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Introduction to *FRIENDS* — A Program for Enhancing Life Skills  
Promoting Psychological Resilience

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This booklet serves to introduce the *FRIENDS* program to individuals interested in its application within an organised educational or preventative mental-health regime. You are free to reproduce and distribute this booklet so long as the above copyright acknowledgment is made.

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For further information on *FRIENDS* visit: [www.friendsinfo.net](http://www.friendsinfo.net)

# Introduction

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In today's modern world we live longer, survive illnesses that killed millions only a century ago, use machines to do back-breaking labour, and program our computers to unlock scientific and medical mysteries, entertain us, and lighten our day-to-day workload.

Yet we are showing signs of considerable psychological distress.

Children and youth are now more likely to develop a mental illness than 20 years ago. Twenty percent of 12 to 16-year-olds have a mental health problem. Just under 1 in 10 adults have an anxiety disorder, and up to 1 in 5 children are at risk of severe anxiety. A recent Australian study has found the prevalence of anxiety in adolescents to be around 15 percent.

Anxiety disorders are thus the most common form of mental disorder in both children and adults in Australia today.

Anxiety significantly interferes with a child's ability to handle a wide variety of everyday activities, including interpersonal relationships, social competence, peer relations and school adjustment.

If left untreated, childhood anxiety may develop over years into chronic adult anxiety disorders or, in some cases, clinical depression leading to suicidal thoughts.

It is therefore crucial that prevention begins early, and that health and education professionals are equipped with the resources to help children and their families develop effective strategies to deal with worry, stress and change.

*FRIENDS* is a world-leading, evidence-based, early intervention and prevention program designed to do just that.

Since 1988 *FRIENDS* has helped over 35,000 children with anxiety.

The *FRIENDS* program is both effective and sustainable — its benefits can carry on for many years. It does not require ongoing government assistance, nor expensive clinical intervention. Used in schools, it avoids continual drains on limited funds and resources and actively encourages sound educational values and learning principles within a standard teaching curriculum.

Unlike any other resilience-based program available today, *FRIENDS* has proven effectiveness in anxiety prevention for up to 6 years after initial exposure, an extensively published scientific developmental history, ongoing worldwide clinical research and testing, and is backed by Australia's premier independent behavioural science publisher.

# About *FRIENDS*

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*FRIENDS* is about preventing childhood anxiety and depression through the building of emotional resilience. It aims to reduce the incidence of serious mental disorders, emotional distress and impairment in social functioning by teaching children and young people how to cope with and manage anxiety both now and in later life.

*FRIENDS* is a community-oriented cognitive-behavioural intervention based on a firm theoretical model which addresses cognitive, physiological and behavioural processes which are seen to interact in the development, maintenance and experience of anxiety.

The program has been designed to be effective as both a treatment and a school-based prevention course promoting self-development. When used in schools it is targeted across a single selected grade of children. It can be used in both primary (usually around ages 10–12) and secondary (usually around ages 15–16) school.

In Australia, at present over 250 schools are running *FRIENDS* groups and more than 200 hospital and area health services use *FRIENDS* for treatment purposes. Since 1998, an estimated 35,000 children have so far completed the program.

## Using *FRIENDS* as a School-based Universal Prevention Program

The *FRIENDS* program is both effective and sustainable — its benefits can carry on for many years. It does not require ongoing government assistance, or expensive clinical intervention by specialist health staff. It avoids continual drains on limited school funds and resources by adopting a user-pays system. The program also actively encourages sound educational values and learning principles within a standard teaching curriculum.

*FRIENDS* has been described by teachers as a very rewarding education experience that allows them to share many positive emotions with their students. It consists of 10 sessions plus booster sessions and fits in well with most set school syllabuses. The program also promotes important educational self-development concepts such as self-esteem, problem-solving, psychological resilience, self-expression, and building positive relationships with peers and adults.

*FRIENDS* has been specifically designed for use in schools as a universal preventative program, run by teachers in normal class times. When implemented in this way the program does not involve any clinical assessment or diagnosis and avoids labelling children as anxious or different. Research has shown *FRIENDS* to be as effective when delivered by teachers in a school system as when conducted by a trained clinical team.

Thus, *FRIENDS* can be seen as a highly cost-effective and efficient mental-health intervention for reducing the overall incidence of anxiety disorders within the general community. Not only can a greater number of children be reached over a shorter period of time, but using trained teachers as providers of the intervention means that

individuals in sparsely populated and geographically remote communities can be assisted without the need for expensive specialist mental-health providers.

In addition, a universal prevention program helps to overcome many of the problems encountered in clinical practice with the high levels of no shows, dropouts or lengthy waiting lists. Because all children in a school are exposed to the program's effectiveness, a universal *FRIENDS* program ensures even children whose distress has gone undetected by parents, carers and teachers will be helped.

## Running a *FRIENDS* Program in Schools

Running *FRIENDS* in a school as a universal prevention works like this:

- Step 1 The school selects in which year level they want *FRIENDS* to be introduced (e.g., ages 10–12 or 15–16) and adds the program to its year curriculum.
- Step 2. The school purchases program manuals for the teachers responsible for the year level selected.
- Step 3. These teachers are given a simple 1-day group-training session provided by an accredited *FRIENDS* trainer.
- Step 4. The school then orders the number of workbooks required\* (one for each child) and collects the money from the parents, or arranges for parents to buy the books from the school's usual textbook supplier (e.g., the local newsagent).
- Step 5. The school encourages parents to become involved with the program by attending optional parent sessions which can be run by a teacher using the program manual.

Once the school has made the initial investment in training and manuals, no further costs are involved for future years, and for the parents, the once-off cost of a workbook may assist their child for the rest of their lives.

\* Bulk discounts on the retail price of workbooks are available to schools buying 50 or more copies. Smaller schools are welcome to pool orders to achieve the discount.

## The Evidence Behind *FRIENDS* as an Effective Treatment and Prevention Program

While research has shown since the late 1980s that normal childhood fears could sometimes intensify into anxiousness requiring clinical attention, validation studies of the treatment and prevention of such disorders was relatively scarce prior to 1996.

*FRIENDS* is unique in its commitment to evidence-based research support for all aspects of the program. It is the only clinically validated early intervention and prevention program for negative emotion (anxiety and depression) in Australia today and has an enviable record of internationally published research articles.

In simple terms, this research says that up to 80% of children showing signs of an anxiety disorder no longer display that disorder after completing the program. This

effect has been confirmed at up to 6 years posttreatment (abstracts and references relating to this and other research is provided in detail later in this publication).

Research and evaluation of *FRIENDS* continues today throughout Australia and several overseas centres. Within Australia, several large-scale school-based trials in Western Australia, New South Wales and Queensland have confirmed the program's ease of use, social acceptability and appropriateness as a universal prevention approach. Overseas trials in Germany and The Netherlands have shown the effectiveness of *FRIENDS* when translated into other languages. Research from the United States, the United Kingdom and Canada also show effectiveness in these cultures. Adaptations have also been made to the program's English delivery to accommodate Australian children from non-English speaking backgrounds and Australian Indigenous populations.

## The History of *FRIENDS*

*FRIENDS* stems originally from the research work of psychologist Phillip Kendall in the United States who developed the *Coping Cat* workbook in the 1980s. *Coping Cat* was used to individually treat children with a diagnosis of overanxiety, separation anxiety or avoidant disorder. Kendall was the first researcher to conduct a randomised treatment study of general anxiety disorders in children. From 1991, Kendall's work was adapted and extended here in Australia by Dr Paula Barrett into the *Coping Koala* program for the treatment of children with an anxiety disorder in a group format with an added family intervention component.

In 1998 *Coping Koala* was further refined by Dr Barrett with help from researchers at Griffith University, Queensland, to reflect a user-friendly early intervention and prevention format, and was expanded into two parallel age groups — *FRIENDS for Children* 7–11 years, and *FRIENDS for Youth* 12–16 years. The production and editing expertise of noted behavioural science publisher Australian Academic Press was acquired mid-1998 to ensure that the program (and its translated versions) was published with quality materials and that its readability was enhanced.

In late 1999, following another round of research validation, a third edition of *FRIENDS for Children* was completed, which incorporated research feedback designed to tailor the program toward an even more teacher-friendly, school-based universal intervention. A greatly revised and updated second edition of *FRIENDS for Youth* was published in September 2000. Further revisions are planned for the future to keep the program up-to-date with the latest research findings and professional practice guidelines.

# About Anxiety and Depression

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Anxiety disorders represent a serious mental-health problem for both sufferers and their families.

There is growing evidence that many anxious adults report their problems to have originated in childhood (Rapee & Barlow, 1992). A recent Australian study has found the prevalence of anxiety in adolescents to be around 15 percent (Boyd, Kostanski, Gullone, Ollendick, & Shek, in press).

The major anxiety disorders in children are:

- *Generalised Anxiety Disorder*, characterised by excessive worry and fear about future or past events. This disorder is usually accompanied by headaches, stomach aches, vomiting, and sleep disturbance.
- *Separation Anxiety Disorder*, the fear of separating from primary caregivers, home or other familiar surroundings. This fear may lead to difficulties such as school refusal.
- *Phobia*, a fear associated with a specific object or situation, such as fear of needles, dogs, heights or the dark.
- *Posttraumatic Stress Disorder*, characterised by severe anxiety reactions or feelings following a traumatic event, such as witnessing a death or being involved in a near-death experience. This condition may be seen in school children who have emigrated or fled from a war or violence-affected area.
- *Social Phobia*, the fear of being humiliated or embarrassed in front of other people. People who experience social phobia find meeting new people, being at the centre of attention, or being in a group social situation extremely anxiety-provoking.
- *Obsessive Compulsive Disorder*, characterised by intrusive, obsessive thoughts which are usually alleviated by compulsive actions (e.g., washing hands 60 times a day).
- *Panic Attack*, a discrete period in which there is a sudden onset of intense apprehension, fearfulness or terror often associated with feelings of impending doom. These feelings are accompanied by physical symptoms such as palpitations, chest pain or discomfort, difficulty breathing, and choking or smothering sensations.
- *Agoraphobia*, which is essentially anxiety about, or avoidance of, places or situations from which it may be difficult or embarrassing to escape, or where help may not be available if a panic attack should occur. For instance, being outside the home alone, being in a crowd, or travelling in a school bus.

Anxiety symptoms and disorders significantly interfere with a child's ability to confidently handle a wide variety of everyday activities — anxious children may experience difficulties in interpersonal relationships, social competence, peer relations and school adjustment (e.g., Barrett, 1998; Dweck & Wortman, 1982; Last, Hanson, & Franco, 1997; McGee & Stanton, 1990; Strauss, Frame, & Forehand, 1987). They also signal significant risk for other disorders, particularly other anxiety disorders and depression (e.g., Cole, Peeke, Martin, Truglio, & Seroczynski, 1998; Orvaschel et al.,

1995). Without treatment, childhood anxiety can have a chronic and unremitting course (Keller et al., 1992).

The existence of a strong relationship between depression and anxiety in children and adolescents is now beyond dispute (Cole et al., 1998).

Depression is defined as an emotional state marked by great sadness and apprehension, feelings of worthlessness and guilt, withdrawal from others, changes in sleep and/or appetite, and loss of interest and pleasure in usual activities. Depression is often associated with other psychological problems and with medical conditions. For example, when conflict within a family increases, a child often withdraws from others and may become depressed.

There is some variation in the symptoms and signs of depression across the life span. Depressed children, especially, may appear agitated, and cannot sit still. They may be overly active and aggressive. In adolescents, depression is sometimes manifested by negativism, antisocial behaviour and a feeling of being misunderstood.

Children with both anxiety and depression tend to be older than their anxious-only, or depressed-only counterparts. They also seem to be more symptomatic, with anxiety symptoms typically predating the depressive symptoms. Research both here in Australia and overseas in the United States and The Netherlands is now beginning to provide support for a temporal relationship between anxiety and depression.

The link between anxiety and depression becomes even more important when it is considered that they are both identified as risk factors in youth suicide. According to a recent analysis by the Australian Department of Health and Aged Care (Background on Youth Suicide in Australia, 2000):

[It has been] estimated that eliminating affective disorders [anxiety & depression] could reduce the incidence of serious suicide attempts by up to 80 per cent.

Recent research emerging from the United States indicates that the effects of anxiety disorders are not only limited to the sufferer and the family. They also place a tremendous economic burden on society, with estimates suggesting that in 1990 alone anxiety disorders cost the US community \$US42.3 billion (Greenberg, Sisitsky et al., 1999).

Given the serious consequences of childhood anxiety, as well as the lifelong suffering usually associated with these disorders (e.g., interpersonal inadequacy and social isolation) and the economic costs to society, it is essential to address anxiety effectively and as early as possible.

# FRIENDS Training

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Training is recommended for teachers and support staff who are not educated in cognitive behaviour therapy-based psychosocial interventions. One-day training programs provided through Pathways Health and Research Centre or an accredited *FRIENDS* trainer can equip individuals with the knowledge to run a non-clinical *FRIENDS* prevention group.

Topics covered in training include:

- what is anxiety? (characteristics, aetiology, prevalence)
- what is depression? (characteristics, aetiology, prevalence)
- the importance of early intervention prevention programs
- a step-by-step guide through the *FRIENDS* program
- hints on group process and effective group facilitation
- how to get the *FRIENDS* program up and running in your setting.

To find out about training contact Pathways Health and Research Centre  
Phone (07) 3846 4443  
Email [info@pathwayshrc.com.au](mailto:info@pathwayshrc.com.au)

## FRIENDS Resources

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*FRIENDS* is made up of two major publications for each of the two age levels — *FRIENDS for Children* (ages 7–11) and *FRIENDS for Youth* (ages 12–16). All publications have been professionally designed and typeset for high readability and ease of use by Australian Academic Press, a leading independent publisher of behavioural science materials.

### *FRIENDS* Group Leader's Manual

The *FRIENDS* group leader's manual is an A4-size spiral-bound book with complete session guides for all 10 participant sessions, 2 booster sessions and 4 parent sessions. Designed for easy access and use, the manual includes black-line photocopy masters of all handouts and overheads. Suggested scripts for group leaders are provided within each session as well as ideas and points to note when conducting discussions.

### *FRIENDS* Workbook

The *FRIENDS* workbook is an A4-size, spine-stapled book that can be laid flat on a desk for ease when writing. Featuring especially commissioned age-appropriate illustrations, the workbook encourages participants to complete exercises that reinforce the concepts covered during each session. Included also in the children's workbook is a star reward chart for completed home activities and a certificate to present to each child at the completion of the program.

# Research Abstracts

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## Individual Treatment Outcome Trial — *Coping Cat*

Kendall, P.C. (1994). Treatment of anxiety disorders in children: A randomized clinical trial. *Journal of Consulting and Clinical Psychology, 62*, 100–110.

Forty-seven children aged between 9–13 years with a diagnosis of overanxious, separation anxiety, or avoidant disorder were involved in either a 16-session cognitive-behavioural program called the *Coping Cat*, or a waitlist control condition. Outcomes were evaluated using child self-report, parent-report, teacher-report, cognitive assessment and behavioural observations. Pretreatment–posttreatment changes and maintenance of gains at 1-year follow-up were examined. Results were impressive, with 64% of those treated no longer meeting diagnostic criteria. Of the participants in the waitlist condition, only 1 did not qualify for an anxiety disorder diagnosis after the wait period.

Kendall and Southam-Gerow examined the effectiveness of Kendall's (1994) behavioural treatment at 3-years follow-up. Results indicated that the previously reported treatment gains were maintained.

## Family Treatment Outcome Trial — *Coping Koala*

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

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

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

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

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

## Group Treatment Outcome Trial — *Coping Koala*

Barrett, P.M. (1998). Evaluation of cognitive-behavioural group treatments for childhood anxiety disorders. *Journal of Clinical Child Psychology*, 27(4), 459–468.

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

## Group Treatment Outcome Trial — *FRIENDS*

Shortt, A., Barrett, P., & Fox, T. (2001). Evaluating the *FRIENDS* program: A cognitive-behavioural group treatment of childhood anxiety disorders: An evaluation of the *FRIENDS* program. *Journal of Clinical Child Psychology*, 30(4), 523–533.

Conducted the first randomised clinical trial evaluating the efficacy of the *FRIENDS* program, a family-based group cognitive-behavioural treatment (FGCBT) for anxious children. Children ( $n = 71$ ) ranging from 6 to 10 years of age who fulfilled diagnostic criteria for separation anxiety (SAD), generalised anxiety disorder (GAD), or social phobia (SOP) were randomly allocated to *FRIENDS* or to a 10-week waitlist control group. The effectiveness of the intervention was evaluated at posttreatment and 12-month follow-up. Results indicated that 69% of children who completed FGCBT were diagnosis-free compared to 6% of children who completed the waitlist condition. At 12-month follow-up, 68% of children were diagnosis-free. Beneficial treatment effects were also evident on the self-report measures completed by the children and their mothers. Parents and children reported high treatment satisfaction. Results suggest that *FRIENDS* is an effective treatment for clinically anxious children. Limitations of this study and directions for future research are discussed.

## Selective-intervention Prevention Trial — *Coping Koala*

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

The Queensland Early Intervention and Prevention of Anxiety Project evaluated the effectiveness of a cognitive-behavioural and family-based group intervention for prevention of the onset and development of anxiety problems in children. A total of 1,786 7 to 14-year-olds were screened for anxiety problems using teacher nomination and children's self-report. After recruitment and diagnostic interviews, 128 children were selected and assigned to a 10-week school-based child and parent-focused psychosocial intervention (*Coping Koala* Program) or to a monitoring group. As a group, children who received the intervention emerged with lower rates of anxiety disorder at 6-month follow-up, compared to those who were identified but monitored

only. Of those who had features of, but no full disorder, at pretreatment ( $n = 33$ ), 54% progressed to a diagnosable disorder at the 6-month follow-up in the monitoring group, compared with only 16% in the intervention group. These results indicated that the intervention was successful in reducing rates of disorder in children with mild to moderate anxiety disorders, as well as in preventing the onset of anxiety disorder in children with early features of a disorder.

## Selective-intervention Prevention Trial — *Coping Koala* Two-year follow-up

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

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

## Universal School-based Prevention

Lowry-Webster, H.M., Barrett, P.M., & Dadds, M.R. (2001). A universal prevention trial of anxiety and depressive symptomatology in childhood: Preliminary data from an Australian study. *Behaviour Change, 18*, 36–50.

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

## Universal School-based Prevention Trial — *FRIENDS* One-year Follow-up

Lowry-Webster, H., Barrett, P., & Lock, S. (2003). A universal prevention trial of anxiety symptomatology during childhood: Results at one-year follow-up. *Behaviour Change*, 20(1), 25–43.

Research shows that anxiety disorders are common and problematic in children. Treatment studies demonstrate that cognitive-behavioural interventions for children can successfully minimise these problems. When implemented as early intervention or prevention programs, these interventions can prevent the onset of anxiety problems in 7 to 14-year-olds and reduce existing levels of anxiety. In 2001 we evaluated a universal prevention trial of anxiety and depression during childhood. This article reports on the results of this study at 12-month follow-up. Participants were 594 children aged 10–13 years from seven schools in Brisbane, Australia, who were randomly assigned to an intervention or control group on a school-by-school basis. The intervention was based on the group CBT program called *FRIENDS* (Barrett, Lowry-Webster, & Holmes, 1999) and was subsequently implemented by trained school teachers, using a universal model of prevention, into their school setting. Results were examined universally (for all children) and for children who scored above the clinical cut-off for anxiety at pretest. Children in the intervention group reported fewer anxiety symptoms, regardless of their risk status, at posttest than the control group. In terms of reported levels of depression, only the high-anxiety group who completed the *FRIENDS* intervention evidenced significant improvements at posttest. At 12-month follow-up, intervention gains were maintained, as measured by self-reports and diagnostic interviews. Specifically, 85% of children in the intervention group who were scoring above the clinical cut-off for anxiety and depression were diagnosis-free in the intervention condition, compared to only 31.2% of children in the control group. Implications of these findings are examined, alongside limitations of the study and directions for future research.

## Universal School-based Prevention Trial Extension — *FRIENDS*

Barrett, P.M., & Turner, C.M. (2001). Prevention of anxiety symptoms in primary school children: Preliminary results from a universal trial. *British Journal of Clinical Psychology*, 40, 399–410.

Preliminary data are presented on the effectiveness of a universal school-based intervention for the prevention of anxiety symptoms in primary-school children. Four hundred and eighty-nine children (10–12 years) were assigned to one of three intervention conditions: a psychologist-led preventive intervention, a teacher-led preventive intervention, or a usual care (standard curriculum) with monitoring condition. The intervention offered was the *FRIENDS for Children* program, a 12-session cognitive-behavioural intervention, originally based upon Kendall's (1994) *Coping Cat* program. Participants in both intervention conditions reported fewer symptoms of anxiety at post-intervention than participants in the usual-care condition. These preliminary results suggest that universal programs for childhood anxiety are promising intervention strategies that can be successfully delivered to a school-based population and integrated into the classroom curriculum.

## Universal School-based Curriculum Trial — *FRIENDS*

Hau, P. (2001). Promoting resilience in primary schools: The *FRIENDS* Program.

An evidence-based universal mental-health promotion and prevention program, *FRIENDS*, was tested with 1,136 primary-school students across 29 schools in two school districts (Albany and Narrogin) in the Great Southern region of Western Australia. Most schools opted to deliver the program to year 4 children, while others decided to target year 5s. Some of the smaller schools that had spilt year levels (e.g., 4 to 7) in one class were encouraged to deliver the program to the whole class, rather than only a handful of students in the 4/5 year level. *FRIENDS* was implemented as part of the new curriculum framework and in some schools was jointly delivered by school teachers and nurses. The school psychologist service provided teacher supervision and support sessions to teachers to ensure program integrity and professional support. Pre and posttests were administered using the Spence Children's Anxiety Scale test. Parent programs were also conducted. Results are still to be analysed, with preliminary observations showing the schools have certainly embraced the concept of the *FRIENDS* program. Originally only 650 students had been targeted for the trial, but the number of schools wanting to be involved with the program was exceeded considerably. Already there are new schools interested in piloting the program next year. The challenge will now be to sustain the program in the Great Southern region by offering support requested by schools in future years. This project was funded by the Commonwealth Department of Health and Aged Care — The National Suicide Prevention Strategy.

## *Coping Koala* Selective Intervention — The Netherlands

Muris, Peter., & Mayer, Birgit. (2000). Vroegtijdige behandeling van angststoornissen bij kinderen. [Early treatment of anxiety disorders in children]. *Gedrag & Gezondheid: Tijdschrift voor Psychologie & Gezondheid*, 28(4), 235–242.

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

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

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

Investigated the feasibility of using an anxiety preventative intervention efficacious with Australian children with at-risk inner-city African Americans (aged 10–11) who experienced moderate anxiety problems and community violence exposure. Of 91 5th-grade students, 10 participated in the school-based selective intervention that targeted anxiety disorders. Pre and post-intervention analyses revealed significant decreases in general anxiety and manifestations of anxiety that were contextually relevant to the community violence–exposed youth (i.e., physiological symptoms, worry regarding environmental pressures, and concentration difficulties). The discussion focuses on the modifications necessary to make the prevention program culturally and contextually appropriate for anxious inner-city African-American children.

## **Universal Prevention with Former-Yugoslavian Refugee Children in Australia**

Barrett, P.M., Moore, A.F., & Sonderegger, R. (2000). The FRIENDS program for young former-Yugoslavian refugees in Australia: A pilot study. *Behaviour Change*, *17*, 124–133.

Young immigrants frequently experience anxiety as a consequence of the stress associated with migration. Despite being at high risk for the development of psychopathology, culturally sensitive assessment and intervention procedures for use with ethnic minority groups residing in Australia have yet to be developed and validated. The aims of the current study were to (1) investigate the level of anxiety in a sample of former-Yugoslavian teenage refugees; (2) appraise the efficacy of the *FRIENDS* program, a validated Anglo-Australian anxiety-prevention program, for use with this high-risk group; and (3) obtain information from both the program participants and facilitators regarding how the intervention could be modified to better meet the needs of this growing refugee population in Australia. Twenty female former-Yugoslavian youths completed standardised measures of internalising symptoms. Participants were allocated to either an intervention ( $n = 9$ ) or a waitlist ( $n = 11$ ) condition. In spite of the small sample size, post-assessment indicated that participants in the intervention condition reported significantly less internalising symptoms than participants in the waitlist condition. Social-validity data indicated that overall, participants were highly satisfied with the intervention. Suggestions for assessment and treatment program modifications are discussed.

## Universal Prevention with Children in Australia of Former-Yugoslavian, Chinese, and Mixed-ethnic Backgrounds

Barrett, P.M., Sonderegger, R., & Sonderegger, N.L. (2001). Evaluation of an anxiety-prevention and positive-coping program (*FRIENDS*) for children and adolescents of non-English speaking background. *Behaviour Change*, 18, 78–91.

This study aimed to (a) appraise the efficacy of a well-validated Anglo-Australian anxiety-prevention and stress-resiliency program (*FRIENDS*) for used with culturally diverse migrant groups residing in Australia, (b) examine the social validity of *FRIENDS*, and (c) obtain information from participants and facilitators regarding how the program can best be modified for specific use with non-English speaking background (NESB) clients. To test the efficacy of the intervention, pre and post-intervention evaluation of internalising symptoms and coping ability were compared with waiting list control groups (matched according to ethnic group, gender and school level). One hundred and six primary and 98 high-school students differentiated by cultural origin (former-Yugoslavian, Chinese and mixed-ethnic) and school level (primary and high school) completed standardised measures of internalising symptoms and were allocated to either an intervention ( $n = 121$ ) or a waiting-list ( $n = 83$ ) condition. Both groups were readministered the assessment package for comparison following a 10-week treatment or waiting period. Consistent with a recent pilot study, pre/post-assessment indicated that participants in the intervention condition exhibited lower anxiety and a more positive future outlook than waiting-list participants. Participating students reported to be highly satisfied with the intervention. Despite the overall success of *FRIENDS*, the program may be enhanced by culturally sensitive supplements so that the program is more applicable for use with NESB participants. Suggestions for treatment program modifications of *FRIENDS* are discussed.

## Universal Prevention with Children in Australia of Former-Yugoslavian, Chinese, and Mixed-ethnic Backgrounds Six-month Follow-up

Barrett, P.M., Sonderegger, R., & Xenos, S. (2003). Using *FRIENDS* to combat anxiety and adjustment problems among young migrants to Australia: A national trial. *Clinical Child Psychology and Psychiatry*, 8(2), 241–260.

The primary objectives of this study were (a) to evaluate the capacity of a well-validated anxiety-prevention and emotional-resiliency program (*FRIENDS*) to reduce psychological distress in young culturally diverse migrants of non-English speaking background (NESB), and (b) to determine whether any change in psychological symptoms and emotional resilience would be maintained over time. Three hundred and twenty-four students differentiated by cultural origin (former-Yugoslavian, Chinese and mixed-ethnic) and educational level (elementary and high school) were recruited from different Australian states and allocated to either an intervention or waitlist condition. All students completed standardised measures of self-esteem, internalising symptoms and future outlook both before and after a 10-week *FRIENDS* intervention or wait period. One hundred and thirty-nine participants from Queensland were also assessed 6 months following the completion of the *FRIENDS* program to determine its long-term effects. Consistent with previous trials involving

culturally diverse populations, NESB participants who underwent *FRIENDS* training exhibited significantly greater self-esteem, few internalising symptoms, and a less-pessimistic future outlook than waitlist participants at both post and 6-months follow-up assessment intervals. This study provides empirical evidence for the utility of the *FRIENDS* program as a resource for therapists and schools working with young culturally diverse migrant populations.

## Universal School-based Intervention Trial — Germany

Conradt, J., & Essau, C.A. (2003, July). Feasibility and efficacy of the *FRIENDS* program for the prevention of anxiety in children. Paper presented at the 24th International Conference: Stress and Anxiety Research Society, Lisbon.

The *FRIENDS* program, originally developed in Australia, is a universal, school-based intervention designed to prevent the onset of anxiety and depression among children through the building of emotional resilience. The main aims of the present study were (a) to examine the feasibility of the *FRIENDS* program as a universal school-based prevention trial in Germany and (b) to examine the efficacy of the *FRIENDS* program in reducing anxiety symptoms. A total of 200 primary-school children, age of 9 to 12 years, participated in the 10-session group training. Parents of these children also participated in a 4-session group training for parents. These children were compared with 200 matched controls. Assessments were completed before and after the program and at 6 and 12-month follow-up. Results showed the *FRIENDS* program to be well-accepted and well-liked by children, their parents and the *FRIENDS* trainers. No specific problems were encountered in using Australian-based animals (e.g., koala). As for the efficacy of the *FRIENDS* program, a pre-post-assessment showed reduction of anxiety symptoms among children in the prevention group, as measured using the Spence Children's Anxiety Scale. Children who participated in the *FRIENDS* program were more socially competent and used more positive coping strategies at the end of the training compared to children in the control group. To conclude, this study provided support for the feasibility and efficacy of the *FRIENDS* program in children in Germany.

## School-based Prevention Trial — Canada

VP3: Vancouver Primary Prevention Project (Anxiety disorders prevention in school children). Commenced 2003. Researchers: Lyn Miller, University of British Columbia and Maureen Whittal, University of British Columbia Hospital. Jane Garland, British Columbia's Children's Hospital and Sandra Clark, British Columbia's Children's Hospital.

Will ascertain the efficacy of a brief cognitive-behavioural treatment program (*FRIENDS*) delivered by school personnel, and determine the stability of treatment effects. The study will also establish if parental involvement improves efficacy and/or longevity of treatment gains. The primary goal is to reduce anxiety-disordered behaviour and thinking patterns in West Vancouver public-school children. The 10 West Vancouver elementary schools (District 45) will screen all grade 4 children for anxiety using the Multidimensional Anxiety Screen for Children (MASC), and Achenbach's Child Behaviour Checklist (CBCL) to identify children with symptoms of anxiety. All children will be randomly assigned to one of two treatment conditions in the late spring: cognitive behaviour therapy (CBT) or an attention control

procedure (storytelling). Treatment will be delivered in intact classrooms of children over 10 weekly 1-hour sessions at the school site. A trained school staff member and a trained counselling or psychology graduate student will co-lead groups. Students who were originally assigned to the control procedure will subsequently receive the active treatment (CBT) in the early fall, forming a delayed treatment group. The effect of parental involvement in treatment will be studied. Parents of children in treatment will be randomly assigned to either the experimental condition (three 2-hour educational sessions concurrent with child treatment designed to give information on anxiety disorders and the parents' role in helping to maintain healthy behaviour) or to a control condition involving a 1-hour overview of the treatment program. Year 2 will feature evaluation of all children at follow-up.

## Universal School-based Trial — Seychelles

Hawton, M. from the National Council for Children, funded by the Australian High Commission's Direct Aid Program (2002).

Anecdotal evidence from school counsellors suggests that young people in Seychelles are vulnerable to anxiety disorders and depression. There is a high rate of family breakdown in Seychelles, as well as suspected high levels of domestic violence and physical abuse. These kinds of social problems are likely to result in a growing number of anxiety disorders in youth and young adults. The *FRIENDS* program, an Australian school-based anti-anxiety program developed specifically for young people, would be initially offered to around 170 students of S1 (equivalent to the first year of high school). The program would be offered in weekly 1-hour sessions by teachers who had been trained to lead their groups. Students would be tested before the program begins and at the end of the program in order to measure effectiveness. It is likely that other secondary schools, and perhaps some primary schools, will be keen to participate in the program once the pilot program has demonstrated its value. Ultimately, the wider society will benefit from fewer adults suffering from anxiety disorders and depression.

## Pilot School-based Study — United Kingdom

Taylor, V.M., & Stanley, A. (2002). Promoting children's mental health within educational settings: A case-study using the *FRIENDS* programme.

Anxiety is one of the most prevalent mental-health disorders experienced by school-aged children. This article describes a case study which examines the effectiveness of using *FRIENDS*, an Australian school-based anxiety-prevention program, with a small group of at-risk junior-school children. A pre-experimental design was used and comparison between pre and posttest questionnaire scores indicated a significant reduction in self-reported anxiety scores. The evidence suggests that schools in the United Kingdom may be effective vehicles for universal early intervention and prevention of childhood anxiety problems and for promoting the mental health of all children.

## Social-validity Evaluation — *FRIENDS*

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

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

## Developmental Differences — *FRIENDS*

Barrett, P.M., Johnson, S., & Turner, C. (in press). Developmental differences in universal preventive intervention for child anxiety. *Clinical Child Psychology and Psychiatry*.

Compared effects of a universal school-based preventive intervention for child anxiety at two developmental stages. Six hundred and ninety-two participants enrolled in grade 6 ( $n = 293$ ), aged between 9 and 10 years, and grade 9 ( $n = 399$ ), aged between 14 and 16 years, were allocated to either a school-based cognitive-behaviour intervention or to a monitoring group. Participants completed the Spence Anxiety Scale and the Child Depression Inventory and were stratified into low, moderate and high-risk groups based on their anxiety scores at pre-intervention. The effects of the prevention program were evaluated at post-intervention and 12-month follow-up intervals. Results indicated significant reductions in anxiety ( $p < .001$ ) and depression ( $p < .05$ ) across high and moderate-risk groups in both the intervention and monitoring conditions at post-intervention. This trend was evident at 12-month follow-up; however, reductions in anxiety were greater in the intervention condition ( $p < .05$ ). At post-assessment, grade 6 participants showed significant changes in anxiety compared with the grade 9 participants ( $p < .001$ ), although both primary and secondary-school participants showed equal reductions in anxiety at 12-month follow-up. Overall findings suggest universal intervention is potentially successful in reducing symptoms of anxiety in children. Primary-school children reported the greatest changes in anxiety symptoms, suggesting earlier preventive intervention is potentially more advantageous than later intervention in adolescence. Implications and limitations of this study and directions for future research are discussed.

# About the Authors

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**Dr Paula Barrett** is a prolific researcher and practitioner in the field of clinical child psychology. She is currently an Associate Professor with the Postgraduate Clinical Program at Griffith University, Brisbane, Australia, and together with colleagues established the innovative clinical research centre, Pathways, in 2003. She is internationally acclaimed for her work in the field of child and adolescent anxiety. She published the world's first family treatment control trial for childhood anxiety in 1995, and her 1996 paper on the treatment of anxiety disorders in children and adolescents is highly cited and is in the foreground of empirically supported, evidence-based practices. She has also made significant advances in mapping the psychological adjustment of young non-English speaking migrants and refugees to Australia through the development and validation of culturally sensitive adjustment resources for families from China and Balken States.

Dr Barrett authored and evaluated the well-known *Coping Koala* anxiety treatment protocol during her doctorate in 1993, which she has since turned into the *FRIENDS* program — now recognised worldwide as best practice for the treatment and prevention of anxiety in children and adolescents. Since 1996 she has attracted over \$1.5million in university research funding and continues to lead a highly productive research group as well as coordinate and liaise with the many ongoing research and clinical trials now underway with *FRIENDS* in Australia, Europe, Asia and North America. Her research group has published more controlled trials for childhood anxiety than any other group in the world. Collectively, this body of literature has had a significant global impact not only for the treatment of childhood anxiety, but in research and public policy arenas as well. In addition to her research being published in numerous prestigious international peer-reviewed journals, she has also written numerous book chapters and presented keynote addresses at national and international conferences. She has an established international reputation as a researcher in the area of intervention for children with psychological problems. She was the recipient of the National Australian Association for Cognitive and Behaviour Therapy Early Career Award for her research and clinical innovation in the field of clinical psychology in 1998, and the National Australian Psychological Society Award for outstanding scholarship in the discipline of psychology in 1999.

Dr Barrett has successfully supervised 21 honours, 14 Masters, and 8 PhD students to completion of their postgraduate degrees, each one of whom is, in turn, making an important contribution to the wellbeing of families and to the advance of research in the field of clinical child psychology.

**Cynthia Turner** is a clinical psychologist who completed her PhD under the supervision of Dr Paula Barrett. After completing her Masters degree, she worked for a number of child and youth mental-health agencies and clinics within Queensland. This work heightened her awareness of the need for effective preventive interventions for children and youth, and led to her involvement with *FRIENDS*. She currently assists both primary and secondary schools to implement *FRIENDS* as a part of the school curriculum, and she conducts training workshops and seminars throughout Australia which aim to increase national awareness of the importance of preventive interventions. She is a member of the Australian Psychological Society and runs a

private clinic which offers treatment for children and adolescents who experience anxiety and depression.

**Hayley Webster** is a psychologist who completed her PhD under the supervision of Dr Paula Barrett. After completing her First Class Honours degree at Griffith University, she worked with Dr Paula Barrett for 2 years on the Federal Government–funded Griffith Early Intervention Project and helped increase national awareness of anxiety and prevention strategies among personnel working in the areas of psychology, health, education and Aboriginal issues.

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# What the Experts Say

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Dr Barrett has developed a quality program in FRIENDS. Not only have repeated treatment outcomes shown its effectiveness, it is also child friendly and has a wonderful layout. This might be one of the reasons why therapists love the program as much as children do.

Dr Robert Ferdinand  
*Child and Adolescent Psychiatrist*  
*Academisch Ziekenhuis Rotterdam*

Dr Barrett is one of our foremost experts on the involvement of family members in the treatment of childhood anxiety.

Dr Samuel M. Turner  
*Professor and Director of Clinical Training*  
*Maryland Center for Anxiety Disorders, University of Maryland, USA*

Dr Barrett's research group has published more controlled trials for childhood anxiety than any other group in the world. Collectively, this body of literature has had a significant global impact not only for the treatment of childhood anxiety, but in research and public policy arenas as well.

Dr John Piacentini  
*Associate Professor-in-Residence and Director*  
*UCLA Child OCD, Anxiety and Tourette Disorders Program, USA*

Dr Barrett is in my view the most innovative and influential young investigator currently working in the area of childhood anxiety disorders. Her research serves as a valuable model of clinical intervention studies in terms of how to do empirically sound, yet also clinically sensitive, work.

Dr Wendy Silverman  
*Professor of Psychology*  
*Florida International University, USA*

Dr. Barrett possesses international respect and acclaim for her work. Her 1996 paper on the treatment of anxiety disorders in children and adolescents is already highly cited and is in the foreground of empirically supported or evidence-based practices.

Dr Thomas H Ollendick  
*University Distinguished Professor and Director*  
*Child Study Center, Virginia Polytechnic Institute and State University, USA*

Dr Barrett is considered to be in the first rank of international scholars working in the area of childhood anxiety disorders. Besides treatment-oriented research, she has also contributed to the field theoretically looking at the processes by which these treatments work their magic.

Dr John S. March  
*Professor of Psychiatry and Behavioural Sciences*  
*Duke Child and Family Study Center, USA*

Dr Barrett's work in the childhood anxiety can only be described as ground-breaking. It is creative, scientific, and has documented patterns of family interaction that were heretofore unrecognised allowing the development of more comprehensive treatment programs worldwide. It is no exaggeration to say that her contribution to the field is enormous.

Dr Deborah Beidel  
*Professor of Psychology*  
*Maryland Center for Anxiety Disorders, University of Maryland, USA*

Dr Barrett is a prolific publisher in the field of clinical child psychology. Her research on intervention programs for anxious children and their parents has filled an important scientific gap in the literature and is highly regarded by international scholars.

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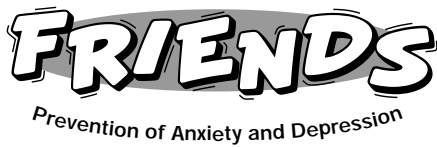
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| <b>Sample Pack</b><br>Contains: 1 Group Leader's Manual<br>1 Workbook  | \$79.00<br>(including P & P*)      | 1 only   | \$79.00                              |        |                                       |    |
| <b>Group Leader's Manual</b>   | \$45.00                            |          |                                      | .60kg  |                                       |    |
| <b>Workbook</b>  | \$15.00                            |          |                                      | .26kg  |                                       |    |
| P & P* Cost Calculation<br>< 1kg = \$24.00<br>1kg–2kg = \$46.00<br>2kg–3kg = \$64.00<br>3kg–5kg = \$95.00<br>5kg–7kg = \$128.00<br>7kg–10kg = \$175.00 | Total Materials Cost               |          | \$                                   |        |                                       |    |
|  | Total Weight                       |          |                                      |        |                                       | kg |
|  | P & P* Cost Calculation (see left) |          | \$                                   |        |                                       |    |
|  | <b>TOTAL</b>                       |          | \$                                   |        |                                       |    |

| FRIENDS for YOUTH<br>Aged 12–16 Years  | Price                              | Quantity | Materials Cost<br>(Price x Quantity) | Weight | Postage Weight<br>(Quantity x Weight) |    |
|--|------------------------------------|----------|--------------------------------------|--------|---------------------------------------|----|
| <b>Sample Pack</b><br>Contains: 1 Group Leader's Manual<br>1 Workbook  | \$79.00<br>(including P & P*)      | 1 only   | \$79.00                              |        |                                       |    |
| <b>Group Leader's Manual</b>   | \$45.00                            |          |                                      | .60kg  |                                       |    |
| <b>Workbook</b>  | \$15.00                            |          |                                      | .26kg  |                                       |    |
| P & P* Cost Calculation<br>< 1kg = \$24.00<br>1kg–2kg = \$46.00<br>2kg–3kg = \$64.00<br>3kg–5kg = \$95.00<br>5kg–7kg = \$128.00<br>7kg–10kg = \$175.00 | Total Materials Cost               |          | \$                                   |        |                                       |    |
|  | Total Weight                       |          |                                      |        |                                       | kg |
|  | P & P* Cost Calculation (see left) |          | \$                                   |        |                                       |    |
|  | <b>TOTAL</b>                       |          | \$                                   |        |                                       |    |

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