good Behaviour Game (GBG) (Kellam et al., 1994); I Can Problem Solve (Shure, 1997; Shure & Spivack, 1988), and Promoting Alternative Thinking Strategies (PATHS) (Greenberg et al., 1995). The PATHS program is a program to promote social/emotional competence by instructing elementary students to understand and self-regulate their emotions. PATHS incorporates parental and school-based conditions to strengthen the generalizability of the skills taught. A number of RCTs of PATHS have shown positive effects with a variety of populations (e.g., with regular education students, with deaf children, with behaviourally at-risk students, and as a universal intervention in a multi-component comprehensive program). For example, in a RCT with 200 grade two and grade three students PATHS produced significant improvements in social problem solving and understanding of emotions at post-test. Compared to controls children in the intervention condition show one year follow-up improvements on social problem-solving, emotional understanding, self-report of conduct problems, teacher ratings of adaptive behaviour, and cognitive abilities related to social planning and impulsivity (Greenberg & Kusche, 1997,1998a; Greenberg, Kusche, Cook, & Quamma, 1995). At 1-year follow up these improvements were maintained, and

significant reductions in teacher and student reports of conduct problems appeared at 2-year follow up.

It is clear from the body of research, which is growing exponentially, that evidence-based prevention initiatives represent a viable means of proactively reducing the functional impairment resulting from a range of mental heath problems and mental illnesses. In previous sections RCTs with clinically referred anxious children were outlined indicating that the FRIENDS program is effective as an individual and group anxiety treatment program. In the next section the research evidence suggesting that the FRIENDS program is also applicable as a universal prevention program delivered through the school system will be discussed.

Empirical Evidence for the Effectiveness of the FRIENDS as a Selective-Prevention Intervention

Selective prevention is an approach that seeks to direct interventions at particular groups of individuals who are known to possess substantially more risk factors associated with a particular mental disorder which places them at risk for developing a mental disorder at some future point. Indicated preventive interventions target children who currently display subclinical levels of mental disorders. These would be individuals who display significant symptomatology yet do not, at present, satisfy diagnostic criteria for an anxiety disorder (Mrazek & Haggarty, 1994).

The Australian Queensland Early Intervention and Prevention of Anxiety Project (Dadds, Spence, Holland, Barrett, and Laurens, 1997) used the

FRIENDS program's predecessor the Coping Koala program to conduct the first RCT of a selective and indicated prevention approach. Child, parent, and teacher reports, and semi-structured diagnostic parent interviews were used to screen anxiety problems in 7 to 14 year olds. They identified 128 children and youths who satisfied criteria for an anxiety disorder (e.g., generalized anxiety disorder, separation anxiety, social phobia, simple phobia). These children were randomly assigned to either the Coping Koala 10-week school-based child- and parent-focused GCBT intervention or to a no treatment condition. At 6-month follow-up 58% of the children from the no treatment condition progressed to a diagnosable disorder, whereas only 16% of the intervention group progressed to a diagnosable disorder. Improvements were maintained only in the intervention group at 24-month follow-up (Dadds, Holland, Barrett, Laurens, & Spence, 1999). The researchers concluded that in addition to a decrease in existing anxiety, a prevention effect was found.

Cooley-Quille, Boyd, and Grados (2004) undertook a selective prevention investigation of the FRIENDS program by screening 91 fifth grade (aged 10-11) African-American youth attending a disadvantaged inner-city elementary school of a major metropolitan city. An extensive screening procedure was used, which entailed excluding disruptive students and special education students due to the FRIENDS program's reading and writing requirements. Ten participants (eight of whom were females) were identified as exhibiting higher than average levels of anxiety that impaired their functioning and placed them at-risk for future dysfunction. Results showed that the students' pre-intervention anxiety, as

indicated by the Revised Children's Manifest Anxiety Scale (RCMAS), significantly decreased after the intervention (t = 6.84, p <.001). In addition, students reported significantly less test anxiety on the Test Anxiety Scale for Children (TASC) after the intervention (t = 3.58, p <.01). The study authors concluded that the results of this study indicate that the FRIENDS anxiety prevention intervention is feasible for use with an inner-city African-American school sample, with few modifications. Some of the modifications discussed included conducting the written tasks out loud to due to reading and writing difficulties experienced by several of the study participants. In addition, American English translations were made for words or examples in the FRIENDS workbooks that were idiosyncratic to Australian culture. It was recommended that increasing the number of sessions would permit more comprehensive coverage of the material because some of the students had difficulty understanding the more complex concepts presented, in addition to the reading and writing requirements. A number of limitations of the study were acknowledged such as a lack of a control group and lack of follow-up data on participants to judge the long-term efficacy of the intervention.

Bernstein, Layne, Egan & Tennison (2005) screened 453 7-to-11-year-old students in three elementary schools and identify 61 students with separation anxiety, generalized anxiety, and social phobia. These students were randomized to a group CBT or group CBT plus parent training, or a no-treatment control group. It was found that children assigned to group CBT plus parent training displayed significantly greater reduction in anxiety by comparison to the

CBT alone group. However, both active CBT treatments were more effective than the no-treatment control condition in decreasing child anxiety symptoms and associated impairment. Based on clinician-report, child-report, and parent-report measures of child anxiety it was concluded that there were significant benefits of CBT treatments over the no-treatment control group. Effect size was 0.58 for change in composite clinician severity rating, the primary outcome measure, favoring collapsed CBT conditions compared with control (Bernstein, Layne, Egan, & Tennison, 2005).

Empirical Evidence for the Effectiveness of the FRIENDS Universal School-based Prevention Program

Anxiety treatments, demonstrated to be efficacious for clinically anxious children, remain inaccessible to children with mental health problems who are less afflicted. Moreover, segments of the population may be disinclined to seek psychological services for financial reasons and/or the fear of the stigmatizing effect of seeking help. Children reared in low socioeconomic status families are at significantly greater risk for mental health problems (Buckner and Bassuk, 1997), yet these children tend to be least likely to have received mental health services (Buckner and Bassuk, 1997). Some of the identified obstacles families from low socioeconomic backgrounds face when accessing necessary mental health services include transportation needs, parental stressors, priority for food and shelter, poor social support systems, and childcare needs. By universally targeting general populations (i.e., an entire grade or school) school-based clinicians can meet the needs of a large number of children and help many

children learn to deal with stress and handle their fears in functional ways. As emphasized in the Senate report chaired by Sen. Kirby schools are uniquely positioned to access a large majority of at-risk students, so it is not surprising that the majority of mental health services for children and youth are delivered in schools (Hoagwood and Erwin, 1997).

School-based anxiety prevention and early intervention programs, which provide broad access to a range of students, are required to help children with significant risk factors for mental health problems deal with stress and learn skills such as recognizing the signs of anxiety, problem-solving, conflict resolution, and emotional resilience. Similarly, general problem-solving strategies are needed by nonanxious students to bolster emotional self-regulatory skills and foster an ability to interact cooperatively with other children through general improvement of interpersonal functioning. A further corollary of providing anxiety prevention programs in settings, such as the school community, is that through mental health promotion efforts such as educating the general peer cohort about anxiety's subjective impact, a diminution of bullying and peer rejection may result, and further improvements in intervention effects for anxious students may be observed.

Lowry-Webster et al., (2001) conducted the first controlled universal school-based prevention trial of anxiety that demonstrated the effects of utilizing the FRIENDS program in Australia's educational system. Six hundred children between the ages of 10 and 13 (M= not reported) grades 5 to 7, from 7 schools were recruited. Schools were paired for sociodemographics, socioeconomics,

and size and were randomly assigned to either the intervention or to the waiting-list condition based on the school that each child attended. The authors used the Spence Children's Anxiety Scale (SCAS; Spence, 1994) to differentiate clinically anxious children from nonanxious controls. Results indicated that those receiving the intervention self-reported lower rates of anxiety at post-intervention, regardless of risk status, compared with those in the waiting-list control group. Approximately 75% of the intervention group who reported clinical levels of anxiety at pretest did not self-report anxiety symptoms within the clinical range at posttest (Lowry-Webster et al., 2001) where as 54.8% of the pretest at-risk children in the control group remained at risk. The authors concluded that these results supported the benefits of a school-based universal cognitive-behavioral intervention program. Moreover, at 12-month follow-up 85% of children in the intervention group who scored above the clinical cut-off for anxiety and depression were diagnosis-free in the intervention condition, compared to 31.2% of children in the control group (Lowry-Webster, Barrett, & Lock, 2003).

A study was conducted in Australian evaluating the effects of the FRIENDS prevention program on rates of future anxiety disorder (Lock and Barrett, 2003). Grade 6 (n = 336) students between 9 and 10 years of age, and grade 9 (n = 401) students between 14 and 16 years old were assigned to a school-based FRIENDS program or to a monitoring group. At risk students were identified, and were further assessed for an anxiety diagnosis using a structured diagnostic interview. The results of the study demonstrated a prevention effect with primary school children reporting the greatest changes in anxiety symptoms

(Lock and Barrett, 2003). The study authors concluded that earlier prevention intervention was more advantageous than later intervention. At long-term follow-up (twelve months, 24 months and 36 months) the intervention group reported significantly lower ratings of anxiety and depression (Barrett, Farrell, Ollendick, & Dadds, 2005). A significant time x intervention group x gender effect on anxiety was reported, with females in the intervention group continuing to experience significantly less anxiety at 12-month and 24-month follow-up, but not at 36-month follow-up, in comparison to the monitoring condition. The study authors concluded that a long-term prevention effect was obtained, with significantly fewer high-risk students at 36-month follow-up in the intervention condition than in the monitoring condition.

The evaluation of the first UK trial of the FRIENDS prevention program was delivered by school nurses to junior school children in South-West England (Stallard, Simpson, Anderson, Carter, Osborn, & Bush, 2005). A total of 213 children (aged 9 to 10 years) from 6 schools undertook the FRIENDS program. The Spence Children's Anxiety Scale (SCAS), Culture Free Self-esteem Questionnaire (CFSI), and a qualitative assessment of acceptability were used as pre- and post-measures. Results indicated that following the FRIENDS program 92.5% of participants showed significantly lower rates of anxiety ($t=2.95$, $df = 384$, $p=0.003$) and significantly improved levels of self-esteem ($t=3.130$, $df=386$, $p=0.002$; 95% CI 0.56 to 2.45). The authors further identified the 10% of children with the highest anxiety and lowest self-esteem pre-FRIENDS scores on the SCAS and CFSI to establish the impact of the program on this group.

Statistically significant reductions in anxiety (t=2.362, df=38, p=0.023; 95% CI 2.00 to 26.00) and improvement in self-esteem (t=4.789, df=42, p=0.0001; 95% CI 7.75 to 3.16) were found when comparing pre- and post-FRIENDS measures. A number of limitations of the study were recognized such as not having a control group, a failure to evaluate whether the statistically significant changes noted on the outcome measures actually resulted in clinically meaningful improvements in the child's everyday functioning, and a lack of long term follow-up. However, the authors concluded that the FRIENDS preventive program does have a positive effect on the emotional resilience of 9- and 10-year-old children (Stallard, Simpson, Anderson, Carter, Osborn, & Bush, 2005).

Social Validity

Specific "real-world" contextual factors are increasingly cited as important in mental health intervention development and deployment. For instance, a model described in the recent National Institute of Mental Health (NIMH) report entitled <u>Blueprint for Change: Research on Child and Adolescent Mental Health</u> (2001) states that high quality practices in mental health need connections between the best available science and ongoing feedback from the real-world context. The model proposes a cyclical feedback process to address the relationship between basic science and child mental health services. One such area of ongoing feedback from the real-world is that of social validity. The term social validity, coined by Wolf in 1978, refers to a multifaceted construct concerning judgments of the social importance of intervention programs. The extent to which behaviours targeted for change are seen as socially important

and relevant is an important consideration for social validity. Furthermore, treatment procedures must be socially appropriate. Finally, the outcomes of a particular treatment must be socially important or have meaningful clinical significance. In other words, socially valid goals are established by finding out what is significant to consumers of therapeutic services (Colton & Seridan, 1998, Storey & Horner, 1991). Foster and Marsh (1999) posited that social validity should be assessed not only for treatment goals but also for procedures and outcomes.

The issue of social validity is largely acknowledged as an important consideration in the mental health and school psychology disciplines (Gresham & Lopez, 1996; Lebow, 1982; Shapiro, 1987; Nastasi & Truscott, 2000). Given the dynamic nature of schools and the significant differences between the school environment and traditional outpatient mental health clinics, the question naturally arises; how does one know if mental health interventions developed for clinic-based delivery systems will be relevant or transferable to a school environment? There is growing recognition that research in child mental health interventions used in everyday clinical practice are not only different from those studied in academic settings they also tend to neglect outcomes of relevance to schools. For these reasons attention to the construct of social validity in school psychology research and practice has become increasingly important and has resulted in a focus on consumers' ability and willingness to accept treatment procedures (Fawcett, 1991), an area of study known as treatment acceptability (Gresham & Lopez. 1996). Treatment acceptability research, seeks to

understand the extent to which interventions are considered appropriate, effective, and fair by their recipients (Finn & Sladeczek, 2001). Research into treatment acceptability was pioneered by Kazdin (1981), who defined treatment acceptability as "judgments of lay persons, clients, and others of whether the procedures proposed for treatment are appropriate, fair, and reasonable for the problem or client" (p.493).

Subjective evaluation methods can be employed, such as using questionnaires and interviews, to solicit judgments about an intervention's acceptability. Historically treatment acceptability research has involved large-sample, quasi-experimental studies in which participants were asked to read fictitious case vignettes and to rate hypothetical treatment plans (Calvert & Johnaron, 1990; Eckert & Shapiro, 1999; Elliott, 1988a, 1988b; Kazdin 1980a, 1980b). However, in recent years, interest in treatment acceptability in relation to school-based consultation practices has burgeoned. Within this area of research, treatment acceptability and social validity are often evaluated as components of treatment effectiveness. For example, in a recent meta-analytic investigation of consultation research conducted between 1985 and 1995, 37% of the studies reviewed used social validity measures and 67% of the behavioural consultation studies reviewed assessed social validity (Sheridan, Welch, & Orme, 1996).

The increased interest in social validity and treatment acceptability as important components of treatment effectiveness is, in part, due to the fact that professionals working with children in crisis are compelled to rely on empirical

data about the applicability and value of new programs in their unique locality. In addition to empirically demonstrating that a given program improves adaptive functioning, the extent to which a program is culturally and contextually appropriate and accepted by consumer's must also be established to clarify its long-term utility (Schwartz & Baer, 1991). Stated another way, as interventions are instituted in diverse community settings the extent to which users of the program regard treatment content as suitable and relevant is necessary to establish the applicability of treatment in that particular locale (Foster & Mash, 1999).

Schwartz and Baer (1991) identified four types of "consumers" based on their association with the intervention. 'Direct consumers' are the persons receiving services, 'indirect consumers' are persons, such as family members, who are considerably impacted by recovery in direct consumers. 'Immediate community' consumers are people such as teachers or coaches, who have regular contact with direct consumers, yet may not be as affected by treatment effects on direct consumers as are direct consumers or indirect consumers. 'Extended community' consumers are persons the direct consumer may have limited and irregular contact with in his/her daily interactions such as a librarian or school custodian.

As children and adolescents are often the 'direct consumers' or recipients of interventions their feedback on the suitability of interventions is important to its long-term viability to inform these stakeholders as well about potential effectiveness of the intervention.

Empirical Evidence for the Social Validity of the FRIENDS Program

The available data from research in this area is highly suggestive that the FRIENDS program is indeed a socially valid universal anxiety prevention program in Australia, the UK, and the United States. The first study looking at the social validity of the "FRIENDS" program was conducted with a selected prevention approach in Australia as part of an evaluation designed to assess the efficacy of the FRIENDS program (Barrett, Shortt, Fox, & Wescombe, 2001). Treatment acceptability was addressed through three research questions: (a) the extent to which consumers were satisfied with the FRIENDS program and its components (including sessions, homework tasks, and skills), (b) age differences in the ratings of the program, and (c) the relationship between treatment acceptability and clinical outcome. Referred children and adolescents with one or more anxiety disorders (generalized anxiety disorder, separation anxiety disorder, or social phobia) were included in treatment. In addition, children and adolescents with intellectual or severe physical impairments were not included as participants (Barrett et al., 2001). In total, 48 children (20 males, 28 females M=8.19) and 12 adolescents (3 males, 9 females; M = 12.33) formed the treatment groups. Participants were randomly assigned to one of seven treatment groups, controlling for age. Five groups used the FRIENDS *for Children* program and two groups used the FRIENDS *for Youth* program. Parents were surveyed weekly, and at the end of the program. Children and adolescents were questioned once, at the end of the program, on the perceived effectiveness of the skills in helping with their worries, how often the skills would be used, and

how enjoyable the program was (boring, OK, Fun). The researchers found that overall, all parents were satisfied with the FRIENDS program, as they rated the program with a mean of 9.14 out of 10 (SD = 1.24) and 8.67 out of 10 (SD = 1.51) for parents of child participants and parents of adolescent participants respectively. Parents also reported that they were likely to recommend the program to others as parents of children mean was 9.65 out of 10 (SD = 0.98) and parents of adolescents mean was 9.67 out of 10 (SD = 0.82). Based on a series of pair-wise comparisons between skills (Wilcoxon signed ranks tests) parents of children found self-rewards as the most useful specific skill of the FRIENDS program. Using the same pair-wise comparisons between skills (Wilcoxon signed ranks test) it was found that children themselves rated self-rewards as the most useful skill on the final evaluation questionnaire. This was an expected finding as it was hypothesized, based on previous study (King & Ollendick, 1989), that operant procedures would in fact be most effective with children. The skill with the highest percentage (91%) of "good" responses for adolescents was the step plan, which involves students developing an anxiety hierarchy or graduated exposure. This finding was unexpected as it was hypothesized teens would place more value on cognitive techniques than on behavioural techniques such as the step plan (Ronen, 1997). Most children and adolescents rated the program as "fun" on the final evaluation questionnaire with 77.3% (n=34) of children, and 81.8% (n=9) adolescents rating the program as "fun". All of the adolescents reported that they would use the skills taught 'often' or 'sometimes' and 97.7% of child participants said the same. Contrary to

expectations, no significant correlation was found between levels of treatment acceptability and measures of clinical outcome. The authors suggested that a possible explanation was that acceptability is not a significant factor in clinical outcomes, but due to its small sample this study lacked the statistical power to make any firm statements in this regard. The authors suggest that future research is needed using data from individual subjects to further flush out this relationship.

Also in 2000 Barrett, Moore and Sonderegger performed a pilot study with a sample of former-Yugoslavian Refugees in Australia. In addition to seeking to determine the effectiveness of the FRIENDS program for use with refugees from Non-English-speaking backgrounds the authors wished to obtain information from participants and facilitators regarding the social validity of the intervention with this particular group. They used only female teenagers (N = 20), between 14-and-19-years-old (M = 16.3) from the former Yugoslavia. Students were recruited for internalizing difficulties based on teacher referral. Nine participants were assigned to the intervention group and 11 participants were assigned to the wait list control group. Pre- and post-measures, which included The Youth Self-report Form, The Spence Children's Anxiety Scale, and The Ambiguous Situations Protocol, were administered to both conditions. It was found that at post-test (M = 17.2, SD = 3.60) participants in the control group experienced a significant increase ($t(9) = -4.10$, p <.05) in anxiety compared to their scores at pre-test (M = 10.82, SD = 6.00). However, total anxiety as measured by the SCAS decreased significantly ($t(6) = 2.68$, p < .05) in the treatment group at post-

test (M = 30.43, SD = 11.37) as compared to pre-test (M = 39.89, SD = 13.22). A series of t tests was calculated to assess whether differences existed between the post-assessment scores of the control and the treatment groups. It was found that the mean score of the waiting list group was significantly higher than on the treatment group at post-assessment on the Anxiety/Depression subscale of the YSR (t(6) = 3.29, p < .05). The researches concluded that while the FRIENDS program appeared to be effective in reducing levels of anxiety from pre- to post-intervention, comparisons of change in level of anxiety between waiting-list control and treatment groups was less convincing as only the Anxious/Depressed score of the YSR for the treatment group was significantly lower than that of the waiting list group at post-intervention. The social validity component of this study involved students completing the social validity scale (Barrett, Lowry-Webster, & Turner, 1999) at the end of the each session. One week following the conclusion of the program participants were asked to provide their overall ratings of how much they enjoyed the program and how useful they believed it to be. Questions were read aloud to the class and were subsequently interpreted by a trained bilingual staff member. Students were given the opportunity to ask questions if they had interpretation difficulties. Based on the social validity scale ranging from 1 (not at all) to 5 (very much), the average response across weeks regarding how much participants enjoyed the session was 4.5, with the average rating at the conclusion of the program being 5. The average response across sessions for how useful the intervention was in helping participants build resilience ranged from 4. 25 to 5, with the average overall

rating of the program's usefulness being 5. Qualitatively, the participants' translated responses gave suggestions for improvement of the program related to the content of group sessions as well as the process for its administration. The most frequent suggestions for improvement involved more emphasis on family support and relationships, more discussions and activities on normalization of cultural differences, and a greater focus on the adjustment difficulties associated with migration. In terms of the process of the group, the majority of participants desired a greater opportunity for large-group discussion as opposed to talking with one other person or individually recording ideas. The researchers concluded that although the results suggest that the FRIENDS program is satisfactory to participants it may be necessary to modify both the process and the content of programs to comply with the needs of ethnic groups, in order to maximize it's effectiveness (Barrett, Moore, Sonderegger, 2000).

In order to expand on the Barrett, Moore, & Sonderegger's 2000 study Barrett, Sonderegger, & Sonderegger (2001) undertook a study to determine how the FRIENDS program could be culturally modified to meet the needs of Australia's multicultural population. This study, like previous studies, sought to obtain efficacy data as well as social validity information. A total of 204 children and adolescents participated in the study (97 females, 107 males). The sample was comprised of former-Yugoslavian (n = 75), Chinese (n = 100), and students from mixed non-English speaking backgrounds (n = 29) whose families migrated from Southeast Asia, Pacific Islands, Europe, Africa, and the Middle East. Participants were grouped according to ethnic origin, and were allocated by

school and English as an additional language classrooms to either an intervention (n = 121) or wait-list control condition (n = 83). Participants were between ages 7 and 19 years. The social validity component of this study involved all participants completing a Treatment Integrity Checklist (TIC) at the end of each session, and a Group Leader Integrity (GLIQ) and Social Validity Questionnaire (SVQ) at the conclusion of the program. The TIC and GLIQ asked participants to provide Likert ratings on how effective they perceived each activity to be, and how well they felt facilitators related to group participants, respectively. At completion of the treatment, students completed the SVQ, indicating their level of satisfaction with the FRIENDS program. Participants were asked to rate how much they enjoyed and learned from the program (a lot, some, a little, nothing at all), how often they used the ideas (skills) that they learned from the program (all the time, some of the time, not very often, not at all), and which skills from the FRIENDS program they found most useful. Participants were also encouraged to provide comments (negative or positive) to help improve the program. The researchers found that the FRIENDS program received positive evaluations from all ethnic group participants in both primary and high school settings. In terms of the content of each lesson, primary school participants reported learning practical ways to cope with worries as the best aspect of the program. However, high school participants varied in their response to program elements. The best part of the program were rated by former-Yugoslavian students to be problem-solving, by Chinese students to be communication and relationships, and by mixed-ethnic students to be applying the FRIENDS plan. Means and standard deviations for

ethnic-group ratings of social validity were provided. While both primary and high school students reported that they enjoyed the FRENDS program, similar to treatment integrity data, ethnic groups differed in their reports of which program elements were most useful. Former-Yugoslavian students indicated all program elements were useful, whereas Chinese and mixed-ethnic participants indicated that they seldom use changing negative thoughts to positive thoughts, the step plan (graded exposure), or the six-block problem-solving plan. It was speculated that some cultural groups comprehend specific behaviour plans differently than others; however, the variables that moderate comprehension requires further examination. For the children's version of FRIENDS, 40% of primary school students reported that they enjoyed the FRIENDS program 'a lot', and 40% reported that they enjoyed the program 'some'. Forty-eight percent of children reported that they learned a lot by doing the program with classroom friends, and 33% that they learned some. Fifty-six percent indicated that they learned a lot about how to cope with feeling worried or upset, and 27% reported that they learned some ways to cope. Thirty-one percent of children reported that they use the ideas they learned in the FRIENDS program all the time and 48% indicated that they use FRIENDS skills some of the time. Of all the skills learned in the program children rated helping others to feel good (75%), relaxation exercises (60%), and thinking helpful thoughts (56%) as being the most useful for coping with worries and stressful problems. For the youth version of FRIENDS, 50% of high school students reported that they enjoyed the FRIENDS program a lot, and that they learned a lot by doing the program with classmates. An

additional 43% indicated that they somewhat liked the program, and learned by participating with their peers. Seventy-one percent reported that they learned a lot about feelings, with 14% indicating that they learned some principles. Twenty one percent reported that they learned a lot about how to cope with feeling worried or upset, 50% reporting that they learned some strategies. High school students indicated that the most useful skills taught were thinking helpful thoughts (79%), helping others to feel good (79%), relaxation (71%), and deep breathing (64%) exercises. Among the criticisms of the program was a sentiment that the number of activities required to work through per session became difficult for students from non-English speaking backgrounds, as language and comprehension barriers cause delays (especially where writing is involved). As a result facilitators felt rushed to complete all activities within the allotted timeframe specified in the group leader manuals. Many students had difficulty completing written homework assignments. It was consequently recommended that some activities be culturally enhanced through the creation of a non-English speaking-sensitive program supplement to the FRIENDS program, which, in addition to culturally modified activities, accommodated for different beliefs, behaviours, and value systems.

As previously outlined Cooley-Quille, Boyd, and Grados (2004) undertook a selective prevention investigation of the FRIENDS program with 10 (2 males, 8 females) African-American fifth grades from an inner-city elementary school in a low-socioeconomic, high crime neighborhood of a major metropolitan city. This study also included a social validity component which asked participants to rate

on a scale from 0 (not at all) to 8 (very, very much) the likeability of the FRIENDS

program and the degree to which the program changed their general behaviour

in school. It was found that the children highly rated the likeability of the program

(M = 7.8, SD = 0.63). School behaviour change ratings were moderate (M = 4.9,

SD = 2.88). The study authors reported that students frequently spontaneously

expressed their positive regard for the program, and therefore the highly rated

likeability of the program is not, in their view, exclusively due to demand

characteristics. The study authors suggest some modifications to the FRIENDS

program based on their findings and observations. Modifications included

conducting the written tasks out loud due to reading and writing difficulties

experienced by several of the study participants. In addition, American English

translations were made for words or examples in the FRIENDS workbooks that

were idiosyncratic to Australian culture. It was recommended that increasing the

number of sessions would permit more comprehensive coverage of the material

given that some of the students had difficulty understanding some of the complex

concepts, in addition to the reading and writing requirements.

Stallard et al.'s, 2005 UK trial of the FRIENDS prevention program also

included a social validity component. As previously discussed, this trial of the

FRIENDS program was delivered by school nurses to junior school children

(aged 9 to 10 years) in 6 schools in South-West England. A qualitative

evaluation of children's subjective views about FRIENDS was undertaken. A

participation worker from the Children's Society worked with a small group of

children to identify 10 variables they considered important about FRIENDS. The

areas included whether the program was understandable, enjoyable, and useful. These items were then used for the qualitative evaluation in which children rated on a three point scale how much they thought FRIENDS fulfilled each of the 10 items. 190 children completed a qualitative assessment of acceptability. More than three quarters of the children thought FRIENDS was fun and would recommend it to a friend. Approximately two thirds thought they had learned new skills and that the program had helped them. On the negative side, only 43% thought they had enough time to complete the work. Interestingly only 51% of students felt safe talking about themselves. It was suggested that the demands of FRIENDS in terms of written assignments and completing workbooks was challenging for the less able children. Various modifications were made to the program such as using more prepared responses that can be pasted into the workbooks. In terms of feeling safe, the worries the children have identified were of a highly sensitive and difficult nature and therefore difficult to discuss. Additionally, informal feedback suggests that some children may find it difficult to engage with the cognitive component of the program. (Stallard, Simpson, Anderson, Carter, Osborn, & Bush, 2005).

Study Rationale

As explained earlier, social validity is a widely acknowledged critical construct in school psychology intervention research and practice because appraising the appropriateness and acceptability of treatment procedures, in part, helps to establish the practical value of that treatment in diverse community settings. Social validity research can provide valuable information, to inform

clinical practice and school administrative decisions. Much of the existent research on treatment acceptability, or the extent to which interventions are considered appropriate, effective, and fair, has focused on the acceptability judgments of those responsible for implementing an intervention. Assessment of treatment acceptability from the child's perspective remains a largely unexplored area of research and practice. This study seeks to extend the literature by comprehensively gathering the impressions of actual child participants regarding the appropriateness of the FRIENDS program. Treatment approaches that are clinically sound yet do not capture the enthusiasm of child participants may be regarded as socially acceptable by parents and teachers, however they will likely be regarded as less socially acceptable by the students actually receiving the interventions. By way of example, a program designed to impart coping skills to children with Attention Deficit/Hyperactivity Disorder (ADHD) which requires prolonged sitting and attention is likely to receive low ratings of social validity by students with ADHD, as they are likely to be excessively bored in the classroom to benefit from the intervention.

Furthermore, this study represents a move away from the traditional analogue format used in social validity research, which employs the appraisals of hypothetical case vignettes. The current study will use feedback from child participants regarding their perceptions of treatment acceptability during and following treatment implementation. This information represents a shift in focus, and will provide essential information for those who desire to implement the FRIENDS prevention program in Manitoba.

A further justification for the proposed social validity evaluation is much of the previous research, with the exception of the Barrett et al., 2001 study and the Stallard et al., 2005 studies, has examined the social validity of the FRIENDS program using an indicated or clinical sample of anxious children and adolescents. Many previous studies made use of extensive exclusion criteria, which may reduce the generalizablity of the social validity results from a broad school population that will necessarily include students from a range of cultural backgrounds, cognitive functioning, and behavioural functioning. The current study seeks to extend this literature by obtaining social validity feedback from children in a community setting, the school, without excluding children with intellectual or physical impairments, as opposed to the use of clinic-based samples.

Logistical accessibility makes schools an important point of intervention for children with emotional and behavioural problems. Schools play a critical role in the delivery of children's mental health services. Seventy percent to 80% of children who receive any mental health services receive them in school (Burns et al., 1995). Growing child mental health needs and an inadequate supply of school-based specialty mental health personnel have led some to suggest that an individually driven school mental health service delivery model may be inadequate (Adelman & Taylor, 1999). With finite available resources for school mental health, others have argued for the promotion of a public health model that incorporates universal or classroom-wide interventions, group approaches, and professional consultation to maximize existing school capacity (Hoagwood &

Johnson, 2003; Strein, Hoagwood, & Cohn, 2003). When providing a universal anxiety prevention program the opinions of those for whom the program is not intended, in this case non-anxious students, are of concern. As mentioned above, previous studies have looked at the social validity of the FRIENDS program with children who met diagnostic criteria for one or more anxiety disorders. In addition, children and adolescents with intellectual or severe physical impairments were not included as participants (Barrett et al., 2001). However, when implementing programs in a community setting, students other than those for whom the program was intended may well serve as a deciding factor in its long-term viability. The potential cost of a universal prevention program is offering a program to students who may not directly benefit from the program. Schools today represent systems with multiple, and often competing, pressures. An increasing number of children are being identified as having emotional, behavioural, or learning problems, which places increasing demands on education systems. Education systems have fixed resources that must be allocated across multiple needs with a priority on academic achievement. School administrators wishing to make a cost-benefit analysis about the utility of a specific intervention must take into account the potential positive effects for anxious students, and the potential costs of using valuable class time to address an issue not directly related to the majority of the student body. It is suggested that the satisfaction of all children, not just those who would meet diagnostic criteria for an anxiety disorder, will determine the actual social validity and social acceptability of a universal intervention program in the school community.

An additional consideration for including a social validity evaluation as a component of a larger school-based universal anxiety prevention pilot evaluation is that previous school-based universal prevention research examining the benefits of the FRIENDS program (Lowry-Webster et al., 2001) used samples of children in Grades 5 to 7 (ages between 10 and 13 years). The current program evaluation used Grade 4 students (ages between 9 and 10 years). Many students from this younger cohort may be at a unique developmental stage, and subsequently have unique attendant needs, such as reduced language and comprehension abilities. Implementing prevention interventions at the earliest feasible stage of development is critical, however, to be valuable, the program must be relevant, understandable and developmentally sensitive to the particular age group.

Prevention strategies by definition must be implemented prior to anxiety becoming manifest (Munoz, Mrazek, & Haggarty, 1996). However, intervening at very early stages of development presents a dilemma. Very young children may not have acquired the metacognitive abilities necessary to support the internal techniques for controlling behavior and emotions (Hergenhahn & Olson, 1997). The most opportune developmental stage for implementing cognitive behavioral prevention strategies appears to be in middle childhood from ages 9 to 12 (Barrett, 2000), as dramatic increases in mental functioning during this period have been noted by a number of developmental psychologists (Erikson, 1963; Piaget, 1970; White, 1970). Primary school children are better able to regulate their emotions and behaviors than are younger children, primarily because they

have greater cognitive capacities. Children become more aware of their actions and thoughts during the middle childhood period as self-speech becomes internalized (Berk, 1992), and there is a marked increase in self-regulation (Berkowitz, 1982). Children in the middle childhood period recognize that emotions must be regulated and are better able to interpret what is causing arousal and are more adept at reflecting and making deliberate decisions about what they ought to do in particular situations (Garber et al., 1991). Due to the fact that primary school children can learn from discussions with others, adults can use direction strategies to enlist children's ability to understand the reasons for their own and others' behaviours. For these reasons the most suitable window of opportunity for implementing preventative programs appears to be in the middle childhood years (Barrett, 2000). This social validity evaluation sought to use the perceptions of 9- and 10- year-old students with respect to how the intervention could be modified to better meet the needs of this age group.

Not only must the program be relevant, understandable and developmentally sensitive to the particular age group for which it is intended the program must also capture the interest of both female and male participants. Prevailing gender stereotypes may influence the perceptions of male participants. Based on epidemiological findings it is possible that as a group, boys, with less reported fears and worry, as compared to their girl classmates, will regard as less attractive, useful, and enjoyable a program designed to address such issues as fear and worry through the use of group discussions about feelings, publicly revealing fears and worry, and paper and pencil tasks.

The Objectives of the study

This study purported to employ direct consumer satisfaction feedback (Barrett et al., 2000a-c) to determine the social acceptability of the FRIENDS school-based cognitive behavioral anxiety prevention package for grade 4 students in a suburban school of a large Canadian prairie city. Although found to be an effective and socially valid anxiety prevention program in Australia, the United Kingdom, and the United States (Lowry-Webster et al., 2001; Barrett et al., 2001; Stallard et al., 2005; Cooley et al., 2004), it remains uncertain how the FRIENDS program will be received by children in the socio-cultural, educational and geographic context of a large Canadian prairie city. Therefore, a general program evaluation question to be addressed by this study was "to what extent do children from a large Canadian prairie city participating in the FRIENDS treatment program find it to be appropriate, acceptable and fair; and "to what extent are students satisfied with the services?"

Five specific research questions about the social validity of the FRIENDS program to be answered in this study were as follows: (1) were the skills the program designers intended to impart in each lesson the skills students focused upon? (2) Were there specific barriers to understanding the content of the lessons? (3) Did students perceive the skills taught as helpful to them in their real lives (4) did students find the lessons and the program to be a pleasurable experience? (5) Were there gender differences in the perceived usefulness and enjoyability of the FRIENDS program.

Method

Participants

All participants (n=28) in this pilot study were part of one grade 4 classroom in a middle-class suburban elementary school in a large prairie city. The school guidance counsellor observed that generally high expectations for scholastic success and other stressors have resulted in a number of students exhibiting symptoms characteristic of anxiety. However, in this study no measures were employed to ascertain the number of students exhibiting anxiety, as this was considered beyond this study's purview. Fifteen male and 13 female students between the ages of 9 and 10 years (M=10) participated in the social validity portion of the program evaluation. No student refused or dropped out of the study. One student was sick on the final day of the program and therefore failed to complete the Final FRIENDS Evaluation Questionnaire.

Participant Recruitment

Participant selection was based on convenience sampling. Conversation with the school psychologist revealed that the school team regarded the anxiousness exhibited by the student body as problematic. It was also mentioned that the school team was willing to explore innovative programs such as the FRIENDS program to address the issue. At the suggestion of the divisional school psychologist, the school principal was approached by the adviser of this thesis investigation in collaboration with the clinical child psychologist who is principal investigator of a clinical outcome study of a larger pilot FRIENDS program evaluation. The nature of the FRIENDS program was

outlined to the school principal and guidance counsellor, and the objectives of the current study were also elucidated. Once support for the study was secured from the superintendent of the school division, the guidance counsellor made the final determination regarding which grade 4 classroom was the most likely to benefit from the program. All families of members of the class were approached to consent to their children's participation in this social validity study.

Prevention/Treatment Materials

The treatment materials consisted of the FRIENDS for Children Group Leader's Manual for facilitators and the FRIENDS for Children Workbook for each child in the program to work through (Barrett et al., 2000a, 2000b). As mentioned earlier, the FRIENDS program (Barrett et al., 2000) is a group cognitive behavioral anxiety treatment and prevention program developed in Australia, which incorporates all of the basis ingredients of effective cognitive behavioral treatments (Barrett, Lowry-Webster, & Turner, 2000a, 2000b, 2000c). The FRIENDS prevention program provides instruction on cognitive, physiological, and behavioral coping strategies within a group context (Barrett et al., 2000a).

Instruments

Questionnaires represent the typical measurement approach to treatment acceptability (Finn & Sladeczek, 2001). Finn & Sladeczek (2001) in their review of treatment acceptability measures reported that the Children's Intervention Rating Profile (CIRP; Witt & Elliott, 1985) is the only published scale specifically designed to assess treatment acceptability in elementary school children.

However, one drawback of the CIRP, according to Finn & Sladeczek, 2001, is that it is written at a fifth-grade reading level, which implies that its use is limited to older children and may not be suitable for children with reading or language difficulties. Consequently, a social validity questionnaire specific to the current study was developed with the specific student demographics in mind.

Researchers have noted that the ideal social validity questionnaire ought to address specific components of treatment programs such as the weekly lessons taught and the homework tasks, as well as include an overall measure of satisfaction and acceptability (Barrett et al., 2001). Schwartz and Baer (1991) indicated that assessing a program's constituent components augments the utility of social validity information gathered. Global satisfaction measures may mask which factors of the combined treatment package affect satisfaction ratings most (Foster & Mash, 1999). However, measures of various components of combined treatments may not accurately represent their influence on overall satisfaction or acceptability when the treatments are presented as a package (Foster & Mash, 1999). Thus, both specific components of treatment packages and an overall measure of satisfaction and acceptability were used in this study to examine social validity. In response to the practical consideration of determining if the conceptualization and design of the FRIENDS program is suitable for younger students in a different school and societal environment, students' social validity perceptions were assessed weekly throughout the intervention, and immediately after termination of treatment.

Social Validity Measure Development

The treatment acceptability materials consisted of two questionnaires; a Weekly FRIENDS Evaluation Questionnaire administered following each session, and a Final FRIENDS Evaluation Questionnaire administered following the completion of the program. The social validity assessment tools were designed to be relatively quick and easy indices for assessing treatment acceptability of school-based interventions. The questions were formulated using various sources of information, primarily relying, as a template, on the treatment acceptability measure in the Friends Support materials for Program Evaluation 2000 employed in Barrett et al.,'s (2001) social validity study of the FRIENDS program. General areas addressed in the Friends Support Material for Program Evaluation and the Weekly FRIENDS Evaluation Questionnaire include the perceived usefulness of the skills taught, understandability of lessons and materials, confidence in using the information, rate of homework completion, and the perceived utility of the homework task. Unlike Barrett et al.,'s (2001) study, the child participants in the current study were questioned weekly on the information and skills learned in the session in addition to a questionnaire focusing on the children's final evaluation of the FRIENDS program. It is assumed that the Weekly FRIENDS Evaluation Questionnaire would have similar content and construct validity as the one provided in the Friends Support materials for Program Evaluation 2000, although no correlations between the two sets of measures were performed to validate the former measure.

The measures were first developed by generating sample questions that had been judged to have face validity regarding students' evaluations of treatment practices. A colleague was asked to informally rate the suitability of each test item to improve face validity for its intended use. From this pool, members of the researcher's thesis committee suggested further improvements to the face validity of the test items to reduce item complexity, in terms of sentence structure, and to vary item descriptors, to achieve a developmentally sensitive measure of treatment acceptability among elementary school children. In addition, the measures were validated on a sample of 6 grade 4 children for understandability and ability to complete the questionnaires. Following this, the school guidance counsellor assessed the questionnaires and provided suggestions based on her knowledge of the specific elementary school children in the study sample.

The format of the questions included Likert-type scales, yes/no questions, multiple-choices, and open-ended questions. A reduced response format (i.e., 4-point Likert scale versus the standard 7-point) was used to maintain the simplicity of the responses to the measures. This was in keeping with the Questionnaire format used by Barrett (2000) in the Friends Support Materials for program evaluation. Fixed anchor point descriptors for each item were used. Open-ended response format questions followed each Likert-scale question, to provide opportunities for greater response breadth and depth. In order to reduce demand characteristics, the anonymity of respondents was preserved through the omission of identifying information.

Admittedly, considering the small sample size used in this study, the psychometric properties of the measures developed have not been established adequately, as they were not subjected to formal statistical analysis, nor were they compared with existing measures.

Social Validity Measures

Weekly FRIENDS Evaluation Questionnaire

Following each weekly FRIENDS session, students were asked to complete a Weekly FRIENDS Evaluation Questionnaire (see Appendix A) on the information and skills learned in the session. The questionnaire contains 11 items in total.

Question #1. The first item on the questionnaire solicited students' recall and understanding of the information provided in each weekly lesson. Question #2. The second item surveyed the extent to which students perceived the weekly lesson to be understandable, and called for the students to rate on a 4-point Likert scale, the extent to which each lesson was presented in an understandable manner. Question #2a. Item 2a provided an open-ended format for students to report any specific difficulties they may have experienced in understanding the lesson taught. Question #3. This item invited students to think about recent fear-evoking events they may have experienced in their lives and to rate, on a 4-point-Likert scale, the extent to which they regarded the skills taught in the weekly lesson as helpful in dealing with the situation. Question #3a. An open-ended format question followed question #3 which gave students the opportunity to explain the reason or reasons for regarding the lesson as helpful or not helpful in

coping with a specific anxiety evoking situation. Question #4. On this item, students rated, on a 4-point-Likert Scale, the extent to which they regarded the session as an enjoyable experience. Question #4a. Students were requested to list one thing that they liked the most in the weekly lesson. Question #4b. Students were requested to list one thing that they liked the least in the weekly lesson. Question #5. Beginning in the second session, an additional item was included, surveying, in a yes/no format, the completion rates of the homework task. Question #6. Students were asked to rate the perceived usefulness of the homework task on a 4-point Likert scale. Question #7. Finally, an open-ended question queried ways in which the weekly lesson could be improved to be more helpful for other students.

Final FRIENDS Evaluation Questionnaire

A second 9 item measure, the Final FRIENDS Evaluation Questionnaire (See Appendix B), assessed students' global impression of their experience with the FRIENDS program.

Question #1. The first item of the Final FRIENDS Evaluation Questionnaire surveyed, by means of a 4-point Likert format, the extent to which participants enjoyed the program as a whole. Question #2. On the second item students responded in a yes/no format regarding the likelihood that they would recommend the program to other children their age. Question #3. On this item children were requested to evoke an upsetting situation that may have occurred in their lives within the past few weeks. Question #3a. As a follow-up question to question #3 question #3a asked students to identify which, if any, skills taught in

the various FRIENDS lessons helped them to cope with the upsetting or worrying situation they encountered. Question #4. This item surveyed, in an open-ended format, students' subjective views regarding the 'best' parts of the FRIENDS program. Question #5. This item surveyed, in an open-ended format, students' subjective views regarding the 'worst' parts of the FRIENDS program. Question #6. A 4 point-Likert Scale item was used to survey students' perceptions regarding the helpfulness of the overall program in managing their daily stressful events. Question #7. Students were asked to estimate the perceived helpfulness of the program for other students in their classroom. Question #8. Finally, an open-ended format question, requesting students to outline their overall feelings about the FRIENDS program, rounded out the questionnaire.

Design and Procedure

A letter was issue to all legal guardians of children participating in the FRIENDS program indicating that their child was to take part in a program designed to improve emotional resiliency and problem-solving abilities as part of the classroom curriculum during regular school hours in the current year. Attached to this letter was an information sheet/consent form outlining the nature of this current study (see appendix C). Guardians were notified that children, whose legal guardians provide consent to participate, would be asked to complete the self-report questionnaires within regular class time. Those students, whose legal guardians did not provide consent to participate in the study, would be given an opportunity to complete various school related tasks provided by, and under the supervision of the regular classroom teacher for the

five to ten minutes it would have taken to complete the questionnaires. Legal guardians were asked to sign and return the consent form to the school if they wished to have their child participate in the study. No guardian declined consent for their child to participate in the present study.

Guardians were told that at the end of each weekly session, and at the end of the final session, the program facilitator would read the questionnaire instructions aloud to the students. Guardians and students were informed that all questionnaire responses were to be confidential, as only the researchers would have access to the questionnaires and raw data. However, to ensure student safety, students were assigned numbered envelopes in which to place their completed questionnaires. The questionnaires were reviewed for issues of a sensitive nature, such as child safety issues including maltreatment, and the safety of others. If such issues were to have arisen school and legal authorities were to be notified. Once student safety was ensured the numbers were separated from identifying individual students' responses. No legal guardians declined consent to participate in this study, and no students reported issues of safety or maltreatment.

Pre-program Implementation

The program facilitator (school guidance counsellor) received training in implementation of the FRIENDS program by attending 4 training sessions with the clinical child psychologist who collaborated on this research, and who remained accessible to the facilitator to consult on program process issues and to supervise treatment integrity.

Program Implementation

Session Structure

The FRIENDS program consisted of 10 weekly sessions:

Session 1

The first session involved an introduction to the group, group process building, some rapport development, and normalization of anxiety, followed by a homework activity in which students were asked to notice a time when people in their family were happy and had fun.

Session 2

In the second weekly session students were taught skills to identify and communicate emotions. Activities included identifying how you look, what you do, and what you say when showing different feelings. The homework activity involved listing 3 things participants love doing, 3 things they find difficult to do, and 3 things they feel nervous about doing.

Session 3

In session 3 students were taught about the relationship between thoughts and feelings. Students were introduced to the notion that thoughts control feelings and behaviour, and that the individual has control over the way he or she thinks about situations. The session activity involved reading two short vignettes and predicting how the characters' thoughts might result in various feelings and behaviour. Unhelpful thoughts were distinguished from helpful thoughts. The home activity involved choosing a situation in which the participant felt happy and one that made her or him feel sad or worried. Students were requested to write

down their thoughts, feelings, and behaviours for each situation. In the second part of the home activity, students were instructed to draw a line connecting various thoughts to the resulting feelings.

Session 4

Session 4 began with instruction on how to recognize body cues when participants feel nervous or scared. Participants were reminded to regard their bodies as their FRIENDS. The first step for coping with worries was introduced and represented by the letter F for "Feeling Worried?" Students were taught to identify when they are feeling worried, by listening to their body clues. The second step for coping was indicated by the letter R for "Relax and Feel Good". Instruction was provided on relaxation techniques, including identifying relaxing and gratifying activities. The session activities involved identifying and listing five things that students could do to make themselves feel better when confronted with challenging situations. The second activity was to identify a situation in which a friend felt worried or sad, then to generate ideas to help that friend feel better. The weekly home activity involved practicing the relaxation games daily, students were asked to keep a daily log of the time they were able to use the relaxation techniques.

Session 5

The fifth session began with the third step for coping with worries, which was represented by the letter I for "Inner thoughts". Students were instructed to identify and challenge negative self-talk and to substitute helpful thoughts for unhelpful ones. The home activity involved identifying unhelpful thoughts in a

case vignette. The second part of the home activity involved listening to one's own negative self-talk while in the midst of a difficult or worrying situations during the week, then to try and think of some more helpful thoughts to replace the negative thoughts.

Session 6

Session 6 began with a review of the steps for FRIENDS learned so far (F, R, I). This was followed by an attention training exercise where students were instructed to pay attention to easy, happy things when a scary situation inevitably arose in their lives. The session activity, known as 'Thought Terminator', involved students seeking out 'thought invaders' (negative or unhelpful thoughts) and challenge them to a 'truth battle'. Students were instructed to think of a 'thought ally' (a positive or helpful thought) to replace the negative thought. Students were then instructed to take action for coping with worries, which is the fourth step for coping with worries, represented by the letter E for "Explore plans". Session activities included identifying how others have been able to successfully manage a difficult or scary situation. The next session activity was to identify their "support team", or people who can help them to deal with difficult situations.

Session 7

The 6-block problem-solving plan was introduced in session 7. The 6-block problem solving plan involves (1) identifying the problem; (2) generating different possible solutions; (3) listing possible consequences for each solution; (4) choosing the best solution based on what might happen; (5) putting the plan into

action; (6) evaluating the outcome by assessing good and bad points. In the next activity students were asked to solve an entertaining problem using the 6-block problem solving plan. Next, the Step plan (graduated exposure) for coping was introduced. Students were told that the step plan was a way of breaking down a difficult situation into small steps. Students read case vignettes about others using the step plan. The home activity was to use the 6-block problem solving plan when they were faced with a worrying or hard situation during the week.

Session 8

Students reviewed the previous steps of the FRIENDS plan, followed by a review of the step plan introduced in session 7. The session activity involved developing their own step plan, and identifying helpful thoughts and rewards for each step. The concept of self-reward was introduced and was represented by the letter N for "Nice Work So Reward Yourself". The importance of rewarding oneself for effort was emphasized. The activity involved identifying and listing 5 things that they could use as rewards. The second session activity involved identifying the good things in difficult situations in order to be able to reward themselves for trying hard. The home activity involved putting the step plan into action.

Session 9

The sixth step for the FRIENDS program was introduced, represented by the letter D for "Don't Forget to Practice". The final step was represented by the letter S for "Stay Calm", was introduced. Students were told that when they are feeling worried or nervous, try to stay calm, because they know the steps of the FRIENDS program. All of the steps in the FRIENDS program were reviewed.

The home activity was to climb the second step of their step plan. Students were to write what they did well when they climbed the second step of the step plan, then to think of some ideas that may help them cope better next time. Then students were asked to make a bookmark to help them remember the FRIENDS plan.

Session 10

Session 10 involved identifying potentially difficult situations that may arise in the future, and to think of positive, coping ways of being able to deal with these difficult situations in advance. The home activity involved completing step 3 and 4 of their own step plan.

Data collection

Following each weekly FRIENDS lesson students whose guardians provided consent for their participation in the study were asked to remain seated at their own desk as instructions on completing the questionnaires were read aloud by the program facilitator. The questionnaires were placed on each student's desk in a manila envelope marked with numbers and no other identifying information. Students were told not to put their names on the envelopes or questionnaires, as student anonymity was required to reduce demand characteristics. It was emphasized that there were no incorrect answers. The program facilitator was prepared to assist individual students with questions. Once completed the questionnaires were placed back into the manila envelopes to be collected by the program facilitator. Only the study investigator had access to the study data. Each student was assigned a number so

questionnaires could be tracked over the course of the program, and as a means of identifying students who may have reported information of a sensitive nature, such as child protection issues. No such reports were made during the course of this study.

Results

Integrated research designs that combine qualitative and quantitative approaches are becoming more common among educational and behavioural science program evaluators. This is in part due to a growing acknowledgement that effective applied researchers must use pragmatic methods that most accurately answer questions which cannot be answered by either approach separately. Many questions that quantitative researches ask have a qualitative aspect, and many of the qualitative questions have quantitative implications. Moreover, quantitative and qualitative techniques each provide different levels of breadth and depth, therefore each method has differing degrees of generalizability and focus on specific populations. The approach, in which one uses more than one method to study the same phenomenon is termed triangulation, and is seen as the primary advantage of the mixed method research designs. Quantitative researchers are becoming increasingly aware that the accuracy and validity of some of their data may be uncertain particularly because child survey respondents may not understand the meaning of questions to which they respond.

A fundamental tenant of program evaluation is that evaluations are designed with a range of audiences in mind. In addition to researchers in

academic settings various other "stakeholders" in the educational community may at times be the intended audience for particular program evaluations. Many educational administrators are sceptical about "number crunching" and consider the richer data obtained through qualitative research to be more informative and convincing as it provides more insight into individual information. Clinicians working in applied settings, such as schools, must also recognize that most interventions are introduced into complex social environments with features that are quite different from a sterile laboratory.

When investigating perceptions and attitudes among grade school children it is likely most beneficial to use a variety of data collection methods to minimize the weaknesses of any single approach, thereby increasing the validity and reliability of evaluation data. A multimethod approach to conducting social validity evaluation data, in which child participants are asked to provide their subjective views, may in fact increase the validity and reliably of the data collected. It is for this reason that descriptive and qualitative reporting was chosen as best capturing the details of the data for this social validity evaluation.

Weekly FRIENDS Evaluation Questionnaire

1. Information obtained by students from the Weekly lessons.

This question, which asked students to list 2 things that they learned during each weekly lesson, was designed to assess, in a general way, students' understanding of the intended therapeutic skills, and to ensure that the desired skills were the ones students focused upon. As noted, additional open-ended format questions were included to improve the depth and breadth of the

information gathered. To summarize the data the following steps were taken: 1) experimenter reading of all responses, 2) identified themes or "categories" of responses based on the reading, 3) coding all responses based on the developed categories, and 4) a colleague checked for consistency of coding.

Responses were coded as fitting into 6 themes or categories. Category definitions include (1) comments or statements that reflected the intended skill taught in the lesson; (2) comments or statements of a general nature reflecting the general intent of the program or reflecting the previous lesson's objectives (3) comments or statements regarding the materials and activities or procedures about the activity, or simple statements reflecting learning of a specific vocabulary (i.e., "I learned what cope means") (4) social interpersonal comments; (5) no response or "I don't know", (6) comments or statements that reflect a fundamental misunderstanding of the intended lesson.

As a rudimentary attempt to provide a measure of reliability a second person coded all participants' responses, matching the responses to the six defined categories. The questions and written responses were duplicated and they were coded independently of the principal investigator. Where disagreement existed discussions resulted to achieve a consensus decision. Two instances of inconsistencies were noted, and were adjusted accordingly.

It was found that across sessions students were able to accurately identify the intended skills taught 61% of the time, and they made comments reflecting the general intention of the program or identified the objectives of the previous lesson 24% of the time. Only one occasion was identified where a fundamental

misunderstanding of the lesson occurred. This suggests that the majority of student participants focused upon the most salient therapeutic aspects of each weekly lesson.

2. Perceived Understandability of the Weekly FRIENDS Lessons.

Percieved Understandability of the Weekly FRIENDS Lessons
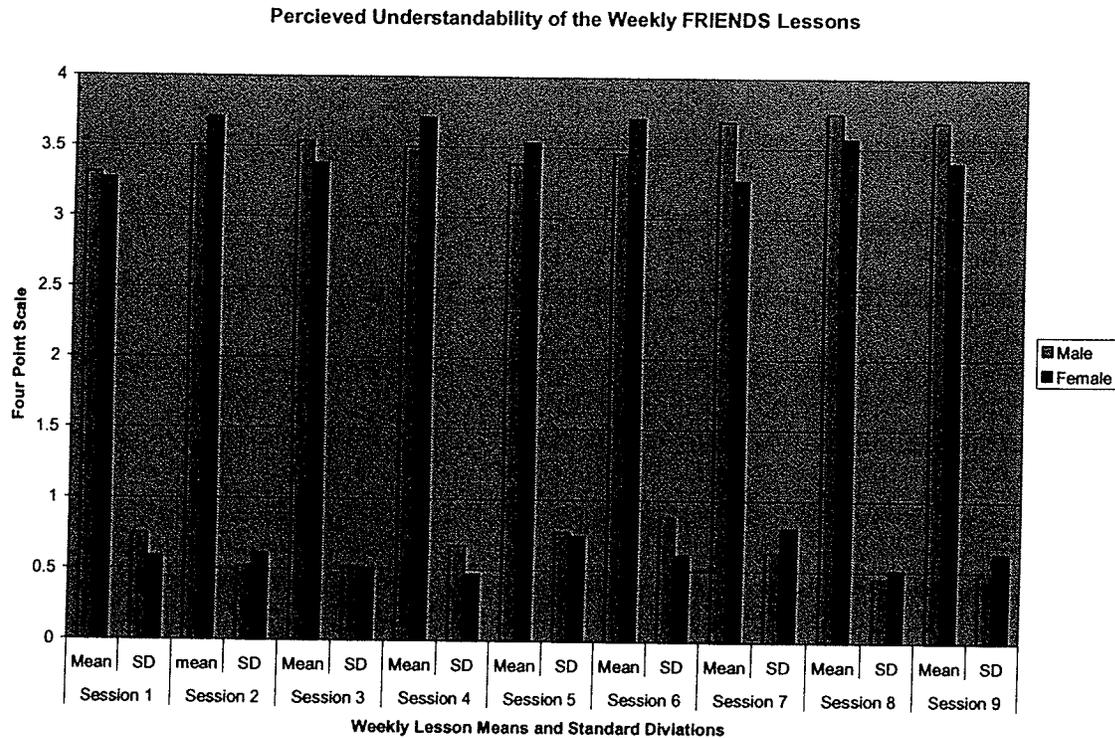
Based on the understandability scale; 1 (it was very hard to understand) 2 (It was a bit hard to understand) 3 (it was easy to understand) to 4 (it was very easy to understand), the average response regarding how understandable the lessons were for all weekly lessons was 3.52 out of 4 (SD= 0.63) across genders. The above graph illustrates students' perceived understandability of each weekly lesson for male and female participants. As can be seen all weekly lessons were perceived to be "Easy" to understand to "Very Easy" to understand, with a range from 3.29 out of 4 (males M = 3.31 SD = 0.75; females M = 3.27 SD = 0.59) for

lesson 1(introduction and normalization of fears) to 3.66 (males M = 3.75 SD = 0.45; females M = 3.57 SD = 0.51) for lesson 8 (the step plan and self reward).

Gender Differences for Perceived Understandability of the Weekly lessons.

When responses were averaged by gender male students rated the understandability of the lessons as 3.54 out of 4 (SD = 0.64) and female students rated the lessons as 3.5 out of 4 (SD = 0.63). A t-test analysis was performed and no statistically significant differences in the reports of the understandability of the weekly lessons for males and females was found, $t(26) = 0.069$, $p<.05$ ns. Female participants rated lessons 2 (introduction to feelings) (M=3.71, SD=0.61), 4 (listening to body cues and relaxation activities)(M=3.71, SD=0.47) and 6 (challenging unhelpful thoughts, exploring plans, and identifying supports) (M=3.71, SD=0.61) as the most understandable lessons. Male participants rated lesson 7 (6-block problem solving plan, and step plan) as the most understandable lesson (M=3.75, SD=0.45)

Students' Qualitative Responses of the Understandability of the Weekly Lessons

Descriptively, when student participants' responses were analyzed collectively it was found that the understandability of the program was positively influenced by three general variables. The three variables that enhanced the understandability of the FRIENDS program included, previous exposure to the skills taught - (15% of responses) (examples of responses include; "I have talked about it before, I think I just heard it before"), facilitator effects (8% of responses) (examples of responses include; "The teacher made it easy for me to understand", "you talked in an understanding way" "Mrs. Dinee said it in good

words" "the speaker spoke clearly" "the teacher did a very good job of explaining"), and having the workbook to work through (2% of responses) (examples of responses; "reading", "we were looking in our booklets" "the books"). Students who struggled to understand the lessons cited "because some of the words in the book", and "some words that people would say I didn't understand" and because "some of the questions were hard" as some of the reasons. A further criticism with regard to level of understandability cited for the program was "I just feel it is a bit young", and "I think you could make it more for our age."

3. *Perceived Helpfulness of the Weekly FRIENDS Lessons*

Perceived Helpfulness of Weekly FRIENDS Lessons
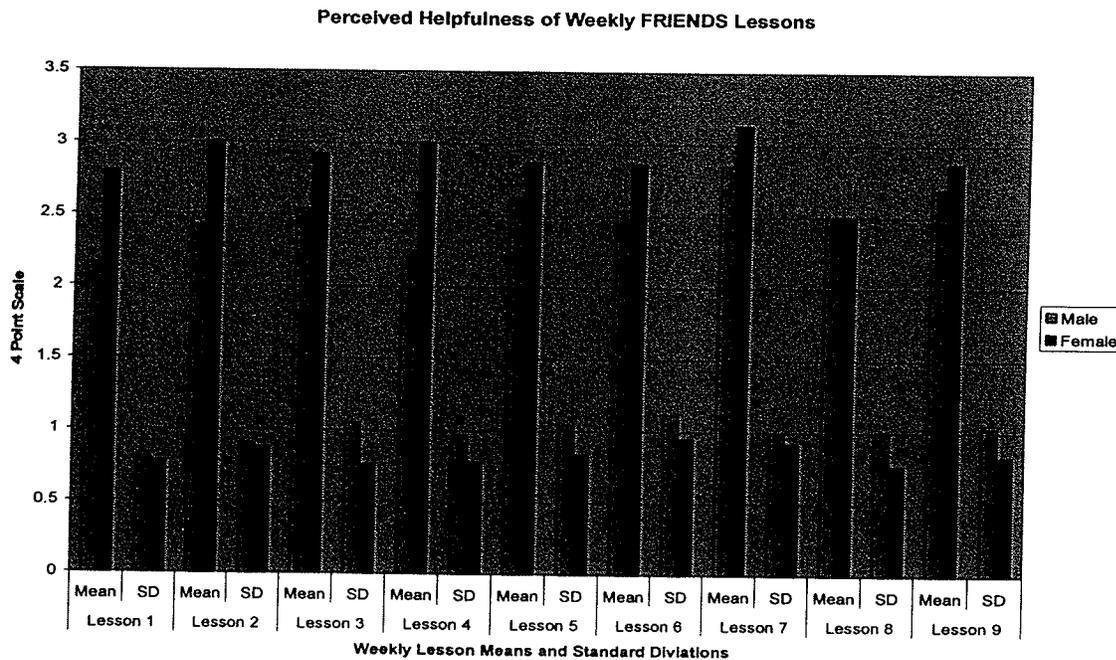
Based on the helpfulness scale; 1 (not at all helpful) 2 (a little helpful) 3 (helpful) to 4 (a lot helpful), the average response across weekly lessons regarding the perceived helpfulness of the FRIENDS lessons in improving coping skills with nervous or scared feelings was 2.7 out of 4 (SD = 0.90). The above

graph illustrates students' perceived helpfulness of each weekly lesson for male and female participants. The lessons ranged from 2.48 out of 4 (males M = 2.15 SD = 0.80; females M = 2.80 SD = 0.78) for lesson 1(introduction and normalization of fears) to 2.99 (males M = 2.85 SD = 0.99; females M = 3.13 SD = 0.92) for lesson 7 (6-block problem solving plan and the Step Plan for coping).

Gender Differences for Perceived Helpfulness of the Weekly Lessons

When the responses were averaged for gender, male students rated the helpfulness of the weekly lessons as 2.51 out of 4 (SD = 0.98) and female students rated the lessons as 2.88 out of 4 (SD = 0.83). A *t*-test analysis was used to examine the effects of gender on perceptions of the helpfulness of the weekly therapeutic activities. Male participants reporting the intervention to be significantly less helpful than did female participants, *t*(26)=-3.17, p <.05). Lesson 7 (6-block problem solving plan, and step plan) was judged to be most helpful by both male and female participants (males M = 2.85, SD = 0.99; females M = 3.13 SD = 0.92). Male participants rated lesson 1 (introduction) as least helpful (M = 2.15, SD = 0.80), whereas female participants rated lesson 8 (step-plan and self-reward) as least helpful (M = 2.5 SD = 0.76).

Students' Qualitative Responses of the Helpfulness of the Weekly FRIENDS Lessons

In their written comments, the participants' responses reflected the acquisition of new skills as helpful. Examples of responses included; "I found it was helpful to know how there is different ways to deal with your feelings", "I think it was helpful because if I'm nervous I'll think of what we talked about", and

the normalization of fears, "Because I kind of know that I'm not only one scared – even boys" and how students can help other students, "I think it is helpful because if one of my friends are nervous or sad I will do what she told us to do". It also promotes hope for the future, "because I get nervous a lot because I have gymnastics competition, figure skating competitions and stuff like that. I think that it's helpful because it can help you in your future." There were no student participant comments indicating that the program was unhelpful in any way.

4. Perceived Enjoyability of the Weekly FRIENDS Lessons

Percieved Enjoyability of Weekly Lessons
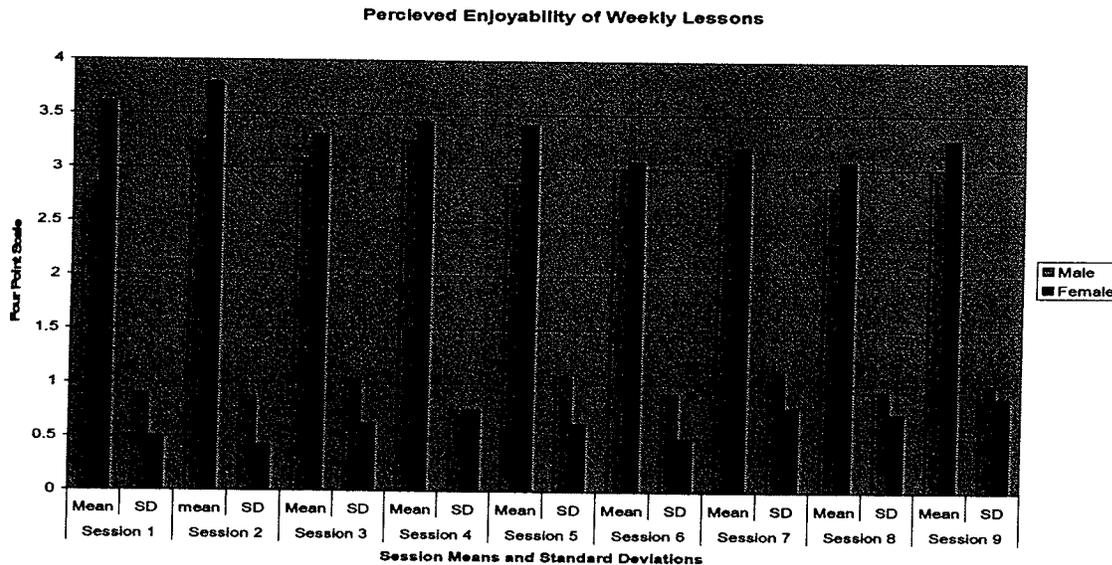
In terms of students' ratings of the extent to which each weekly lesson was regarded as an enjoyable experience, on a scale of 1(Did not enjoy at all), 2 (Mostly did not enjoy) 3 (Enjoyed some), and 4 (Enjoyed a lot), the average response regarding how enjoyable each weekly lesson was for all weekly lessons was 3.18 out of 4 (SD = 0.80) across genders. The above graph illustrates students' perceived enjoyability of each weekly lesson for male and female participants. The lessons ranged from 2.95 out of 4 (males M=2.83 SD =

0.94; females M = 3.07 SD = 0.73) for lesson 8 (the step plan and self reward) to

3.52 (males M = 3.25 SD = 0.87; females M = 3.79 SD = 0.43) for lesson 2

(Identifying and communicating emotions).

Gender Differences for Perceived Enjoyability of the FRIENDS Weekly Lessons

When the responses were averaged by gender, male participants rated

the enjoyability of the FRIENDS lessons as 3.02 out of 4 (SD = 0.94) and female

participants rated the lessons as 3.34 out of 4 (SD = 0.65). A t-test analysis

revealed a significant difference at the .05 level with male participants reporting

the FRIENDS weekly lessons to be less enjoyable as compared to the reporting

of female participants, t(26) = -3.5, p<.05.   Male participants rated lesson 2

(introduction to feelings) (M = 3.25, SD = 0.87) and lesson 4 (identifying body

cues and relaxation exercises) (M = 3.25, SD = 0.75) as the most enjoyable

lessons, the female participants also rated lesson 2 (introduction to feelings) as

the most enjoyable lesson (M = 3.79 SD = 0.43). Male participants rated lesson

8 (step-plan and self-reward) as least enjoyable (M = 2.83, SD = 0.94), female

participants also rated lesson 8 (step-plan and self-reward) (M = 3.07 SD = 0.73)

as least enjoyable along with lesson 6 (challenging unhelpful thoughts, exploring

plans, and identifying supports) (M = 3.07 SD = 0.48).

Students' Qualitative Responses of the Enjoyability of the Weekly Lessons

At a descriptive level, the participants responses suggested that they

derived pleasure from reading the stories; "I liked reading the story in a group",

"Tom and Jessica's story", having the workbook for reference; "the book",

"getting the booklet", playing games, acting, and roll play activities; "I liked the

sherades [charades] ", "we got to play a game" and reading the stories; "I liked reading the stories about feelings, thoughts, behaviour" and the relaxation exercises. The components of the program that were least liked included "sitting down for a long time" "sitting at my desk" "working on the floor", "I didn't like all the talking" 'listening to all the talking" "writing" "when we wrote stuff down" "my hand hurts we had to write a lot" and "homework" "reviewing".

5. *Rate of Homework Completion*

Percentage of Children who Completed the Weekly Homework Task by Gender
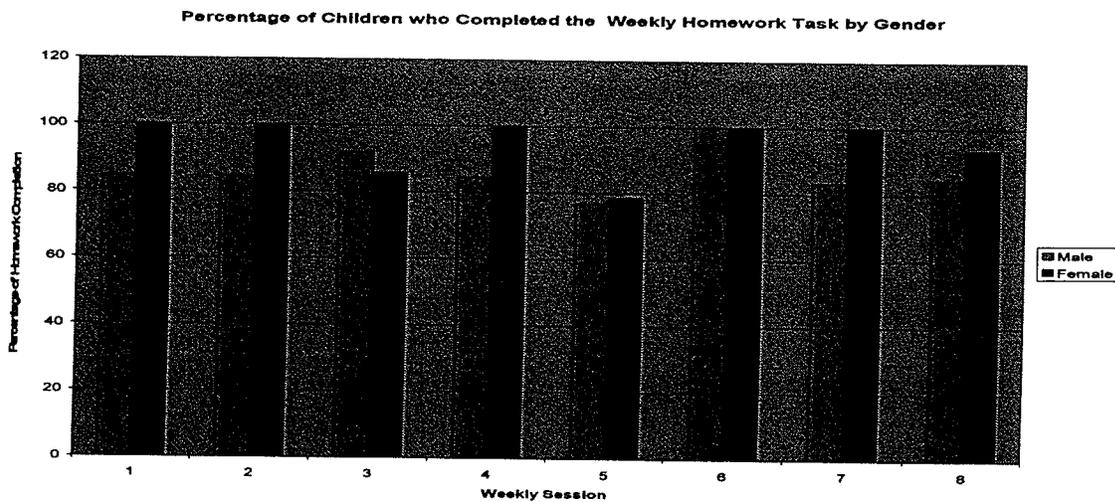
The above graph displays the results from the weekly questionnaire on the number of children who completed the homework task for each session and how useful it was perceived to be. The session with the highest proportion of children who completed the homework task was session 7 with 100% completion rate. *Gender Differences for Homework completion and Perceived usefulness of the FRIENDS Weekly Homework tasks.*

Overall, males completed the homework tasks 87% of the time, whereas female participants completed the homework tasks 94.7% of the time. When students were asked how useful they found each weekly homework task the

mean homework rating across sessions and gender was 2.78 out of 4 (SD = 0.96). On average males rated the usefulness of the weekly homework tasks with 2.33 out of 4 (SD = 1.0) and females reported a rating of 2.6 out of 4 (SD = 0.70). A t-test analysis was performed and it was found that male participants reported the homework tasks to be significantly less useful than did female participants, $t(26) = -2.7$, $p<.05$. The homework task with the highest rating by male participants was lesson 6 (identifying unhelpful thoughts in a case vignette and identifying unhelpful self-talk) (M = 3.1, SD = 0.99) females rated the homework task for lesson 3 (Finding 3 things you love doing, you find difficult to do and you feel nervous about doing) as the most useful (M = 3.25, SD = 0.75). The homework task deemed least useful by male participants was lesson 5 (Practicing relaxation games daily) (M = 2.27, SD = 1.19), and female participants deemed the homework task for lesson 9 (putting the step plan into action) to be the least useful (M = 2.57, SD = 0.938).

6. Students' Descriptive Responses on the Positive and Negative Aspects of the FRIENDS Program

Students were provided an open-ended question to communicate the parts of the lesson they liked the most, and to list the parts of the program they liked the least.

Positive Comments

A sample of responses included; "It will help other people because it helped me." "You don't need to improve the FRIENDS program", "Nothing it is a great program already."

Negative Comments

Some of the comments that student participants provided to improve the FRIENDS program included; "let us stand up more", "do more in first lesson", "include an individual component" "You don't know me and how do you know that those ways to cope will help me? Don't talk to the group talk to us individually!" "Do more activities" "more games" "have some more fun activities" "more partner work" "I think you should act out the stuff more" "talk more about the step-program" "we could use more class time to do this because I am a little rushed", "use more classes for this program", "Don't have homework" "pretty fun. A tiny more fun would do it for me." "I think it's good the way it is but partner work is a fun way to learn."

<u>*Final FRIENDS Evaluation Questionnaire*</u>

1. Student Perceptions of the Enjoyability of the FRIENDS Program as a Whole.

Perceived Overall Enjoyability of FRIENDS Program

Four Point Scale
1 = Not At All, 2 = A Little, 3 = Some, 4= A Lot
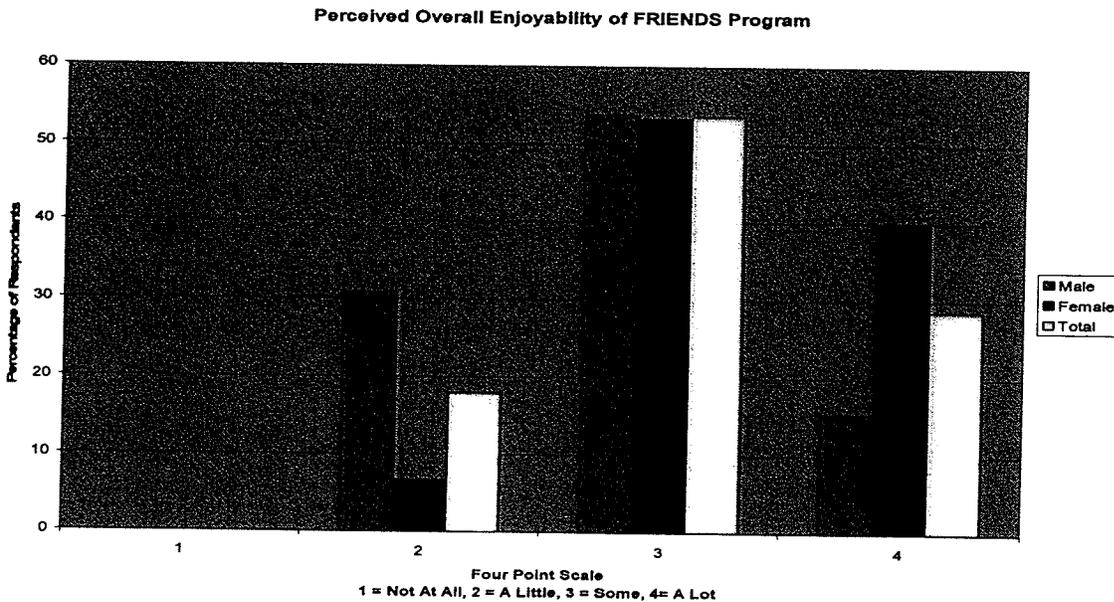
Students' global ratings regarding the extent to which they enjoyed participating in the FRIENDS program as a whole was assessed on an enjoyability scale ranging from 1 (not at all), 2 (a little), 3 (some) to 4 (a lot). The mean response was 3.11 out of 4 (SD = 0.69)(N=28) across genders.

Gender Differences on the Global Enjoyability of the FRIENDS Program.

Male students' mean ratings of overall enjoyability was 2.85 (SD= 0.69) (N=13), whereas female students mean ratings of the overall enjoyability of the program was 3.33 (SD=0.62) (N=15). A t-test analysis was performed to examine the effect of gender on global ratings of enjoyability of the FRIENDS program. A significant difference at the .05 level was found with males reporting less global enjoyability than female participants, $t(24)$ = -7.29, p<.05.

2. Students' Reported Likelihood of Recommending the FRIENDS Program to Other Children

Reported Liklihood of Recommending the FRIENDS Program to other Children
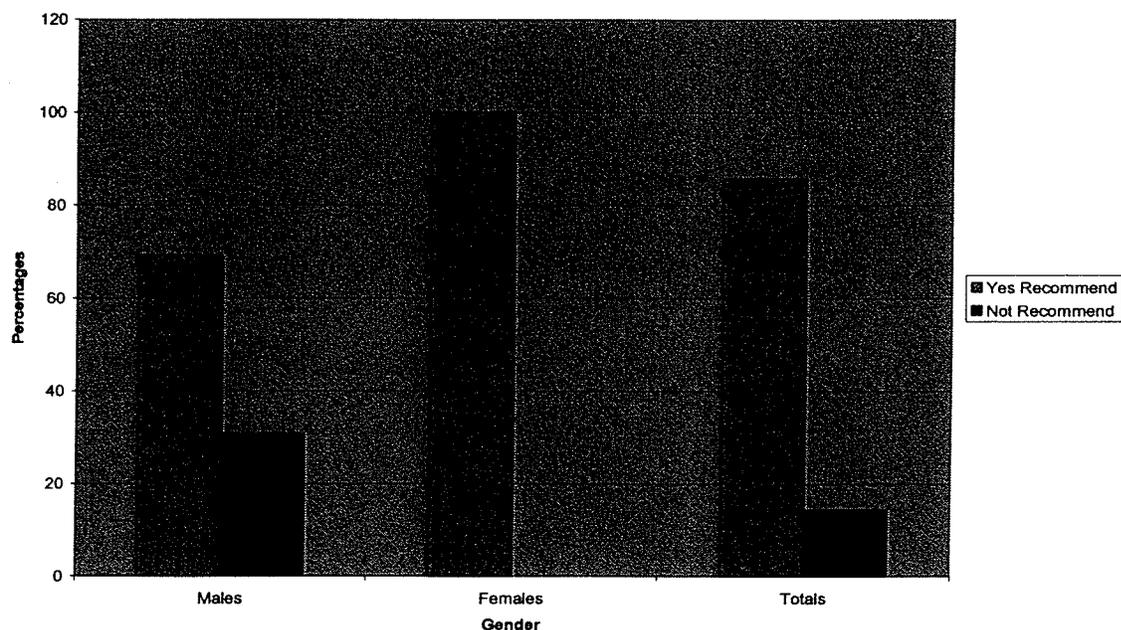
When asked, in a yes or no format question, whether they would be inclined to recommend the program to other children 85.7 % of students reported that they would recommend the program to other children their age. Sixty nine percent of male participants reported that they would recommend the program to other children whereas 100% of the female participants would recommend the program.

3. Difficult Situations Experienced by Students

Students were asked to evoke an upsetting situation which confronted them in the "past few weeks" and to write the scenario in the space provided on the *Final FRIENDS Evaluation Questionnaire*. Slightly more than 25% of responses indicated that peer or sibling relations were regarded as upsetting situations, examples included "all my friends didn't want to play with me", "me and my sister were fighting", "when my friend got mad at me for no reason and then through (sic) a frizbe (sic) at me." Sports competitions, extracurricular music recitals and music exams were stated to be fear-evoking 25.9% of the time situations. The remaining 22% of the time school tests and/or presentations were related to be the upsetting situation. Finally moving to a new school was the concern for 7.4% of the students in this sample.

4. Perceived usefulness of specific skills taught in the FRIENDS Program

Students were asked to identify which skills taught in the FRIENDS program, if any, had helped them to cope with the upsetting or worrying situation evoked in the previous question. Students were free to choose any number of the nine options presented (relaxation exercises, deep breathing, thinking helpful

thoughts, changing negative thoughts to positive thoughts, step plan, 6-block problem-solving plan, recognizing feelings in yourself, recognizing feelings in others, and helping others to feel good). Students were also able to choose a tenth option in which none of the activities in the FRIENDS program were useful in handling this situation. On average students endorsed 4.85 items. The three coping skills taught that were perceived to be the most useful were the relaxation exercises (used 81.5% of the time), the deep breathing (used 74.1% of the time) and the thinking helpful thoughts, (used 66.8 % of the time). The three least utilized skills taught were the 6-block problem-solving plan (used 40.7% of the time), recognizing feelings in others (used 37% of the time) and helping others to feel good (used 33.3% of the time).

5. Student Perceptions regarding the Best Part of the Program

Descriptive information gathered from participants indicated that 18 of the 27 students (66.7%) said the relaxation techniques and games were the best part of the program. Specific comments included; "The relaxation game because it can help me", "The relaxation games because they were fun", "the relaxing because I felt good after", "Doing the relax games, why because it was fun and it was relaxing and it helped me with the problem". Two of the 27 students (7.4%) said that the "partner work" was an enjoyable part of the program, two other students (7.4%) said the role-play activities were the best part. One participant stated that the best part of the program was "the inner thoughts part because I learned it was helpful." One student said the step-plan was helpful in learning to cope and another enjoyed the activities.

6. Aspect of the FRIENDS Program Students Reported liking least

Fourteen of the 27 student participants (51.9%) stated that they enjoyed every aspect of the FRIENDS program and therefore had no comments in this regard. Specific criticisms from the remaining 13 students included; "the word FRIENDS because it took so long", "Reviewing. Once is ok but not so many times" and "All the talking it was kind of boring to listen to it all".

7. Student Perceptions of the Helpfulness of the FRIENDS Program as a Whole.

Perceived Helpfulness of the FRIENDS Program in Learning to Cope with Difficult Situations
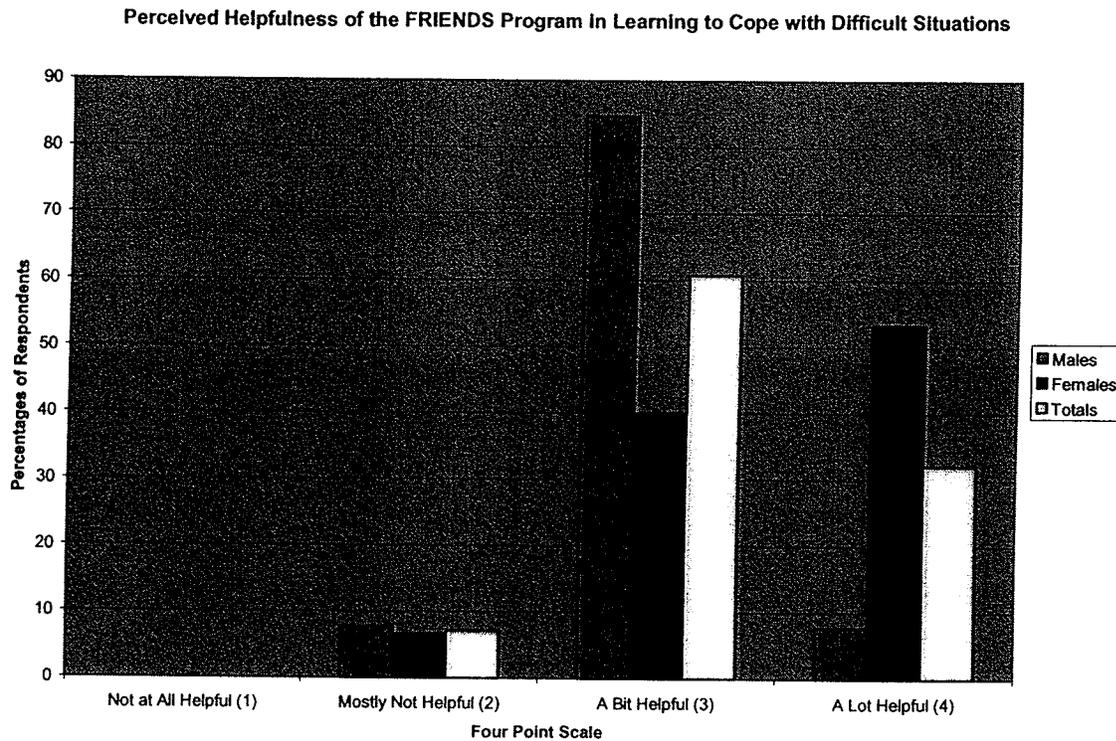
When asked how helpful the FRIENDS program was with learning to cope with difficult or worrying situations on a scale from 1 (not at all helpful), 2 (mostly not helpful), 3 (a bit helpful), to 4 (a lot helpful) students' overall mean rating was 3.25 out of 4 (SD=0.59)(N=28). The above graph represents the percentages of

students' responses to the helpfulness scale, with no students reporting that the FRIENDS program was 'not at all' helpful, 5% of students reported that the FRIENDS program was 'Mostly Not Helpful', 60% of students reported that the FRIENDS program was 'A Bit Helpful', and 31% of students reported that the FRIENDS program was 'A Lot Helpful'.

Gender Differences in the Perceived Helpfulness of the FRIENDS Program as a Whole.

Male participants rated the helpfulness of the FRIENDS program with a mean of 3.00 out of 4 (SD=0.41) (N=13). Female participants' mean rating was 3.47 out of 4 (SD=3.47) (N=15). A *t*-test analysis was performed to examine gender differences in perceptions of the helpfulness of the FRIENDS program as a whole. A significant difference was found at the .05 level, with male participants reporting the FRIENDS program to be less helpful for them compared to the reports of female participants, t(24) = -11.89, p<.05.

8. Student Perceptions of the Helpfulness of the FRIENDS Program to other student participants.

Perceived Helpfulness of the FRIENDS Program for Other Child Participants
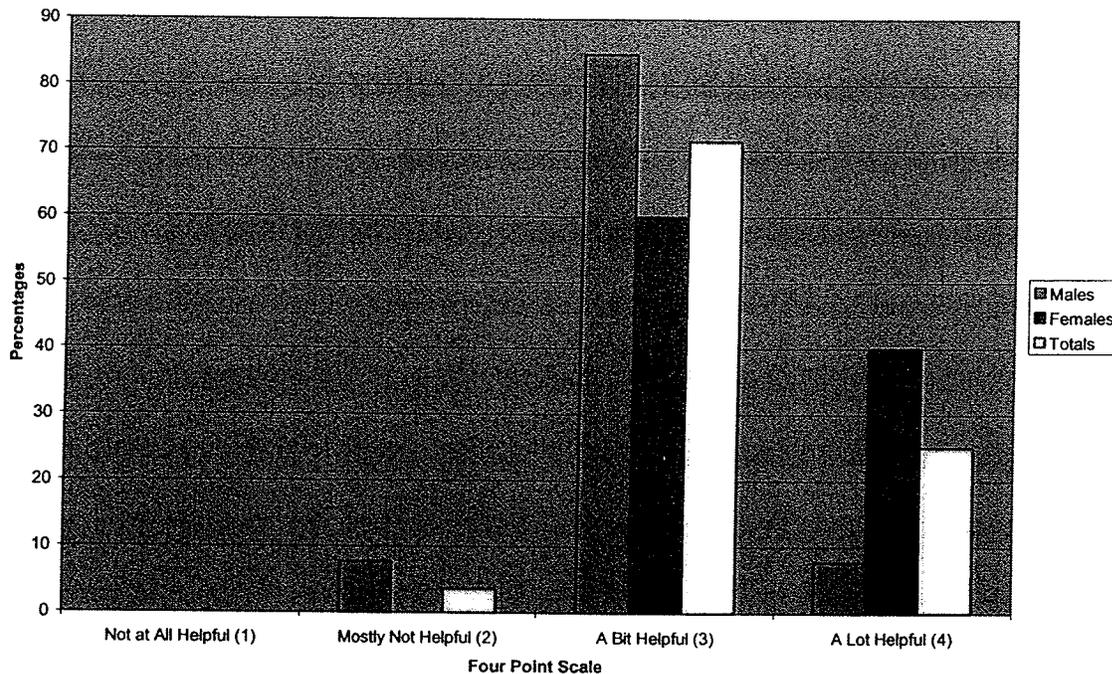
When questioned about how helpful they thought the FRIENDS program was for other kids in their class to learn to cope with feeling worried, afraid, or nervous on a scale of 1(not at all helpful), 2(mostly not helpful), 3 (a bit helpful), and 4 (a lot helpful) the mean was 3.21 out of 4 (SD=0.41)(N=28) across genders. The above graph indicates that 3.6% of respondents regarded the FRIENDS program as 'Mostly Not Helpful', and 71.4% of students found the FRIENDS to be 'A Bit Helpful' and another 25% found it to be 'A Lot Helpful.'

Gender Differences in the Perceived Helpfulness of the FRIENDS Program For other Child Participants

Male participants' mean rating for the helpfulness of the FRIENDS program for other child participants was 3.00 out of 4 (SD=0.41) (N=13) and female participants mean rating was 3.4 out of 4 (SD=0.51)(N=15). A t-test was

performed and a significant result was obtained at the .05 level with males reporting that they felt the FRIENDS program was less helpful for others than did female participants, $t(26) = -12.76$, $p < .05$.

9. Student Participants' Open-Ended Concluding Qualitative Comments

Nineteen of the 27 participants reported that the program was good and they felt that they benefited from participating. Comments such as; "I think it was good and great!" "It was perfect." "It was fun." "I think it was fun overall because our teacher was good and explained it well." "I liked the program it helped me a lot." "I thought it was terrific I liked it all." "I think the friends program was good because it helped me lots and it helped my friends too because they told me what they thought of it."

One student's comments suggested that the program did not meet his or her needs; "I think you should teach more about coping." The remainder of participants had positive comments with specific improvements suggested, such as; "I think almost everything was good except for one thing. I think you could make it more "older" and homework a bit harder." "I think that it is great but it should have more sessions because I felt I was kind of rushing with everything." "It was OK but more games would be good!"

Discussion

It is no secret to mental health researchers and school-based clinicians alike that the school setting is a valuable point of access to children for early intervention and prevention programs. There is substantial evidence that school-based interventions are effective across a range of emotional and behavioural

problems (Rones and Hoagwood, 2000). For these reasons a multitude of programs are being developed yearly and vying for scare and increasingly coveted class time to reach a wide audience of students. When one compares the plethora of existent school-based mental health programs directed at externalizing behaviour disorders it seems reasonable to say that, by comparison, the hardships experienced by anxious youngsters have not been adequately considered in the school setting. Despite the consistent finding that anxiety disorders are among the most widespread childhood mental health disorders, with an estimated 12 to 20 percent of school age children affected (Costello & Angold, 1996), they have not been centre stage in the school setting to the same extent as mental health issues such as Attention Deficit/ Hyperactivity Disorder. Some have suggested that the commonly held, yet erroneous, notion that childhood anxiety is transitory and harmless may partly explain why well validated mental health interventions for anxious children are less available by comparison to the services dedicated to individuals with many other disorders (Benjamin et al., 1990). One may argue that externalizing disorders cause more functional impairment for the individual than do anxiety disorders, however it is clear from the literature that juvenile onset anxiety disorders are associated with considerable impairment in social, academic, and familial functioning, which often times persists into adulthood. The benefits of evidence-based state-of-the-art clinical treatment interventions such as the FRIENDS cognitive behavioural program are inaccessible for many anxious children, which is unfortunate because a recent meta-analytic study found

cognitive-behavioural treatments have a "significant effect" in the remission of anxiety disorder, with a pooled odds ratio of 3.3 (CI = 1.9-5.6) compared to control groups (Cartwright-Hatton et al., 2004).

A public health perspective, which involves broadening school psychologists' efforts beyond the traditional intervention and treatment role to also include risk prevention and mental health promotion, is seen by some as a desired divergence from the traditional clinical (medical) model of school psychology service delivery. The benefits of a public health perspective, in which universal prevention programs are offered at a school wide basis, includes an increased connection with segments of the population who may be in most need, but who may not have otherwise accessed mental health services for financial or social reasons. Researchers have identified some necessary features of effective comprehensive public mental health programming for school-aged populations, which include, among other things, the use of empirically based interventions and systematic program evaluations. A practical consideration with the implementation of community-based anxiety prevention programs is the extent to which consumers in the region regard the program as acceptable. Having access to the best available science to inform mental health practices is necessary but not sufficient for establishing mental health programs in an educational setting. Ongoing feedback from the real-world context in which one wishes to implement the program is also required. One such area of ongoing feedback from the real world is that of social validity. As mentioned, when interventions are instituted in diverse community setting the extent to which users

of the program, also known as "primary consumers", regard treatment content as suitable and relevant is important to help establish the applicability of treatment in that particular locale. Single thrust programs are increasingly falling out of favor with school administrators because public school systems' finite resources necessitate implementing programs that address the needs of a wide range of individuals. It is for this reason it is important for those wishing to implement programs in the school setting to establish that the programs will be beneficial and accepted by the majority of students, not just those targeted. Research has shown the FRIENDS program to be well accepted by students in Australia, England, and in the United States. Many previous studies have looked at the social validity of the FRIENDS program with children meeting diagnostic criteria of one or more anxiety disorders. In addition, children and adolescents with intellectual or severe physical impairments were not included as participants (Barrett et al., 2001). However, when implementing programs in a community setting students other than those for whom the program was intended will often be an important consideration in its long term viability. It is for these reasons one can confidently state that student perceptions matter, particularly to educational stakeholders when making decisions on the allocation of increasingly scarce educational resources needed to meet the needs of as many students as possible in a cost effective manner. When implementing an anxiety prevention program, such as the FRIENDS program, considering the perceptions of all primary consumers, which include students who may not experience an appreciable degree of anxiety, may well be regarded as a matter of significance

for stakeholders in the educational system. The primary purpose of this study was to examine, from a primary consumer perspective, the treatment acceptability of the FRIENDS anxiety prevention program through an overarching general research question "to what extent do children participating in the FRIENDS treatment program find it to be appropriate and acceptable?" and "to what extent are students satisfied with the services?" Five specific research questions about the social validity of the FRIENDS program to be answered in this study were as follows: (1) are the skills the program designers intended to impart in each lesson the ones students focused upon? (2) are there specific barriers to understanding the content of the lessons (3) do students perceive the skills taught as helpful in their real lives, (4) do students find participating in the individual lessons, and the program in general to be pleasurable? (5) are there gender differences in the way the program was perceived?

Level of Satisfaction with the Design of the FRIENDS program.

Throughout any social validation effort, researchers must remember to ask the broad question, did consumers feel that the intervention resulted in individual empowerment and satisfaction. Overall, the results of this study indicated that students were highly satisfied with the FRIENDS program. Student responses indicated that the weekly sessions were perceived positively 60.4% of the time. With regard to perceptions of the overall program 70.3% of participants were satisfied with all aspects of the program, 25.9% of students had positive comments with some additional suggestions. Slightly more than 85% of participants would recommend the program to other children their age. These

findings are in keeping with previous social validity studies of the FRIENDS

program in Australia, UK, and USA (Barrett et al., 2000; Barrett et al., 2001;

Cooley et al., 2004; Stallard et al., 2005).

Specific Questions

1. Did students understand what was taught?

Students were asked to identify the important therapeutic skills taught in

each weekly lesson to verify that they understood the lessons as intended. While

it is very difficult to assess students' true level of comprehension of the lessons

taught by means of a brief questionnaire, the results of the current study indicate

that students generally understood the lessons, and their comments suggested

that they were able to accurately identify the intended skills taught at least 61%

of the time. The lessons were, by and large, regarded as between 'easy' and

'very easy' to understand. Some social validity researchers have suggested that

a certain number of young children may find it difficult to understand the cognitive

component of the program (Cooley et al., 2004; Stallard et al., 2006). The results

from the present social validity study found that previous exposure, facilitator

effects, and having the workbooks to work through enhanced the level of

understandability of the individual lessons and by extension the program in

general. The reasons cited for difficulties understanding the lessons included

difficulties with vocabulary in the book (use of the Australian word "tucker" to

refer to food), difficult questions, and facilitator using vocabulary beyond what the

students could understand. Concerns with idiosyncratic wording and difficulty

vocabulary was raised by Cooley et al., 2004. Program facilitators in that study

chose to make some minor language modifications such replacing "vegemite" with peanut butter, "sugar glider possum" with bat, and "tucker" was explained as food. Such an approach may address some of the difficulties reported by participants in the current study.

In their article entitled "Context Matters: Schools and the "Research to Practice Gap" in Children's Mental Health" (2003), Heather Ringeisen, Kelly Henderson, and Kimberly Hoagwood posed an important question; can we assume that mental health interventions, developed for clinic-based delivery systems, are automatically transferable to a school environment? The authors asserted that mounting research demonstrates that setting-specific contextual factors do in fact have an influence on the delivery of successful, sustainable implementation of school-based mental health interventions (e.g., Glisson & Hemmelgarn, 1998). They further contended that the setting context of mental health programs delivered in schools likely differed from traditional outpatient mental health clinics in important ways. However, contextual factors specific to schools, which may influence intervention delivery, have not been adequately examined in the children's mental health literature. They stated that understanding the school-specific contextual factors in both the design and implementation of mental health interventions were critical to "closing the gap between mental health research and school mental health practice." The present study reconfirms the view that taking into account school-specific contextual factors in the design and implementation of mental health interventions is critical to improving the appropriateness and effectiveness of intervention

implementation aimed at improving mental health functioning of children. Primary consumers in this study identified facilitator effects, program material, and language content of the program as critical factors to their comprehension, either positive or negative, of the cognitive behavioural skills taught. This may be taken as incremental evidence that programs developed largely in isolation from schools should not make the assumption that such interventions can be readily transferred to school contexts without understanding who will deliver a targeted intervention, and what type of professional training and ongoing infrastructure will be in place to support such providers in intervention implementation. Perhaps further study may reveal whether these factors can be measured and incorporated into research designs to assess their relative effect upon intervention delivery and effectiveness.

2. Were the skills taught perceived to be helpful

Students rated the FRIENDS weekly lessons for the most part as 'helpful' (M=2.7, SD=0.90) in managing their stressful situations. When asked about which parts of the FRIENDS lesson has helped students cope with upsetting or worrying situations on average 4.85 skills were endorsed. Relaxation exercises (81.5% of the time), deep breathing (74.1% of the time), and thinking helpful thoughts (66.8% of the time) were most frequently cited as skills that were used. Lesson 7 (6-block problem solving plan, and step plan) was judged to be the most helpful by both male and female participants (Males M=2.85, SD=0.99; Females M=3.13, SD=0.92). Interestingly, contrary to the high weekly rating, at the completion of the program the 6-block problem-solving plan was reported to

be employed in anxiety provoking situations only 40.7% of the time. The difference between the positive rating of the 6-block plan and it's infrequently being used is possibly due to the difficulty recalling the problem-solving steps when in the midst of the difficult situation. When engaged in anxiety provoking situations occurring in real time the level of automaticity of coping strategies may play a significant part in the decision to use the strategy in the first place and subsequently its perceived utility. It is for this reason the homework assignments are of particular value and practice of the skills are particularly important. If a trained school psychologist or clinical psychologist were responsible for the implementation of the program the degree of over-learning of the necessary skills could have been more thoroughly assessed. If difficulties were identified further clinical attention to the skill may make it more automatic and therefore increase the perceived usability by primary consumers. This is simply speculation and further research attention is needed in this regard.

Upon completion of the program students rated the overall mean helpfulness of the program as 3.25 out of 4 (SD=.59). When asked upon completion of the program if they perceived the program as helpful to others participating in the program students reported that it was 'a bit helpful' for others (M=3.21, SD=0.41) across genders.

3. Did students find the lessons and the program to be an enjoyable experience?

When looking at the session-by-session ratings students generally found the weekly lessons to be an enjoyable experience with a mean rating of 3.18 out of 4 (SD = 0.80). Female participants rated each weekly lesson as 3 ("enjoyed

some") out of 4 or better. With the exception of 3 weekly lessons (lesson 1 – normalization of anxiety, lesson 5 – identifying and challenging negative self-talk, and lesson 8 – rewarding oneself for coping behaviour) all lessons were deemed ("enjoyed some") by male participants with a rating of 3.02 out of 4 (SD= 0.94). In the final consideration students found the relaxation techniques to be the best part of the program (66.7% of the time), which was consistent with the students' reported utilization of the relaxation techniques as preferred means of dealing with fear evoking situations. Upon completion of the program, students' retrospective perceptions of the global enjoyability of the program indicated that 53.6% of students enjoyed the program "some"(3), with 28.6% of students enjoying the program "a lot"(4). No students reported that they did not enjoy the program and qualitatively the majority of comments were positive; however, the negative comments suggested that the program would benefit from more games, activities, and partner work. This may reflect a need by male consumers to prefer active purposeful tasks to learn coping skills due to masculine-based gender preferences. However, because qualitative responses were not analyzed by gender it is unclear if males were in fact making these comments.

This information suggests that the conceptualization and design of the FRIENDS program is an appealing, attractive, and engaging program for youngsters in middle class schools in an urban prairie school in Manitoba.

5. Were there Gender Differences in the perceived understandability, usefulness, and enjoyability of the FRIENDS program?

The results of this study demonstrate that there were significant differences in the way male participants and female participants experienced the FRIENDS program. Despite a small sample size the gender differences in perceptions of the usefulness and enjoyability were very robust, with males reporting the weekly lessons as significantly less enjoyable $t(26)= -3.51$, $p<.05$, and helpful $t(26)= -3.16$, $p <.05$, and the FRIENDS program as a whole as less enjoyable $t(24)= -7.29$, $p<.05$ and helpful $t(24) = -10.14$, $p<.05$ than did female participants. Male participants perceived the homework tasks to be less useful than did the female participants $t(24)= -2.7$, $p<.05$. In addition, male participants reported that they were less likely to recommend the program to other children than were female participants. About one third of male participants reported that they would not recommend the FRIENDS program to other students, whereas, 100% of female participants reported that they would in fact encourage other children to participate in the program. As mentioned, the qualitative responses were not analyzed alone gender lines; however, some of the students' criticisms, such as requiring participants to sit still with extensive listening and writing requirements, may be understood as due to a gender linked masculine-based desire for active oriented learning. Student participants also suggested that more activities and games should be provided. One may argue that these responses suggest that the program would benefit from more dynamic activities when being provided as a universal program in the school system. For instance, Cooley, Boyd, & Grados (2004) chose to conduct several of the FRIENDS program's written tasks out loud due to reading and writing difficulties of some of the

participants. This provided more interactive opportunities and assured the leaders that the students understood the intended skills. This approach may be beneficial for male participants as well. It seems that the gender-linked feminine-based activities including a public acknowledgement of personal vulnerability, verbally discussing emotions, and focusing on the recognition of body cues are inherently perceived as less helpful by male participants as compared to female participants. These findings appear to be consistent with the well established notion that males prefer to engage in active coping activities.

Limitations of the Present Study

A number of limitations of this study must be acknowledged. Firstly, methodologically, the use of multiple informants is recommended when gathering acceptability data (Fawcett, 1991; Foster & Mash, 1999; Schwartz & Baer, 1991). Although the research tends to indicate that children are better informants of internalizing behavior, such as anxiety, than parents (McCombs-Thomas et al., 1990), obtaining information from multiple informants is still preferred. Due to practical limitations of time and resources the current evaluation relied chiefly on the self-report impressions of children involved in the program. In view of the fact that this study is merely one component of a larger overall program evaluation it was determined that obtaining parental or school staff interviews would over-extend the resources of those involved.

Another significant methodological limitation of the present study is that convenience sampling was employed. An attempt to obtain a more representative systematic sample would be preferred to increase the level of

confidence in the study's generalizability. It must also be recognized that one of the assumptions underlying the t-test analysis is that the scores must be measures on random samples from the perspective populations. Despite this assumption not being met the differences in the reports of the genders was robust and therefore t-tests were chosen as the best methodology.

A further limitation of the present study is the fact that a high level of satisfaction with particular treatment components may or may not reflect their effectiveness in reducing symptoms (Foster & Mash, 1999). One reason for the unique difficulties in relating social validity to effectiveness is that ratings may reflect the individual's liking or disliking of a component rather than its utility (Wong, 1999). One study evaluating an inpatient treatment program for adolescents with severe emotional or behavioral problems found that despite instructions to rate treatment components on how they "helped you with your problems", ratings reflected the adolescents' liking or disliking of an item and not it's utility. It must be mentioned that treatment effectiveness is a necessary but not sufficient condition for the practical implementation of a community mental health program. The viability of such programs is also influenced by social factors irrespective of the efficacy of the treatment. Social validity is one such factor, which must be evaluated, in the particular context in which the program is implemented to provide support for the long-term viability of that program.

A limitation of the existing research for prevention and early intervention for anxiety disorders leveled by some researchers (Mifsud and Rapee, 2005) is that it has, by and large, focused on schools in areas of average or above

average socioeconomic status. It was the contention of some researches (Mifsud and Rapee, 2005) that due to ' the socioeconomic gradient in health' schools from these areas will show stronger than average effects for a number of reasons, including greater resources, above average family functioning and support, and higher parental education. It may also be argued that the level of social validity of programs such as the FRIENDS program demonstrated in middle and upper socioeconomic public schools cannot necessarily generalize to public schools in which students are raised in families in lower socioeconomic conditions. Results from Cooley et al.'s, 2004 study provides preliminary evidence that the FRIENDS program, with modifications, is likely to be socially relevant for African-American children in a low socioeconomic urban environments. However, that study used a sample of only 10 students, 8 of whom were females, therefore caution must be exercised when generalizing the results to other disadvantaged urban areas. It remains to be established how students and families in inner city Winnipeg, and other such economically disadvantaged areas will respond to the FRIENDS universal prevention program. It is possible that they will view the significance of the goals, methods, and outcomes of the FRIENDS program very differently from those in more affluent areas.

As previously mentioned, the present study is limited in terms of the sampling procedure used, as the use of convenience sampling as employed here does not necessarily allow for a representative sample of students from various socioeconomic and cultural backgrounds thus diminishing the generalizability of

the findings. A recent Medline and Psychinfo search revealed that existent research has not explicitly examined the social validity of the FRIENDS program, or any similar school-based universal anxiety prevention program from a Manitoban First Nations or Métis student perspective. First Nations students are the fastest growing demographic of students in recent years in Manitoba, and any study of the social validity of the FRIENDS program for Manitoba students would be remiss if the perceptions of students from that demographic was not explicated. Some authors have noted that cultural perspective of Métis and Manitoban First Nations differ from those of the dominant culture, and, therefore, one cannot assume that social validity of the FRIENDS program performed with Caucasian students from affluent neighborhoods would necessarily generalize to First Nations and Métis students. It can be argued that the differences in cultural perspectives between First Nations individuals and individuals in the dominant culture make the former perspective distinct, and in need of more study. The exclusion of specific socioeconomic and cultural heritage demographic information is a limitation in the design of the present study. Future Manitoba studies would be well informed to have a more demographic component in their data collection procedures.

Conclusion

Given the increasing number of students who exhibit emotional and social difficulties many educators have recognized that school programming must successfully address the needs of the "whole child" to eventually produce citizens who contribute to society to their full potential. School personnel must be

cognizant of their responsibility for educating children from a variety of backgrounds with many different needs. School climate, peer relationships, and academic functioning remain the outcomes of most significance for educators. School wide preventative methods ought to demonstrate that students not at risk of an anxiety disorder benefit through the improvement of the overall school climate. The present study demonstrated that the FRIENDS weekly lessons were regarded by students, including those who may not meet criteria for an anxiety disorder, as "helpful" in managing stressful situations, and students reported that on average 5 of the skills taught in the FRIENDS program were beneficial to them in handling upsetting situations. It is probably fair to say that students perceive themselves to be better equipped to deal with stress evoking situations upon completion of the FRIENDS program. One may speculate that students are, therefore, more confident in managing peer relationships and academic tasks ultimately resulting in improved school climate. We know from research that low-anxious students perform better in school than high-anxious children on tasks such as test taking, homework, and reading (Allen & Klein, 1996). Furthermore, by educating school personnel and parents about an effective anxiety intervention the number of children whose problems have gone unrecognized likely diminished. It is hoped that with a prevention approach students with comorbid disorders such as Attention Deficit/ Hyperactivity Disorder had access to a program that addressed the anxious symptomology, which would otherwise not have been the focus of treatment.

In conclusion, the FRIENDS program was successfully implemented as a classroom-based preventative initiative and results of the present social validity study provide incremental evidence that the FRIENDS program will be favorably received, in terms of perceived enjoyability and usefulness of program components and the program generally, by students in middle class schools in a large Canadian prairie city. The FRIENDS program was specifically intended to be a preventative program to address anxiety in children, however judging by the acceptance and perceived utility reported by the majority of participants of the program it may well have been regarded as helpful by students with multiple risk factors.

Directions for Future Research and Clinical Implications

In their comprehensive systematic review of the efficacy of cognitive behavioural therapies for childhood and adolescent anxiety disorders Cartwright-Hatton et al. (2004) were able to identify only two studies that were designed to compare Cognitive Behavioural Treatments with another active treatment. In each case the control treatment group also received CBT or elements of CBT in their treatment and were, therefore, not reviewed. It seems clear from these findings that it is necessary to have additional well designed research comparing CBT with alternative treatments such as pharmacotherapy, before CBT can be considered 'well-established'.

Cooley et al., (2004) suggest that some of the students had difficulty understanding the complex concepts presented and they may benefit from more comprehensive coverage of the material. Stallard et al., (2006) also found that

the demands of the FRIENDS, in terms of written assignments, could be challenging for the less able children. The facilitators in that study chose to use prepared responses which could be pasted into the children's workbooks. Participants' qualitative responses in this current study suggest that some students felt rushed and that additional class time dedicated to the FRIENDS program would be of benefit, particularly to practice and learn the step plan. A possible modification, in addition to providing prepared responses, may be to allow those, who feel it necessary, to have supplemental instruction on specific skills. This may be accomplished by private appointments with the school psychologist or guidance counselor. It must be noted that these suggestions require further study as even minor changes in the length and nature of such programs can have a profound effect on the cost and effectiveness of the program. Moreover, results from Barrett, Sonderegger, & Sonderegger's 2001 social validity study of the FRIENDS program with students of various ethnic origins revealed that students from the various ethnic groups report preferences for different program elements. Therefore, it is fair to assume that additions or subtractions to the program structure or session content would have implications on social validity depending on the cultural backgrounds of participants.

Consistent with previous research (Barett et al., 2001), the current study found that the first two lessons, which involve group formation and exploration of feelings are perceived to be less useful than subsequent sessions that teach specific skills. Based on these findings a clinician wishing to increase the social acceptance of the program may seek to truncate the duration of the program by

distilling the essential elements of lesson one and lesson two into a single session. However, as McLennan, Harriet, MacMillan, & Jamieson (2004) in their commentary article entitled <u>Canada's programs to prevent mental health problems in children: the research-practice gap</u> cogently illustrate that watering down effective approaches by reducing the duration and intensity of interventions may be folly without adequate study. One of the most important factors, according to McLennan et al., (2004) contributing to the research-practice gap that has developed in Canada's prevention programs for child mental health problems is policy-makers' favoring programs that are not resource-intensive. Most proven prevention programs, according to this commentary, are intensive and are provided over a relatively long period. Reducing the duration of established programs may produce a marginal reduction in costs, but such an approach may in fact render the program less effective and ultimately result in no long-term savings.

As mentioned previously the acceptance of school-based programs such as the FRIENDS program, can be supplemented with more active oriented emotion management skills, or delivery of the program along gender lines, may be explored to make it more interesting and appealing to male participants. Little research has examined delivery of the program in this way and this may be a fruitful area of future investigation.

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Appendix A

WEEKLY *FRIENDS* EVALUATION QUESTIONNAIRE

We want to know how you feel about today's FRIENDS lesson to help us make the FRIENDS program better. Please read each question carefully and circle the answer that comes closest to what you think. Remember, there are no right or wrong answers, so please be as honest as you can. Do not put your name on any of the forms so nobody will know your answers.

If you have any questions please raise your hand and someone will help you. When you are finished place the questionnaire in the envelope provided and wait for it to be picked up. Space is provided for your comments, do not be concerned about spelling or grammar.

1. Please list 2 things you learned in today's FRIENDS lesson. (Even if you feel you already knew what was discussed today please list what we talked about).

_____

_____

_____

_____

2. How easy was it for you to understand today's FRIENDS lesson?

It was very hard to understand	It was a bit hard to understand	It was easy to understand	It was very easy to understand
1	2	3	4

What about today's FRIENDS lesson made you feel that way?

_____

_____

_____

_____

3. Being afraid is a feeling that everyone has sometimes. People get scared about different things. Think about one thing or situation that you are most scared about. It could be being afraid of heights or the dark. Other kids are scared of animals, like spiders or snakes. Sometimes, children worry about making new friends, going to parties, doing a school test, or being away from their mom or dad. How much do you think what you learned today is helping you to cope with nervous or scared feelings?

Not at all helpful	A little helpful	Helpful	A lot helpful
1	2	3	4

Why do you think the skills taught today are helpful (or not helpful if you circled (1) on question #3)?

_____
_____
_____
_____

4. How much did you enjoy the FRIENDS lesson taught today?

Did not enjoy at all	Mostly did not enjoy	Enjoyed some	Enjoyed a lot
1	2	3	4

List one thing you liked the most in today's FRIENDS lesson?

_____
_____
_____
_____

List one thing you liked the least in today's FRIENDS lesson?

_____
_____
_____
_____

5. Did you complete the homework from the previous session?

Yes___   No___

6. If you did complete the homework task how helpful did you find it?

Not at all helpful	Mostly not helpful	A bit helpful	Very helpful
1	2	3	4

7. Now take some more time to think about everything you did in today's FRIENDS session. Let us know how you feel we can improve today's FRIENDS lesson for other students like you to cope with worrying feelings.

_____
_____
_____
_____

Appendix B

FINAL *FRIENDS* EVALUATION QUESTIONNAIRE

We want to know how you feel about the whole FRIENDS program. Please read each question carefully and circle the answer that comes closest to what you think. Remember that there are no right or wrong answers, so please be as honest as you can. Do not put your name on any of the forms.

If you have any questions please raise your hand and someone will help you. When you are finished place the questionnaire in the envelope provided and wait for it to be picked up. Do not be concerned about spelling or grammar.

---

1. How much did you enjoy the ten-week FRIENDS program?

Not at all	A little	some	A lot
1	2	3	4

2. Would you tell other kids your age to take the program?

Yes___   No___

We all experience situations that make us feel worried, afraid or nervous. We want to know what you do when you face an upsetting situation. Think about a problem that has upset you or worried you in the past few weeks. It could be a problem with someone in your family, a problem with a friend, a school problem, or anything else. Briefly write what the problem was in the space below (remember nobody knows who writes this).

_____

_____

_____

_____

_____

Which, if any, FRIENDS lesson helped you cope with this situation? Please check-off (4) as many as you found helpful.

☐ Relaxation exercises
☐ Deep breathing
☐ Thinking helpful thoughts
☐ Changing negative thoughts to positive thoughts
☐ Step plan (breaking your fears into small steps)
☐ 6 block problem-solving plan (e.g., what is the problem, what can we do?, list all ideas)
☐ Recognizing feelings in yourself
☐ Recognizing feelings in others
☐ Helping others to feel good
☐ None of the activities in the FRIENDS program were useful in handling this situation.

3. What was the best part of the FRIENDS program for you? Why?

_____

_____

_____

_____

_____

4. What part of the FRIENDS program did you not like? Why?

_____

_____

_____

_____

_____

5. How much help was the FRIENDS program for you in learning to cope with difficult or worrying situations?

Not at all helpful   Mostly not helpful   A bit helpful   A lot helpful
1   2   3   4

6. How much help do you think the FRIENDS program was for other kids in your class learning to cope with feeling worried, afraid, or nervous?

Not at all helpful   Mostly not helpful   A bit helpful   A lot helpful
1   2   3   4

7. Now please take some time and think about your overall feeling about the FRIENDS program. We want to hear from you, please write what you thought (either good or bad) of the FRIENDS program. Do not be concerned about spelling and grammar, and remember nobody knows who writes this.

_____

_____

_____

_____

_____

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_____

_____

_____

Appendix C

Legal Guardian Consent Form

Research Project Title: Social Validity Evaluation of a Universal Anxiety Prevention Trial in Winnipeg

Researchers: Jonathan Cooper & Steve Feldgaier, Ph.D. (The University of Manitoba)

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your child's participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

This study is part of a larger evaluation of the FRIENDS *for children* program. The FRIENDS program is a resilience-building, anxiety prevention and treatment program. FRIENDS *for children* consists of 10 weekly sessions (each approximately 45-60 minutes) integrated into the current school curriculum and delivered to your child's classroom. This study aims to obtain student feedback on participating in the FRIENDS *for children* program in Winnipeg. Taking part in this study would involve your child providing his or her view of the FRIENDS program on a brief self-report questionnaire following each FRIENDS lesson. Questions will include such things as how understandable, helpful, and enjoyable each lesson was for your child. A brief questionnaire at the end of the program will be used to assess such things as students' general satisfaction with the program, and perceived helpfulness the program. Student names would not be attached to any questionnaires to maintaining anonymity and confidentiality. Only the principle investigators would have access to any data collected. All questionnaires will be read aloud, and assistance will be provided as necessary. This project involves the participation of the St. Vital School Division No. 6, the Anxiety Disorders Service for Children and Youth, Clinical Health Psychology Program at the St. Boniface General Hospital, and The University of Manitoba. This study may be used, in part, to determine if delivery of the program should be expanded to a broader student base as a common part of the school curriculum as well as what modifications to the program may be necessary to meet the needs of Winnipeg students. A feedback pamphlet will be available at the end of the study to provide you with information about the results and implications of this study.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to allow your child to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your child's continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Dr. Steve Feldgaier, Psychologist;   Jonathan Cooper, School Psychology Graduate Student,
Anxiety Disorders Service for Children and Youth,   University Of Manitoba
Clinical Health Psychology Program,
St. Boniface General Hospital, Phone: 237-2694

This research has been approved by the University of Manitoba Ethics Review Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122. A copy of this consent form has been given to you to keep for your records and reference.

_____
Participants Signature   Date

_____
Researcher and/or Delegate's Signature   Date

'FRIENDS in your School'- Parent Information Sheet

What is FRIENDS?

FRIENDS is a school based program that will assist your child to cope with stress and worry and manage anxiety both now and in later life. It takes only 10 class periods to complete and will be run in normal class time.

FRIENDS promotes self-esteem, problem-solving skills, psychological resilience, self-expression, and building positive relationships with peers and adults. It is a positive, fun learning experience that avoids labeling children as anxious or different.

Why COMBAT anxiety and depression through schools?

All children experience daily stresses and worries that they must learn to cope and manage as best they can. Research has also shown that up to 25% of 8-year-olds and 15% of teenagers may experience some form of severe stress and anxiety that interferes with day-to-day life activities. These worries and anxieties are often difficult to detect and if left unattended may develop over years into adult anxiety difficulties or other problems

Why exactly worry and depression seems to be an increasingly common feature of our modern society is as yet not fully understood. Perhaps it is the changing nature of work and family and its added burdens on parenting, or the increased and sometimes intrusive nature of the communication revolution. Our newspapers, televisions and computers today supply us with an unending stream of disturbing images and challenging knowledge about our entire globe.

What we do know is that education for emotional health needs to start early. Early intervention and prevention through the school system will help children cope with the worries and stresses of childhood, puberty and adolescence, and help prevent the development of thought patterns that ultimately lead to such self-damaging behavior as aggression, negativism, alcohol and drug abuse as well as other difficulties.

How do we know FRIENDS works?

FRIENDS is a psychological resilience building program designed to combat anxiety and depression. It is based on a firm theoretical model derived from cognitive behavior therapy and has been rigorously tested.

In simple terms, this research tells us that for children who are not severely anxious, FRIENDS significantly increases their level of self-esteem while reducing their feelings of worry and depression. Research also says to us that up to 80% of children showing signs of severe anxiety no longer display these difficulties after completing the FRIENDS program..

What happens in a FRIENDS group?

Students are guided through a series of class-based activities designed to teach them how to deal with worrying situations through being prepared, rewarding themselves, and seeking support. Each week they will bring home a home-based activity to complete before the next FRIENDS session and at the end of the program will be able to keep their special FRIENDS workbook for future reference.

Parents also have an opportunity to help their children learn more about what they are experiencing in the FRIENDS program by attending a short series of parent evenings which will be arranged by the school.

What will FRIENDS cost?

There will be no cost to parents for this program. Each child attending the FRIENDS program will receive a Children's Workbook free of charge.

Tables

Mean Ratings by Children of the Ease of Understandability of Weekly lessons
(1 very hard to understand, 2 a bit hard to understand, 3 easy to understand, and 4 very easy to understand)

Session number	Session content	Male Mean (SD)	Female Mean(SD)
1	Introduction; normalization of anxiety	3.31 (0.75)	3.27 (0.59)
2	Identifying and communicating emotions	3.50 (0.52)	3.71 (0.61)
3	Relationship between thoughts and feelings	3.54 (0.52)	3.38 (0.51)
4	Recognizing body cues; relaxation techniques	3.50 (0.67)	3.71 (0.47)
5	Inner thoughts – Identifying challenging self-talk	3.38 (0.77)	3.53 (0.74)
6	Problem-solving plan for coping	3.46 (0.88)	3.71 (0.61)
7	Step plan (graduated exposure) for coping	3.69 (0.63)	3.27 (0.80)
8	Self-reward approach behaviour	3.75 (0.45)	3.57 (0.51)
9		3.69 (0.48)	3.40 (0.63)

Mean Ratings by Children of the Perceived Helpfulness of Weekly lessons
(1 not at all helpful, 2 a little helpful, 3 helpful, and 4 a lot helpful)

Session number	Session content	Male Mean (SD)	Female Mean(SD)
1	Introduction; normalization of anxiety	2.15 (0.80)	2.80 (0.78)
2	Identifying and communicating emotions	2.42 (0.90)	3.00 (0.88)
3	Relationship between thoughts and feelings	2.54 (1.05)	2.92 (0.76)
4	Recognizing body cues; relaxation techniques	2.25 (0.97)	3.00 (0.78)
5	Inner thoughts – Identifying challenging self-talk	2.62 (1.04)	2.87 (0.83)
6	Problem-solving plan for coping	2.54 (1.12)	2.86 (0.95)
7	Step plan (graduated exposure) for coping	2.85 (0.99)	3.13 (0.92)
8	Self-reward approach behaviour	2.50 (1.00)	2.50 (0.76)
9		2.69 (1.03)	2.87 (0.83)

Mean Ratings by Children of the Perceived Enjoyability of Weekly lessons
(1 did not enjoy at all, 2 mostly did not enjoy, 3 enjoyed some, and 4 enjoyed a lot)

Session number	Session content	Male Mean (SD)	Female Mean(SD)
1	Introduction; normalization of anxiety	2.85 (0.90)	3.6 (0.50)
2	Identifying and communicating emotions	3.25 (0.87)	3.79 (0.43)
3	Relationship between thoughts and feelings	3.08 (1.04)	3.31 (0.63)
4	Recognizing body cues; relaxation techniques	3.25 (0.75)	3.43 (0.76)
5	Inner thoughts – Identifying challenging self-talk	2.85 (1.07)	3.4 (0.63)
6	Problem-solving plan for coping	3.00 (0.91)	3.07 (0.48)
7	Step plan (graduated exposure) for coping	3.08 (1.12)	3.2 (0.78)
8	Self-reward approach behaviour	2.83 (0.94)	3.07 (0.73)
9		3.00 (1.00)	3.27 (0.88)

Results from the Weekly Questionnaire of the Number of Children Who Completed the Homework Task for Each Session
- No homework was completed prior to lesson #1

Session	Male		Female	
	Yes	No	Yes	No
2	84.6%	15.4%	100%	0%
3	84.6	15.4	100	0
4	91.7	8.3	85.7	14.3
5	84.6	15.4	100	0
6	76.9	23.1	78.6	21.4
7	100	0	100	0
8	83.3	16.7	100	0
9	84.6	15.4	93.3	6.7

Perceived Helpfulness of the Weekly Homework Tasks
(1 not at all helpful, 2 mostly not helpful, 3 a bit helpful, and 4 very helpful)

Session number	Homework content	Male Mean (SD)	Female Mean(SD)
2	Notice times when family is having fun/happy	2.40 (1.08)	3.07 (0.92)
3	Find 3 things you love doing, 3 things you find a little difficult, 3 things you feel nervous about doing	2.67 (1.21)	3.25 (0.75)
4	Identify thoughts, feelings, and behaviours for situations that make you feel happy and sad or worried.	2.64 (1.12)	3.00 (0.74)
5	Practicing relaxation games daily	2.27 (1.20)	2.87 (0.64)
6	Identify unhelpful thoughts in a case vignette, Identify one's own negative self-talk	3.10 (1.00)	3.09 (0.54)
7	Identify people who could function as supports in difficult situations	2.54 (1.20)	2.73 (0.90)
8	Using the 6-block problem solving plan in real life	2.70 (1.11)	2.86 (0.86)
9	Put step plan into action	2.64 (1.12)	2.57 (0.94)

Final FRIENDS Evaluation Questionnaire

Perceived enjoyability of the total FRIENDS program, and percentage of responses

Enjoy	Males	Females	Total
Not at all (1)	0%	0%	0%
A little (2)	30.8%	6.7%	17.9%
Some (3)	53.8%	53.3%	53.6%
A lot (4)	15.4%	40.0%	28.6%
Mean (SD)	2.85 (0.69)	3.33 (0.62)	3.11 (0.69)

Final FRIENDS Evaluation Questionnaire
Likelihood of Recommending the FRIENDS program to other children.

Recommend	Males	Females	Total
Yes	69.2%	100%	85.7%
No	30.8%	0%	14.3%

Final FRIENDS Evaluation Questionnaire
Mean ratings by Children of the perceived helpfulness of the FRIENDS program to learn to cope with difficult or worrying situations.

Helpful	Males	Females	Total
Not at all helpful (1)	0%	0%	0%
Mostly not helpful (2)	7.7%	6.7%	7.1%
A bit helpful (3)	84.6%	40.0%	60.7%
A lot helpful (4)	7.7%	53.3%	32.1%
Mean (SD)	3.0 (0.41)	3.47 (0.64)	3.25 (0.59)

Final FRIENDS Evaluation Questionnaire
Mean ratings by Children of the perceived helpfulness of the FRIENDS program for other children to learn to cope with difficult or worrying situations.

Helpful	Males	Females	Total
Not at all helpful (1)	0%	0%	0%
Mostly not helpful (2)	7.7%	0%	3.6%
A bit helpful (3)	84.6%	60%	71.4%
A lot helpful (4)	7.7%	40%	25.0%
Mean (SD)	3.0 (0.41)	3.47 (0.64)	3.21 (0.50)