With a little help from FUN FRIENDS young children can overcome anxiety

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Abstract
This article highlights resilience as a key concept when working with young children to improve their emotional wellbeing and reduce anxieties. Supporting children aged 4–7 years with anxiety is a significant area of advancement in terms of therapeutic approaches over the last decade. This paper outlines one such approach that was implemented within a Tier 2 Community Child and Adolescent Mental Health Service (CAMHS) within the northern region of England to determine whether findings from Australian studies could be replicated in the UK. A pilot study was undertaken with a group of young children aged 4–7 years old with symptoms of anxiety. All of the children had been referred to the service because of anxiety related issues, such as social phobia, generalised anxiety disorder and obsessive–compulsive disorder. They received a group intervention, FUN FRIENDS, over a period of 12 weeks. By enabling the children to become more self-sufficient this allowed greater emotional and social skills development. All the children demonstrated improved anxiety scores post intervention, as measured by the Spence Child Anxiety Scale.

Key words
Resilience, prevention of childhood anxiety, cognitive–behavioural approach, early intervention, universal programme

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Aim

A pilot study was undertaken within a Tier 2 Child and Adolescent Mental Health Service (CAMHS) service within a northern region of the UK to ascertain whether a group-based intervention, FUN FRIENDS, for children aged four to seven years old with anxiety, could demonstrate improved outcomes, as indicated by Barrett et al (2001). The FUN FRIENDS programme was delivered to six children aged four to seven years of age in a northern region of England in a group format over 12 sessions (see Box 1 for session outline and content).

Group numbers are recommended to be between six to eight children. All of the children had been referred to the service by community based professionals eg, GPs, health visitors, school nurses or paediatricians because of anxiety-related issues, such as social phobia, separation anxiety, obsessive–compulsive disorder and generalised anxiety disorder (eg, fear of dogs, lifts, public toilets, the dark.) Its implementation in Australia had demonstrated significant outcomes in terms of mental health improvement in young children. The pilot study's aim was to explore if these findings could be replicated in a group of children receiving the intervention in the UK.

Building on the concept that resilience theory is now emerging in the field of childhood anxiety as an effective intervention supported by the World Health Organization (WHO, 2004), the FUN FRIENDS programme has been shown to be a suitable approach that should be accessible to all children at a universal, community venue.

Box 1. FUN FRIENDS programme session outline and content

Session 1: **Getting Started**
'My Family and I'

Session 2: **My Feelings**
'Understanding Feelings in Ourselves'

Session 3: **Your Feelings**
'Understanding Feelings in Other People'

Session 4: **Our Bodies and Relaxation Games**
'Understanding Body Clues'

Session 5: **'Red' and 'Green' Thoughts**
'Learning about 'Red' (Unhelpful) and 'Green' (Helpful) Thinking

Session 6: **Changing 'Red' Thoughts into 'Green' Thoughts**

Session 7: **Doing Things One Step at a Time**
'Learning to set goals and trying to do new things

Session 8: **Steps to Being a Good Friend**
'Learning to be a Good Friend'

Session 9: **Giving Ourselves a Pat on the Back** 'Learning about Rewarding Ourselves'

Session 10: **Family, School, Neighbours and Friends**
'Learning about Role Models in our Lives'

Session 11: **Our Circle of Love and Friends**
'Learning about Support Teams in our Lives'

Session 12: **Dress Up Party!**
'Learning to be Happy with our Efforts'

Introduction

The FUN FRIENDS programme is designed to assist children at their appropriate developmental level to learn coping skills and techniques to manage anxiety more effectively. FUN FRIENDS is an acronym for the description of the programme's key concepts (see Box 2). There is a large focus on play-based, experiential learning within a cognitive behavioural therapy (CBT) framework. The programme is based on the work of Arend et al (1979), who found that five year olds who can think of more options to interpersonal problems are more likely to display ego-resiliency, defined as 'the ability to respond flexibly, persistently, and resourcefully, especially in problem situations' (p.951). They emphasise that: 'Individuals presumably have a typical or preferred level of threshold of control. Being ego-resilient implies the ability to modulate this preferred level of control in situational appropriate ways' (p.951).

In contrast, the ego-brittle individual 'implies inflexibility – an inability to respond to the changing requirement of the situation and a tendency to become disorganised in the face of novelty or stress' (p.951). This individual will be 'impulsive (or constrained) even in situations when such behaviour is clearly inappropriate' (p.951). Therefore, having multiple ways to solve problems provides flexibility that creates an ego-resilient individual. The FUN FRIENDS programme supports children and

parents in ways to effectively problem solve; finding solutions to everyday challenges and, in turn, aims to promote the development of ego-resilience as defined by Arend et al (1979).

A large component of the programme is based on the interplay between cognitions, problem solving and interpersonal skills. The programme also further encourages and fosters in children how to be empathic and how to be a good friend to others. It embraces several important cognitive-behavioural components, which coincide with areas of social-emotional learning. It focuses on teaching children cognitive problem-solving skills for dealing with interpersonal challenges: recognising and dealing with body clues (ie, physiological arousal) through breathing control and progressive muscle relaxation; cognitive restructuring (recognising and changing unhelpful 'red' thoughts to helpful 'green' thoughts); attention training (looking for the positive, happy aspects of a given situation); graded exposure to fears (creating coping step plans); and family and peer support.

Cognitive behavioural skills are delivered to correspond to social-emotional learning areas. Social-emotional learning interventions help children accumulate knowledge and skills that facilitate the optimal emotional processing of, and response to, their social contexts (Elias et al, 2003). The five major areas of social-emotional learning covered in the FUN FRIENDS programme are:

- Developing a sense of self: who am I?
- Social skills: looking people in the eye, smiling, speaking with a confident voice
- Self-regulation: the ability to adjust to new situations, awareness of own feelings and the ability to manage emotions
- Responsibility for self and others: demonstrates self-direction and independence, respects and cares for the classroom or group environment, follows routine and rules, social awareness
- Prosocial behaviour: plays well with others, recognises others feelings and responds appropriately, empathy, shares, respects the rights of others, and uses thinking skills to resolve challenges and conflicts.

Working in a collaborative way was an important element in the implementation of the programme. Also, as a universal programme, it is of particular relevance to community practitioners with health visitors, nursery nurses, and school nurses playing a crucial role in supporting the mental health needs of young children (Munro, 2011; Allen, 2011).

Box 2. FUN FRIENDS acronym: key concepts

F amilies
U niting to
N urture (Social and Emotional Development of Children)

F eelings (talk about your feelings and care about other people's feelings)
R elax (do 'milkshake' breathing, have some quiet time)
I can try! (we can all try our best)
E ncourage (step plans to a happy home)
N urture (quality time together doing fun activities)
D on't forget – be brave! (practice skills every day with friends/family)
S tay happy

Background

Anxiety disorders are the most common mental health concern in children and teenagers; approximately one in five children and adults have significant anxiety problems. According to a review by Cartwright-Hatton et al (2006) such disorders are more prevalent in pre-adolescent children than either depression or behavioural disorders. One in 10 children aged two to five years experience anxiety, depression or other mental health issue. Anxiety disorders were the largest category, occurring in 9.5% of children, in the form of separation anxiety, social anxiety, specific fears or generalised anxiety (Egger and Arnold, 2006).

Anxiety is a common risk factor for developing depression. Anxiety or depression is more prevalent than drug use, attention deficit hyperactivity disorder (ADHD) or any other mental health problem. Anxiety significantly impairs learning and school attendance and has a negative impact on development, social functioning and friendships (Wood, 2006 cited by Cresswell et al, 2007; Green et al, 2005).

Boschen (2008) indicates that childhood anxiety disorders reflect only a small proportion of the total publications on anxiety disorders, suggesting a need to gather further insight into the condition in childhood as well as exploring suitable, evidence-based interventions and their availability. In terms of improving accessibility and reduction of therapist hours provided individually to the children, the FUN FRIENDS programme potentially offers a useful cost-benefit, which has utility when delivered within a universal context such as that provided within the community CAMHS setting. The FUN FRIENDS intervention can be delivered within the school environment, children's centres or community venues. In addition, further knowledge about anxiety disorders in early childhood is critical for improving early identification and informing efforts to intervene early and effectively during the pre-school years (Hirshfeld-Becker et al, 2010).

Methodology

Measures

The pilot study used a mixed methods approach of both quantitative and qualitative data collection and analysis. Ethical considerations were undertaken and the study adhered to the trust's Clinical Audit and Information Governance Principles to conduct the evaluation. All data were anonymised. Parents of children who consented to be involved in the project completed a questionnaire pre-intervention and post intervention, the Pre-school Anxiety Scale (PAS; Spence, 1998). The PAS has adequate psychometric properties and good construct validity. This is a 34-item parent report assessment designed to assess childhood anxiety symptoms, as defined by the *Diagnostic and Statistical Manual, 4th edn* (DSM IV-TR; American Psychiatric Association (APA), 2000). The PAS provides a total score of anxiety (minimum score 0, to a maximum score of 112), in addition to five sub-scale scores: separation anxiety, physical injury fears, social phobia, obsessive–compulsive disorder and generalised anxiety disorder.

Qualitative data were captured during an evaluation event held with the parents in which a focus group discussion was undertaken. Views of parents were also provided when they were invited to post comments on a flip chart of what they thought of the programme for their children (Box 3). Due to time constraints we were unable to provide the children's own verbal and written evaluation, requiring further consent and ethical approval.

Observations of the children during the group process were also noted. Group facilitators collaborated with school staff through weekly communication and correspondence, updating them on topics covered. Additional consultation was provided for one child when a facilitator was invited to attend their Individual Educational Programme review meeting.

Participants

Six children took part in the study (four boys and two girls). Group size is recommended to be six to eight. The children's age ranges were between four and seven years old, in line with the programme's requirements. The children who participated were from a wide variety of socio-economic backgrounds. The reasons for referral were due to numerous symptoms of anxiety eg, separation anxiety, social anxiety, toileting anxiety and anxiety around trying new foods as well as difficulties in managing and regulating feelings and emotions (hyper-arousal). Parents in the study consisted of six female and four male. In total, all of the parents completed the pre-intervention and post-intervention questionnaires.

Box 3. 'Green' thoughts shared by parents at evaluation event

- 'My son has met friends, listens well, had a big impact on his life. Going to miss all the help from friends and helpers'
- 'It helped a lot with my daughter's confidence. Red and green thoughts especially'
- 'The use of red and green thoughts have really helped calm most situations much quicker than it did before. My son is much more helpful and tries to make friends a lot when before he would just stand back and watch other children play. Thank you very much'
- 'Red and green thoughts has been much better to stop worrying and seems to mix better with other children. Telling other friends about red and green thoughts'
- 'My son now stops and thinks about others' feelings. I can manage better to calm him down when he gets upset'
- 'My daughter has really enjoyed it, if I were to give ideas for improvement I think parent's participation in the class would be beneficial'

However, only the mothers participated in the focus group discussion at the end of the programme.

Intervention

Each group session with the children corresponded with one of the five areas mentioned for social–emotional development. All of the 12 sessions are broken down into 10–15 minute learning activities (four to five learning activities for each session) so that the programme objectives are reinforced through experiential, play-based activities such as the use of play, dramatic role-play, puppets, games, story telling, music, movement and art. Every session was designed to run for approximately one to 1.5 hours. In the playroom setting it was useful to have children work together on activities in pairs or small groups with an adult helper, in this case a teaching assistant, or nursery nurse. They then return to the large group for a general discussion. The use of co-facilitators/helpers within the playroom proved very helpful in managing the group process and in assisting a few of the children who had reading or writing difficulties. Facilitators were provided with a leader's manual with the content and process of each session (Barrett, 2007a). Group facilitators attended an accredited teacher training workshop before implementing the programme within the CAMHS setting.

Parents were actively involved in the programme and were encouraged to attend several parent information sessions where they learned the skills taught in the programme. Mothers mostly attended although we were aware through verbal feedback that fathers were actively involved in using the materials with their children at home during 'home practice' sessions, which are encouraged throughout the process. The programme includes a Family Learning Adventure workbook for parents and children, which provides step-by-step instruction for home implementation of the session skills (Barrett, 2007b). Involving parents was fundamental with young children as parental involvement can increase sustainability of skills within the home.

It was very positive that the children with social anxiety engaged enthusiastically; talking and participating – the use of a steady flow of well paced and timed activities seemed to keep the children engaged very effectively. This structured approach was understandably helpful for all the children, particularly those who were the youngest members of the group or were over-active and found it difficult to sit for very long.

Some of the children who were easily distracted with poor concentration and attentional difficulties required frequent prompts not to disrupt or interrupt the activities. Reference back to the 'Group Rules' (visually on wall near activity table) and reinforcement of good listening skills worked successfully to re-engage them. As the group dynamic progressed there were occasions when we were required to use further strategies and approaches such as a 'traffic light warning system' and use of 'reward chips' to ensure children learned to reflect on their behaviour, and be encouraged for making good choices. Any opportunity to catch the children doing or saying something positive (giving it a go, trying their best, being brave) was recognised and acknowledged.

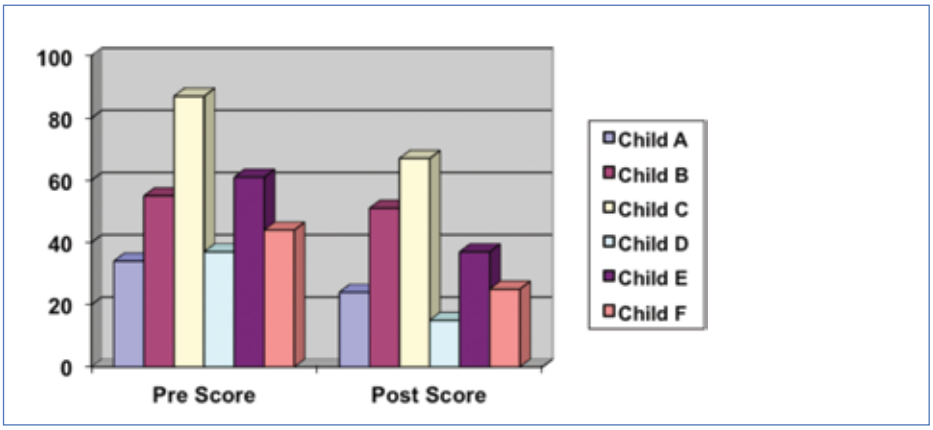

Figure 1. Scores on the Spence Anxiety Questionnaire (SAQ), parent report, at pre- and post-group intervention for children who received the FUN FRIENDS programme

Results

Data collection, analysis and outcomes

Preliminary results from the pilot of FUN FRIENDS delivered within a Tier 2 Community CAMHS setting in the northern region of England have focused primarily on anxiety reduction from pre to post intervention. These analyses have indicated that children who received the programme had decreased anxiety scores from pre- to post-group intervention (see Figure 1). As well as replicating the findings from Australian studies, areas for further exploration were identified. These findings highlight the effectiveness of the programme. Further qualitative analyses were undertaken with the parents at an evaluation event and focus group discussion, following successful delivery of the programme.

Several of the children were shy at the start up of the group; however, the focus on the programme to create a fun, calm, welcoming atmosphere seemed to contribute to the children settling in quickly and none of them experienced any extreme separation anxiety from parents. A further contributory factor which facilitated this process could have been pre-group meetings with parents and children being likely to have supported and prepared the children sufficiently and all of the children were already attending a nursery/school setting so had overcome any separation issues to a large extent – a strength on which to build. One child in particular gained increased confidence and presented to the group a piece of art work she had created, telling them about her love of wildlife and nature. This was a great accomplishment given that she had suffered from social anxiety and shyness.

Clearly, it is shown that social and emotional development within the early years of life is of great importance. It is essential that interventions begin at an early age in order to obtain optimum change by way of strengthening resilience and social-emotional skills.

Discussion and implications for practice

Weekly communication and feedback (verbally or written) was provided to school staff to assist them in supporting the children's progression (eg

through further practice and skills taught such as being brave, giving things a go, being a good friend etc). Facilitators' attendance at children's individual educational programme review meetings was very beneficial where appropriate.

A major element of the programme focused on helping the children identify 'red' (unhelpful) thoughts and 'green' (helpful thoughts). This encouraged the development of the children's healthy thought schemas at an early stage, ensuring greater relapse prevention and the need for tertiary services in the future. Parents are actively encouraged to participate in helping the children change a 'red' thought into a 'green' thought through modelling and the use of fun games and activities eg, green and red card game. Particular attention was noted of any signs of anxiety in the children as a whole through picking up body clues such as blushing, lack of eye contact, over-activity, requesting to go to the toilet frequently (as an avoidance behaviour or necessity).

The study has the potential for significant cost benefits in relation to reduced demand for treatment and intervention in the future given that the Australian studies demonstrate positive outcomes three years post treatment (Barrett et al, 2001). Given the positive findings already extrapolated within the northern region, further feasibility or randomised, controlled trial studies in the UK are indicated.

Limitations

As the pilot study was small scale and undertaken only in one setting the transferability of the findings is limited. However, both qualitative and quantitative findings are very positive and strongly suggestive of further replication.

Recommendations

- The FUN FRIENDS programme delivered within a Tier 2 CAMHS service in the north of the UK has demonstrated similar finding to studies in Australia (Barrett et al, 2001).
- As parents expressed a wish for more parental inclusion to support their children, these findings indicate a need to explore parental involvement and participation further, either within the children's group or separate sessions, which provide additional education around the theoretical basis of the programme. This will assist in greater benefits for the children and further endorse the home practice element of the programme and how parents have a crucial role in 'modelling' skills.
- Establishing links with school staff and public health practitioners is key to the child's progress and efforts, given that teachers and significant others often become a secondary attachment figure for the child (Bergin and Bergin, 2009). The success of the programme very much depends upon effective, collaborative ways of working and there is an indication that school support and targeted intervention are crucial, not only for the child but also in terms of working in partnership with parents. There is a need to explore further ways in which closer links with teachers and public health practitioners to develop this collaboration and use of strategies within school, home and clinical settings is highlighted.

Key points

- FUN FRIENDS is a developmentally tailored evidence-based cognitive behavioural programme recognised by the World Health Organization
- Early intervention with children and families reduces the onset of youth anxiety and depression – a preventive effect is evident for high-risk children
- Approximately 10–15% of young children experience internalising problems. Anxiety is the most common mental health concern with 20% of preschool children showing moderate to clinically significant levels of emotional and behavioural problems
- The development of social–emotional competence is of key importance during the preschool years
- Health visitors and school nurses have a crucial role to play in building emotional resilience and supporting the mental health of young children. Universal programmes such as FUN FRIENDS are of particular relevance.

Conclusion

Research has suggested that the preschool years (four to six years) are crucial for building resilience and social-emotional competence (Masten and Coatsworth, 1998). Serious emotional disturbance can develop before the age of six and may interfere with significant emotional, cognitive and physical development predisposing children to a lifetime of problems in schools and at home (Costello et al 1999). By fostering the child's individual self-sufficiency as well as addressing the significance of parental influence and transference issues (parental anxiety projected onto the child) related to anxiety, the FUN FRIENDS programme offers a two-pronged approach. This small-scale pilot study adds to the body of knowledge in helping our understanding of how anxiety is transmitted from parent to child (Murray et al, 2007).

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