



# **Introduction to FRIENDS**

**Anxiety Prevention and Treatment for  
children aged 7–11 and youth aged 12–16**

# Contents

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Introduction .....	3
About FRIENDS.....	4
The Evidence Base of FRIENDS.....	7
FRIENDS Training .....	8
FRIENDS Resources.....	9
What the Experts Say .....	11
About the Author .....	13
About Anxiety and Depression.....	14
Helpful References.....	16

Introduction to FRIENDS

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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 only a century ago killed millions; 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.

Today, children and youth are 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 developing 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 psychological 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 the years into a chronic adult anxiety disorder/s or, in some cases, clinical depression that may lead to suicidal thoughts.

It is therefore crucial that anxiety 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.

The FRIENDS program is both effective and sustainable, and its benefits carry forward for many years. It does not require expensive clinical intervention and when included in an Australian school's curriculum content becomes a users pays system supported at minimal cost by parents.

Used in schools, FRIENDS avoids continual drains on limited funds and resources and actively encourages sound educational values and learning principles.

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 application of firm cognitive behavioural principles and the building of emotional resilience. It aims to reduce the incidence of serious psychological 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 that 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 300 schools are running FRIENDS groups and more than 200 hospital and area health services use FRIENDS for treatment purposes. Since 1998, more than 150,000 children have completed a FRIENDS program.

## Using FRIENDS as a School-Based Universal Prevention Program

FRIENDS has been described by teachers as a very rewarding educational experience that allows them to share many positive emotions with their students. It consists of 10 sessions plus 2 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 labelling of children as anxious or different is avoided. 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 is 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, such as 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 an Australian 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 a *Pathways Health and Research Centre* 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 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.

In late 2004 and early 2005, a major revision to both the Children and Youth programs was undertaken to ensure FRIENDS remains at the cutting edge of excellence in anxiety prevention and treatment. The new editions incorporate the latest research advances in childhood anxiety, depression and resiliency, as well as additional teacher and clinician support information and feedback from the tens of thousands of students, teachers and parents who have benefited from the program. A new general title for the program, “FRIENDS for Life” was introduced to reflect the life-long benefits of the program. A preschool version is also available from the Pathways Health and Research Centre.

# The Evidence Base of FRIENDS

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## 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. The program's founder, Dr Paula Barrett published the world's first family treatment randomised control trial for childhood anxiety in 1996. She and her research team have since been credited with publishing more controlled trials for childhood anxiety than any other group in the world.

In fact FRIENDS is the only childhood anxiety prevention and treatment program acknowledged by the World Health Organization for its more than 12 years of comprehensive validation and assessment across several countries and languages using rigorous randomised control studies.

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.

Research and evaluation of FRIENDS, including independent replication studies, continues today throughout Australia and overseas. 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, The Netherlands, Norway, Finland, and Mexico 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.

A booklet of research abstracts that follow the program's development from 1996 through to the present day is available as a free download on the FRIENDS website at [www.friendsinfo.net](http://www.friendsinfo.net).

# FRIENDS Training

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Qualified clinical psychologists and senior guidance personnel experienced in CBT may use the FRIENDS for Life program as a treatment protocol for individual client work.

For those who wish to have the additional option of running the program in a group setting for either treatment or prevention, including teachers and other health and educational professionals, essential one-day group training programs are available.

**Interested schools may purchase a sample of the FRIENDS materials for evaluation prior to receiving training.**

One-day training programs provided through Pathways Health and Research Centre or one of its accredited trainers 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.

Regular training workshops are held in all states and territories of Australia throughout each year.

To sign up for training go to [www.friendsinfo.net/TRAINING.html](http://www.friendsinfo.net/TRAINING.html)

or 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 for Life 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) and a number of supporting resources.

All resources have been professionally designed and typeset for high readability and ease of use by Australian Academic Press, a leading independent publisher of behavioural science publications.

## FRIENDS Group Leader’s Manual (Children and Youth)

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 2 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 (Children and Youth)

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.

## FRIENDS Teacher Resource CD (Children)

To assist primary school teachers in integrating FRIENDS into their normal teaching year, a FRIENDS Teacher Resource CD, is available for purchase from **[www.friendsinfo.net](http://www.friendsinfo.net)**. The CD contains 27 fun activities able to be printed out that teachers may use in any order or quantity to enhance the natural educational aspects of FRIENDS and help build resiliency. The CD does not form part of the clinical effectiveness of the program and so is able to be used freely by teachers without training. The CD is licensed to allow a school to purchase one copy for as many teachers in that school as they wish.

## FRIENDS Teacher Learning Outcomes Sheets (Children)

These sheets, available online at **[www.friendsinfo.net/friendsinschools.html](http://www.friendsinfo.net/friendsinschools.html)**, provide an overview of relevant learning outcomes for certain Australian State Education Syllabuses in selected key learning areas that relate to the materials and activities in the FRIENDS program. Some of these outcomes are comprehensively addressed, with several activities in different sessions of the program teaching and

reviewing the skills involved. Other outcomes are more briefly touched on, with only one or two activities focusing on related skill development. The outcomes listed are not exhaustive and not in any way prescriptive. They are intended simply as a guide for teachers who wish to be more aware of the relevant educational outcomes associated with implementation of the FRIENDS program, in addition to its established positive mental health outcomes.

# What the Experts Say

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A promising prevention of anxiety programme for children from 7 to 16 years of age is the FRIENDS programme, widely used in schools, health centres and hospitals. Based on an effective treatment programme for anxiety disorders, it has been translated into a prevention format and available in universal, selective and indicated prevention versions.

World Health Organization  
*Prevention of Mental Disorders:  
Effective Interventions and Policy Options, pp. 42-43, 2004.*

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.

Dr Neville King  
*Associate Professor*  
*Monash University, Australia*

# About the Author

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**Professor Paula Barrett** is a prolific researcher and practitioner in the field of clinical child psychology and currently adjunct Professor at the School of Education, The University of Queensland, Brisbane, Australia. She is also director of the Pathways Health and Research Centre which she established in 2003. Professor Barrett 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. Professor 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 \$1.7million 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, New Zealand, 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. In 2005, Professor Barrett published the book *Interventions That Work with Children and Adolescents*, which she edited and wrote together with Professor Tom Ollendick. This book is widely used around the world in postgraduate programs both in psychology and psychiatry departments. Professor Barrett 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. Professor Barrett received an Australia Day Achievement Award in 2007, for her outstanding services to the Brisbane community through the FRIENDS program and Pathways Health and Research Centre. She has successfully supervised 24 Honours, 19 Masters, and 10 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.

# 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.

# Helpful References

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- Anderson, J.C., Williams, S., McGee, R., & Silva, P.A. (1987). DSM-III disorders in preadolescent children: Prevalence in a large sample from the general population. *Archives of General Psychiatry*, *44*, 69–76.
- Andrews, G., Hall, W., Teeson, M., & Henderson, S. (1999). *The mental health of Australians*. Canberra, ACT: Commonwealth Department of Health and Aged Care.
- Background on youth suicide in Australia*. (2000). Australian Department of Health and Aged Care website paper. <[www.health.gov.au:80/hsdd/mentalhe/nysps/back/causes.htm](http://www.health.gov.au:80/hsdd/mentalhe/nysps/back/causes.htm)>.
- Barrett, P.M. (1998). Evaluation of cognitive-behavioural group treatments for childhood anxiety disorders. *Journal of Clinical Child Psychology*, *27*(4), 459–468.
- Barrett, P.M. (1999a). Child anxiety disorders. In C.E. Schaefer (Ed.), *Short term psychotherapy groups for children* (pp. 249–277). New York, NY: Jason Aronson.
- Barrett, P.M. (1999b). Interventions for child and youth anxiety disorders: Involving parents, teachers, and peers. *The Australian Educational and Developmental Psychologist*, *16*, 5–24.
- Barrett, P.M. (2000). Family treatment for childhood anxiety: Developmental aspects. *Clinical Psychology Review*, *20*, 479–494.
- 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.
- Barrett, P.M., Dadds, M.R., Rapee, R.M., & Ryan, S. (1993, November). *Group treatment of anxious children*. Paper presented at the 26th Convention of the Association for the Advancement of Behaviour Therapy, San Diego, CA.
- 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.
- 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.
- 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.
- 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.
- 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.
- Boyd, C.P., Kostanski, M., Gullone, E., Ollendick, T.H., & Shek, D. (in press). Prevalence of anxiety and depression in Australian adolescents. *Journal of Genetic Psychology*.
- Cole, D.A., Peeke, L.G., Martin, J.M., Truglio, R., & Seroczynski, A.D. (1998). A longitudinal look at the relation between depression and anxiety in children and adolescents. *Journal of Consulting and Clinical Psychology*, *66*, 451–460.
- Costello, E.J. (1989). Child psychiatric disorders and their correlates: A primary care pediatric sample. *Journal of American Academy of Child and Adolescent Psychiatry*, *28*, 851–855.
- 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.
- Dadds, M.R., Rapee, R.M., & Heard, P.M. (1991). Anxiety disorders in children. *International Review of Psychiatry*, *3*, 231–241.
- 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.
- Dweck, C., & Wortman, C. (1982). Learned helplessness, anxiety, and achievement. In H. Krohne & L. Laux (Eds.), *Achievement, stress, and anxiety*. New York: Hemisphere.
- Greenberg, M.T., Domitrovich, C., & Bumbarger, B. (1999). *Preventing mental disorders in school-age children: A review of the effectiveness of prevention programs*. Centre for Mental Health Services (CMHS), US Department of Health and Human Services, Washington, DC.



- Heard, P.M., Dadds, M.R., & Conrad, P. (1992). Assessment and treatments of simple phobias in children: A clinical study. *Behaviour Change*, 9, 73–82.
- Kashani, J.H., & Orvaschel, H. (1990). A community study of anxiety in children and adolescents. *American Journal of Psychiatry*, 147, 313–318.
- Kashani, J.H., Orvaschel, H., Rosenberg, T.K., & Reid, J.C. (1989). Psychopathology in a community sample of children and adolescents: A developmental perspective. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 701–706.
- Keller, M.B., Lavori, P.W., Wunder, J., Beardslee, W.R., & Schwartz, C.E. (1992). Chronic course of anxiety disorders in children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 595–599.
- Kendall, P.C. (1994). Treatment of anxiety disorders in children: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 62, 100–110.
- Kendall, P.C., Chansky, T.E., Kane, M.T., Kin, R.S., Kortlander, E., Ronan, K.R., et al. (1992). *Anxiety disorders in youth: Cognitive behavioural interventions*. Boston: Allyn and Bacon.
- Klein, R.G., & Last, C.G. (1989). *Anxiety disorders in children*. London: Sage Publications.
- Last, C.G., Hanson, C., & Franco, N. (1997). Anxious children in adulthood: A prospective study of adjustment. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 645–652.
- 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.
- 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.
- Mattison, R.E. (1992). Anxiety disorders. In S.R. Hooper, G.W. Hynd, & R.E. Mattison (Eds.), *Child psychopathology: Diagnostic criteria and clinical assessment* (pp. 179–202). Hillsdale, NJ: Lawrence Erlbaum Associates.
- McGee, R., & Stanton, W.R. (1990). Parent reports of disability among 13-year-olds with DSM–III disorders. *Journal of Child Psychology & Psychiatry and Allied Disciplines*, 31, 793–801.
- Messer, S.C., & Beidel, D.C. (1994). Psychosocial correlates of childhood anxiety disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 975–983.
- 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.
- Rapee, R.M., & Barlow, D.H. (1992). Generalized anxiety disorder, panic disorder and the phobias. In P.B. Sutker & H.E. Adams (Eds.), *Comprehensive handbook of psychopathology* (2nd ed.). New York: Plenum Press.
- Sanders, M.R., & Dadds, M.R., (1993). *Behavioural family intervention*. Boston: Allyn & Bacon.
- 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.
- Strauss, C.C., Frame, C.L., & Forehand, R.L. (1987). Psychosocial impairment associated with anxiety in children. *Journal of Clinical Child Psychology*, 16, 235–239.
- Werry, J.S. (1986). Diagnosis and assessment. In R. Gittelman (Ed.), *Anxiety disorders of childhood*. New York: Guilford Press.