

Last reviewed: March 2017

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

GUIDEBOOK INTERVENTION INFORMATION SHEET

FRIENDS for Youth

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 Youth is a school-based cognitive behavioural therapy intervention for children aged between 12 to 13 years. It is delivered by a trained practitioner to groups of children for 5 to 10 weeks.
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.
Child age (population characteristic)	12 to 13 years
Level of need (population characteristic)	Universal, Targeted Selected
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">WhiteIrish Traveller.

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

Intervention summary	
Type (model characteristic)	Group
Setting (model characteristic)	<ul style="list-style-type: none">• Secondary school• Out-patient health setting.
Workforce (model characteristic)	<ul style="list-style-type: none">• Social worker• Teacher• Health worker• Psychologist.
UK available?	Yes
UK tested?	Yes

Model description

FRIENDS for Youth is part of a suite of FRIENDS interventions (including Fun FRIENDS and FRIENDS for Life), which aim to improve resilience (or coping) skills in children and reduce anxiety and improve mental health and wellbeing. The intervention is delivered in schools and is based on cognitive behavioral therapy and positive psychology.

It is a universal intervention (however, it has also been implemented as a selective and indicated intervention, and has been targeted on the basis of income poverty).

Sessions involve large and small group work, workbook exercises, role-plays, games, activities, and quizzes, to help children to develop problem-solving and coping plans, to use positive self-talk and evaluate themselves realistically, and to use relaxation techniques.

Target population

Age of child	12 to 13 years
Target population	Secondary school children

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
<ul style="list-style-type: none"> • Many young people experience anxiety and emotional distress, which, if unmanaged, can lead to anxiety disorders and negatively impact their wellbeing. • Limited resilience further increases their vulnerability to long-term anxiety issues. 	<p>Young people often lack effective coping skills to manage stress and anxiety. Many struggle to understand and regulate their emotions, leading to maladaptive responses.</p>	<p>Young people at risk of developing anxiety disorders or experiencing emotional distress.</p>	<p>Young people learn coping skills such as understanding and managing emotions to assist in responding to uncomfortable emotions in appropriate and helpful ways.</p>	<p>Young people develop greater emotional awareness and learn to apply effective coping strategies. They become better equipped to manage stressful and uncomfortable situations.</p>	<ul style="list-style-type: none"> • Improved emotional regulation and resilience • Reduced anxiety symptoms • Increased confidence in managing challenges. 	<ul style="list-style-type: none"> • Reduced likelihood of developing anxiety disorders • Improved mental health, relationships, and overall wellbeing • Improved personal and academic success.



Implementation requirements

Who is eligible?	Secondary school children.
How is it delivered?	FRIENDS for Youth is delivered in five sessions of 2 to 2.5 hours' duration each by a qualified practitioner such as a social worker, teacher, health worker, or psychologist, to groups of children. In the best-evidenced implementation of FRIENDS, the intervention was delivered in 10 sessions of one hour each.
What happens during the intervention?	<p>The FRIENDS for Life sessions include a mix of interactive activities such as group work, role-plays, games, and workbook exercises, alongside quizzes to engage participants. Homework tasks are assigned at the end of each session to reinforce and help generalise the skills learned. The intervention is structured around three core components:</p> <p>Learning and Behavioural Skills: Children develop six-step problem-solving plans, create coping strategies, and identify role models and support networks.</p> <p>Cognitive Skills: Participants learn to use positive self-talk, challenge negative thoughts, evaluate themselves realistically, and apply self-reward techniques.</p> <p>Psychological Skills: The intervention teaches children to recognise bodily cues related to stress, practise relaxation techniques, and develop self-regulation skills.</p> <p>This structured approach helps children build resilience and manage challenges effectively.</p>
Who can deliver it?	The practitioner who delivers this intervention is a qualified practitioner such as a social worker, teacher, health worker, or psychologist.
What are the training requirements?	The practitioners have eight hours of intervention training. Booster training of practitioners is recommended.
How are practitioners supervised?	Supervision of practitioners is not required.



Implementation requirements (Cont.)

What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> • Training manual • Other online material • Face-to-face training • Facilitator manual.
Is there a licensing requirement?	Yes
*Contact details	<p>Contact person: Casey Dick</p> <p>Organisation: Friends Resilience</p> <p>Email address: Licensing@friendsresilience.org</p> <p>Website: https://www.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 Youth's most rigorous evidence comes from an RCT which was conducted in Ireland.

This study identified statistically significant reductions in child anxiety.

FRIENDS for youth 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.

Child outcomes			
Outcome	Improvement index	Interpretation	Study
Reduced anxiety	+12 +14	<p>0.53-point reduction on the Spence Children's Anxiety scale (child self-report). Immediately after the intervention.</p> <p>0.98-point reduction on the Spence Children's Anxiety scale for parents (parent report). Immediately after the intervention.</p>	1



Search and review

	Number of studies
Identified in search	6
Studies reviewed	N/A
Meeting the L2 threshold	0
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	5

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	Ireland
Sample characteristics	62 children aged 12 to 13 in three secondary schools in a socially disadvantaged catchment area in Ireland
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 82.3% White Irish • 11.2% Foreign Nationals • 6.5% Irish Travellers.
Population risk factors	Children were from a socially disadvantaged area in Ireland
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention • 4-month follow-up.
Child outcomes	Reduced anxiety (child self-report & parent report)



Study 1	
Other outcomes	None
Study Rating	3
Citation	Rodgers, A. & Dunsmuir, S. (2013) A controlled evaluation of the 'FRIENDS for Life' emotional resiliency programme on overall anxiety levels, anxiety subtype levels and school adjustment. <i>Child and Adolescent Mental Health</i> . 20 (1), 13–19.

Brief summary

Population characteristics

This study involved a sample of 62 children aged 12 to 13 years from three secondary schools in a socially disadvantaged catchment area in a major city in Ireland. 69.4% of the children were female and 30.6% were male. 82.3% identified as White Irish, 6.5% Irish Travellers and 11.2% as Foreign Nationals.

Study design

32 children were randomised to a FRIENDS for Youth group and 30 to a wait-list control group. Random allocation took place within each school to ensure balance across the intervention and control groups.

Measurement

All measures were completed at baseline, post-intervention. Only the Spence Children's Anxiety Scale (SCAS), the Child Rating Scale (CRS) and the Teacher–Child Rating Scale (T-CRS) were completed at the four-month follow-up.

- **Child self-report** measures included the Spence Children's Anxiety Scale (SCAS) and the Child Rating Scale (CRS).
- **Parent report** measures included the Spence Children's Anxiety Scale for Parents (SCAS-P).
- **Teacher report** measures include the Teacher–Child Rating Scale (T-CRS).

Study retention

100% (62) of families participated in baseline, post-intervention, and four-month follow-up assessments, representing 100% (32) of intervention participants and 100% (30) of control participants.



Results

Data-analytical strategy

A mixed design analysis of variance (ANOVA) was used to estimate the intervention's effects on the intended outcomes.

Findings

Youth in the intervention group showed statistically significant reductions in child anxiety at post-intervention and four-month follow-up as reported by parents and children, in comparison to the wait-list control group.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Anxiety (Child report)	Spence Children's Anxiety Scale	N/A	Yes	62	Post-intervention
Anxiety (Child report)	Spence Children's Anxiety Scale	N/A	Yes	62	4-month follow-up
Anxiety (Parent report)	Spence Children's Anxiety Scale for Parents	N/A	Yes	56	Post-intervention
School adjustment (Child report)	Child Rating Scale	N/A	No	62	Post-intervention
School adjustment (Child report)	Child Rating Scale	N/A	No	62	4-month follow-up



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
School adjustment (teacher report)	Teacher–Child Rating Scale	N/A	No	62	Post-intervention
School adjustment (teacher report)	Teacher–Child Rating Scale	N/A	No	62	4-month follow-up

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.

Barrett, P. M., Farrell, L. J., Ollendick, T. H. & Dadds, M. (2006). Long-term outcomes of an Australian universal prevention trial of anxiety and depression symptoms in children and youth: An evaluation of the Friends program. *Journal of Clinical Child and Adolescent Psychology*. 35 (3), 403–411. **This reference refers to a quasi-experimental design, conducted in Australia.**

Barrett, P. M., Sonderegger, R. & Sonderegger, N. L. (2001) Evaluation of an anxiety-prevention and positive-coping program (FRIENDS) for children and adolescents of non-English-speaking background. *Behaviour Change*. 18 (2), 78–91. **This reference refers to a quasi-experimental design, conducted in Australia.**

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. **This reference refers to a quasi-experimental design, conducted in Australia.**

Henefer, J. & Rodgers, A. (2013) *'FRIENDS for Life': A school-based positive mental health programme. Research project overview and findings*. National Behaviour Support Service.

Lock, S. & Barrett, P. M. (2003) A longitudinal study of developmental differences in universal preventive intervention for child anxiety. *Behaviour Change*. 20 (4), 183–199. **This reference refers to a quasi-experimental design, conducted in Australia.**

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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.