

Last reviewed: March 2017

Intervention website: <https://friendsresilience.org/>

GUIDEBOOK INTERVENTION INFORMATION SHEET

FRIENDS for Life (health-led)

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	FRIENDS for Life (health-led) is a school-based intervention for children aged between 7 and 13 years old. It is delivered by trained health facilitators alongside a teacher to groups of children for 10 to 12 weekly sessions.
Evidence rating	3
Cost rating	1
Child outcomes	<ul style="list-style-type: none"> Supporting children’s mental health and wellbeing <ul style="list-style-type: none"> Reduced anxiety and low mood.
Child age (population characteristic)	9 to 10 years old
Level of need (population characteristic)	Universal
Race and ethnicities (population characteristic)	White British

Foundations Guidebook – Intervention information sheet

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Intervention summary	
Type (model characteristic)	Group
Setting (model characteristic)	Primary school
Workforce (model characteristic)	Psychologists or other allied health professionals, alongside a teacher.
UK available?	Yes
UK tested?	Yes

Model description

FRIENDS for Life is a school-based, universal intervention designed to help children develop resilience, coping skills, and improve mental health and wellbeing. Part of the FRIENDS suite of interventions (including Fun FRIENDS and FRIENDS for Youth), FRIENDS for Life targets children aged 7 to 13 years old and is based on cognitive behavioural therapy (CBT) and positive psychology principles. It aims to reduce anxiety and improve mental health through a developmentally appropriate, play-based, and experiential learning approach.

The interventions consists of 10 to 12 weekly sessions, each lasting one hour, delivered by a practitioner in a group format to a whole class. During each session, children are introduced to coping strategies through interactive activities such as stories, games, videos, and exercises. The intervention covers key areas:

- **Learning and behavioural skills:** Children learn to develop six-step problem-solving plans, create coping step plans, and identify role models and support networks
- **Psychological skills:** Sessions teach children to recognise physical cues of stress, use relaxation techniques, and practise self-regulation. Additionally, group sessions for parents are held at regular intervals to reinforce skills and support the child's progress
- **Cognitive skills:** Children are encouraged to use positive self-talk, challenge negative self-talk, evaluate themselves realistically, and reward themselves for achievements.

Activities include group work, role-plays, workbook exercises, and games, with some tasks designed to be completed at home with family members, allowing children to practise and reinforce the skills they learn in each session. This intervention has been developed and published with the full cooperation of the intervention provider.

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Target population

Age of child	7 to 13 years old
Target population	All children aged between 7 and 13 years old.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Stressful and uncomfortable situations in life can create anxiety.	Coping skills increase a child's resilience and protect children from developing anxiety.	All children aged 7 and 13 years old.	Children learn coping skills such as understanding and managing emotions to better respond to uncomfortable emotions in appropriate and helpful ways.	Children have better awareness of their emotions.	Children develop helpful emotion management techniques that enable them to better cope with stressful or uncomfortable situations.	Children are less likely to develop anxiety disorders.



Implementation requirements

Who is eligible?	This intervention is a universal intervention targeting the general population of school children aged between 7 to 13 years old, irrespective of pre-existing anxiety symptoms.
How is it delivered?	FRIENDS for Life (health-led) is delivered in 10 to 12 weekly sessions of one hour's duration each by one practitioner, to whole classes of children.
What happens during the intervention?	<p>During each session children are taught skills, aimed at helping them to increase their coping skills, through stories, games, videos, and activities. Skills focus on the following:</p> <ul style="list-style-type: none"> • Learning/behaviour – which involves helping children and adolescents to develop six-step problem-solving plans, using coping step plans, and to identify role models and support networks. • Psychological – involves teaching children and adolescents to be aware of their body clues, to use relaxation techniques and to self-regulate. It also involves group sessions for parents, which are scheduled at regular intervals throughout the duration of the intervention. • Cognitive – involves helping children and adolescents to use positive self-talk, challenge negative self-talk, evaluate themselves realistically, and reward themselves. <p>The sessions involve a mixture of group work, role-plays, workbook exercises, games, and interactive activities. Some tasks are completed at home with the participant's family in order to practise new skills learned.</p> <p>The sessions cover the following topics:</p> <ul style="list-style-type: none"> • Session one: Introduction to FRIENDS for Life; understanding and accepting difference • Session two: Introduction to feelings • Session three: Introduction to body clues and relaxation • Session four: Self-talk: helpful (green) and unhelpful (red) thoughts • Session five: Changing unhelpful (red) into helpful (green) thoughts • Session six: Introduction to coping step plans • Session seven: Learning for our role models and building support teams • Session eight: Using a problem-solving plan • Session nine: Using the FRIENDS for Life skills to help ourselves and others • Session 10: Review, generalising skills, and planning for the future.
Who can deliver it?	The practitioner who delivers FRIENDS for Life (health-led) is a psychologist or other allied health professional, who deliver the intervention alongside a teacher.
What are the training requirements?	The practitioners have two days of intervention training. Booster training of practitioners is recommended.



How are practitioners supervised?	It is recommended that practitioners are supervised by one accredited FRIENDS trainer. Supervision is delivered bi-weekly to groups to review session aims, content, and to address any problems with implementation.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> • Training manual • Other printed material • Other online material • Video or DVD training • Face-to-face training • Fidelity monitoring.
Is there a licensing requirement?	No
*Contact details	<p>Contact person: Casey Dick</p> <p>Organisation: Friends Resilience</p> <p>Email address: licensing@friendsresilience.org</p> <p>Website: https://friendsresilience.org/</p> <p>*Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.</p>

Evidence summary

FRIENDS for Life (health-led)’s most rigorous evidence comes from a singular RCT which was conducted in the United Kingdom. The programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This study identified statistically significant reductions in symptoms of anxiety and low mood.



Child outcomes			
Outcome	Improvement index	Interpretation	Study
Reduced social anxiety	+5	0.41-point improvement on the Revised Child Anxiety and Depression Scale. Long term – a year later	1
Reduced generalised anxiety	+8	0.77-point improvement on the Revised Child Anxiety and Depression Scale Long term – a year later	1
Reduced child anxiety and depression	+7	2.66-point improvement on the Revised Child Anxiety and Depression Scale Long term – a year later	1

Search and review

	Number of studies
Identified in search	5
Studies reviewed	1
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	4



Individual study summary: Study 1

Study 1	
Study design	Cluster RCT
Country	United Kingdom
Sample characteristics	This study involved 1,362 children aged 9 to 10 years from state-funded junior schools in South West England.
Race, ethnicities, and nationalities	92% White British
Population risk factors	Participants included schools with slightly lower-than-average eligibility for free school meals and lower rates of absenteeism than the national average. High family affluence levels were recorded for most participants.
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention.
Child outcomes	Reduced symptoms of anxiety and low mood (Child report)
Other outcomes	None
Study Rating	3
Citation	Stallard, P., Skryabina, E., Taylor, G., Phillips, R., Daniels, H., Anderson, R. & Simpson, N. (2014). Classroom-based cognitive behaviour therapy (FRIENDS): A cluster randomised controlled trial to Prevent Anxiety in Children through Education in Schools (PACES). <i>The Lancet Psychiatry</i> . 1 (3), 185–192.

Brief summary

Population characteristics

This study involved 1,362 children aged 9 to 10 years old from state-funded junior schools in South West England. Participants were drawn from the general school population, attending years four and five. Most participants were British White.



Study design

The study design was a three-group cluster RCT. In total, 45 schools were enrolled though four did not confirm interest in time, therefore only 41 were randomised. Of these schools: 14 (n = 497 children) were randomly assigned to school-led FRIENDS, 14 (n = 509) to health-led FRIENDS, and 12 (n = 442) to usual school provision. There were approximately 19 to 20 students per class across the 40 schools. Allocation of schools took place once all schools were recruited and balance between trial arms on a range of key characteristics was achieved.

Measurement

Anxiety and depression symptoms were measured using the Revised Child Anxiety and Depression Scale (RCADS-30), with assessments completed by children and parents. Secondary outcomes included worry, measured by the Penn State Worry Questionnaire for Children; self-worth and acceptance, measured by the Rosenberg Self-Esteem Scale; extent of bullying, measured by the Olweus Bully/Victim Questionnaire; and life satisfaction, measured by a subjective wellbeing questionnaire. Child emotional and behavioural problems were also measured by the Strengths and Difficulties Questionnaire (SDQ), completed by both parents and teachers. The measures were completed at baseline and post-intervention.

Study retention

At 12 months post-intervention, 92% of the sample was retained (1,257 children).

Results

Data-analytic strategy

Primary outcomes were assessed using mixed-effects analysis of variance models, adjusting for baseline scores, sex, and school effects. Secondary outcomes were analysed similarly, and additional planned analyses examined changes over time and subgroup differences based on baseline anxiety levels. The data was analysed using an intention-to-treat design without imputation for missing data. Sensitivity analyses were also conducted, using multiple imputation methods to address missing data, which showed the findings were not significantly affected by missing data, therefore supporting the reliability of the results.

Findings

The study found significant reductions in symptoms of anxiety and low mood, as measured by the Revised Child Anxiety and Depression Scale (RCADS-30), for children who received health-led FRIENDS compared to those who received usual school provision. The intervention had no significant impact on children's levels of worry, self-worth and acceptance, experiences of bullying, life satisfaction, or emotional and behavioural problems.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Symptoms of anxiety and low mood	Revised Child Anxiety and Depression scale (RCADS 30; child self-report)	N/A	Yes	821	Post-intervention
Worry	Penn State Worry Questionnaire for Children (child self-report)	N/A	No	821	Post-intervention
Self-worth and acceptance	Rosenberg Self-Esteem Scale (child self-report)	N/A	No	821	Post-intervention
Extent of bullying	Olweus Bully/Victim questionnaire (child self-report)	N/A	No	821	Post-intervention
Life satisfaction	Subjective wellbeing assessment (child self-report)	N/A	No	821	Post-intervention
Child emotional and behavioural problems - parent report	Strength and Difficulties Questionnaire (SDQ; parent report)	N/A	No	451	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child anxiety and low mood symptoms	Revised Child Anxiety and Depression Scale – Parent version (RCADS-30-P; parent report)	N/A	No	451	Post-intervention
Child emotional and behavioural problems – teacher report	Strengths and Difficulties Questionnaire (SDQ; teacher report)	N/A	No	1,274	Post-intervention

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention receives the same rating as its most robust study or studies.

Liddle, I. & Macmillan, S. (2010) Evaluating the FRIENDS programme in a Scottish setting. *Educational Psychology in Practice*. 26 (1), 53–67.

Ruttledge, R., Devitt, E., Greene, G., Mullany, M., Charles, E., Frehill, J. & Moriarty, M. (2016) A randomised controlled trial of the FRIENDS for Life emotional resilience programme delivered by teachers in Irish primary schools. *Educational & Child Psychology*. 33 (2).

Stallard, P., Simpson, N., Anderson, S., Carter, T., Osborn, C. & Bush, S. (2005) An evaluation of the FRIENDS programme: A cognitive behaviour therapy intervention to promote emotional resilience. *Archives of Disease in Childhood*. 90 (10), 1016–1019.

Stallard, P., Simpson, N., Anderson, S. & Goddard, M. (2008) The FRIENDS emotional health prevention programme. *European Child & Adolescent Psychiatry*. 17 (5), 283–289.

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.