

2015

Preliminary Evaluation of the FRIENDS for Life Program on Students' and Teachers' Emotional States for a School in a Low Socio-Economic Status Area

Cristina A. Iizuka
The University of Queensland

Paula M. Barrett
The University of Queensland

Robyn Gillies
The University of Queensland

Clayton R. Cook
University of Washington

Welber Marinovic
The University of Queensland

Follow this and additional works at: <https://ro.ecu.edu.au/ajte>



Part of the [Cognitive Behavioral Therapy Commons](#), [Educational Psychology Commons](#), and the [Other Teacher Education and Professional Development Commons](#)

Recommended Citation

Iizuka, C. A., Barrett, P. M., Gillies, R., Cook, C. R., & Marinovic, W. (2015). Preliminary Evaluation of the FRIENDS for Life Program on Students' and Teachers' Emotional States for a School in a Low Socio-Economic Status Area. *Australian Journal of Teacher Education*, 40(3). <https://doi.org/10.14221/ajte.2014v40n3.1>

This Journal Article is posted at Research Online.
<https://ro.ecu.edu.au/ajte/vol40/iss3/1>

Preliminary Evaluation of the FRIENDS for Life Program on Students' and Teachers' Emotional States for a School in a Low Socio-Economic Status Area

Cristina Akiko Iizuka
Paula M. Barrett
Robyn Gillies,
The University of Queensland

Clayton R. Cook
University of Washington, Seattle, USA

Welber Marinovic
The University of Queensland

Abstract: The purpose of this study was to examine the impact of the FRIENDS for Life program on students' and teachers' emotional outcomes in a school serving a high-poverty population. The focus of the intervention was to train/coach teachers with strategies to develop social and emotional skills for students. A single group, pre/post-test design was used to conduct a preliminary investigation of the intervention to improve participants' social and emotional outcomes. At the end of the intervention, students who were at risk showed significant decrease in their anxiety levels and teacher's demonstrated significant improvements on their emotional resilience.

Keywords: school mental health, low socio-economic status, social and emotional competence, teacher education, coaching

Introduction

The National Youth Mental Health Survey reported that 14% of children and young people in Australia experience mental health difficulties (Sawyer et al., 2000). Mental health problems represent a significant public health concern, yet data show that only roughly one out of every four children and young people with a diagnosable mental health disorder receive clinical treatment (Neil & Christensen, 2009). When it comes to disadvantaged communities characterized by low socioeconomic status, the situation is even worse, with significant barriers that prevent access to care. In a systematic review of the literature examining behaviour problems among children from low-income families, it was estimated that children from low socioeconomic status backgrounds were five times more likely to engage in behaviour problems than the general population (Qi & Kaiser, 2003). Socioeconomic disadvantage is associated with both internalizing (e.g. depression, anxiety, somatization, post-traumatic stress) and externalizing (e.g. antisocial behaviour, aggression, delinquency, substance abuse) behaviour problems in children and adolescents, as well as cognitive and language development (Ho, Tsao, Bloch, & Zeltzer, 2011; Letourneau, Duffett-Leger, Levac, Watson, & Young-Morris, 2013).

Given the negative impact of poverty on mental health, there is a need to implement high quality mental health supports in the settings in which children naturally exist (i.e., schools) to increase access to quality care that prevents mental health problems and promotes their social, emotional, and academic well-being (Fazel, Hoagwood, Stephan, & Ford, 2014). Indeed, many researchers have advocated for the delivery of school mental health services according to a multi-tiered system of support (Cook, Browning Wright, Gresham, & Burns, 2010). Moreover, children are at an opportune developmental period in life to learn social-emotional skills that will enable them to perform better academically and in life. When considering all of this together, it is imperative for school systems to integrate supports that promote positive mental health during the schooling years and prevent ongoing problems at later stages, thereby improving population health and reducing health inequalities (Jamal et al., 2013).

In this sense, schools have been referred to as the ‘great equalizer’ for children who are reared in poverty as they provide more effective entry points for mental health services than clinics. In fact, most children worldwide regularly participate in some kind of educational setting (Masia-Warner, Nangle, & Hansen, 2006). Therefore, schools are increasingly viewed as one of the most opportune settings for early screening and mental health service delivery given that they reflect environments in which children and important service providers (i.e., educators) naturally exist (Koegel, Matos-Freden, Lang, & Koegel, 2012; Sandell & Kimber, 2013; Wissow et al., 2008).

Mental Health in Schools

Programs and interventions targeting students’ mental health and emotional well-being delivered in the context of schools has shown the potential to reduce the gap in performance between students of poverty and their more privileged counterparts (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). Schools are capable of reaching children who would otherwise have limited access to effective services, or may not have been identified as being in need of services (Fonagy & Target, 1996; Walter et al., 2011; Wissow et al., 2008). Ultimately, the purpose of school mental health is to enhance access to quality supports and practices that help students in succeeding academically and emotionally (Levitt, Saka, Romanelli, & Hoagwood, 2007). Providing school-based mental health services, especially for those located in disadvantaged communities, is a powerful strategy to overcome common obstacles that prevent students from accessing proper mental health care (Fonagy & Target, 1996; Mychailyszyn et al., 2011; Wissow et al., 2008). This is aligned with the World Health Organization (WHO) recommendation calling for mental health promotion to be integrated into the fabric of school curriculum (Salmon & Kirby, 2008).

School-based Mental Health Services and FRIENDS for Life

A number of school-based universal programs and intensive interventions to promote children’s positive social and emotional health have been developed. The WHO proposed a conceptual framework considering the fact that mental health is not only the absence of a distress or a disease but also a complete state of physical, mental and social well-being (WHO, 2001). Consistent with this conceptual framework, the WHO has developed and implemented the Health Promoting Schools (HPS) intervention across the globe. The aim of the HPS includes delivering a continuum of supports from mental health promotion and early intervention, to intensive treatments of diagnosable mental health problems (Whitman,

Aldinger, Zhang, & Magner, 2008). Research has shown that well-designed and well-implemented school-based mental health services ranging from universal programs to intensive treatments can decrease negative problem behaviours (Pffner et al., 2011) and promote social and emotional well-being for students (Durlak et al., 2011).

In Australia, a consortium of stakeholders convened to develop a school-based intervention framework based on the HPS – KidsMatter (Evans, Mullett, Weist, & Franz, 2005). KidsMatter is a comprehensive framework for school-based mental health with the goal to promote positive mental health, reduce mental health difficulties, and provide greater support for students experiencing chronic mental health problems. It was designed to provide a structure to integrate existing mental health education and health promotion interventions into the school setting (Askell-Williams & Lawson, 2013).

One school-based program that is closely aligned with KidsMatter is the FRIENDS for Life program (FRIENDS). The FRIENDS program is a universal prevention program based on cognitive-behavioural therapy (CBT) principles that was designed to promote social and emotional skills and enhance overall resilience for children aged between 7 and 12 years old. It was developed and initially tested in a clinical setting for the treatment and prevention of anxiety disorders and later tested in the school setting as a universal preventive intervention. The program has shown positive results in the treatment and prevention of anxiety (Barrett, Dadds, & Rapee, 1996; Barrett, Duffy, Dadds, & Rapee, 2001; Farrell, Barrett, & Claassens, 2005; Lowry-Webster, Barrett, & Dadds, 2001; Shortt, Barrett, & Fox, 2001), as well as improving participants' self-concept, social skills and coping skills.

The program teaches children behavioural, physiological, and cognitive strategies that enable them to identify their feelings, regulate their emotions using coping skills, identify unhelpful thoughts to replace them with more helpful thoughts, and how to face and overcome their problems and challenges with specific step plans (Barrett, 2010). The program consists of 10 sequential lessons designed to be delivered on a weekly basis, with each lesson lasting approximately an hour. As it can be seen on Table 1, during each lesson, children are involved in activities aimed at teaching them coping skills and problem solving techniques, thereby, helping them deal more effectively with challenging situations in life. Before the program starts, each teacher receives a group leader manual and each child receives an activity book that they complete throughout the program's implementation (Barrett, 2010).

Session	Content of Each Session
Session 1	Program's introduction
Session 2	Feelings
Session 3	Relationship between thoughts and feelings
Session 4	Understanding how behaviour is affected by thoughts and feelings
Session 5	Identifying unhelpful and helpful thoughts
Session 6	Coping step plan
Session 7	Role models and support teams
Session 8	Problem solving skills
Session 9	Help ourselves and others
Session 10	Preparing for future challenges

Table 1: The FRIENDS for Life program content

In a meta-analytic study examining the efficacy of programs targeting the prevention of child and adolescent anxiety, Fisak, Richard, and Mann (2011) found that the studies using the FRIENDS program demonstrated significantly stronger effects than other programs not using FRIENDS. The authors identified several strengths of the FRIENDS program that distinguish it from other programs, such as it being manualised, well-structured, and easily integrated into a school's existing curriculum.

Notwithstanding the efficacy of the FRIENDS program, schools operating in economically disadvantaged communities are faced with unique stressors that impact the well-being and effectiveness of the educators. As a result, research has shown that programs, like FRIENDS, may not be implemented as effectively or stressed educators are likely to interact with students in ways that undermine the positive effects of delivering the program (Gerber, Whitebook, & Weinstein, 2007; Yoon, 2008). In schools serving students from low socioeconomic backgrounds class sizes are likely to be substantially higher and have more students who exhibit emotional and behavioural difficulties, both of which combine to make teachers' work more challenging and stressful, which may negatively affect the quality of education all the students receive (Cortina et al., 2013). Children and adolescents who come from more socio-economically disadvantaged areas are likely to experience double disadvantage, because not only they are more likely to suffer from emotional difficulties, but they also attend classrooms with teachers who are more stressed and receive less resources (Cortina et al., 2013). This has been communicated in a report issued on the status of Australian schools that concluded students from disadvantage backgrounds consistently experience achievement and opportunity gaps when compared to their more privileged peers (Gonski et al., 2011).

Teachers' Role in the Promotion of Mental Health

Over the last few decades, teachers' roles have evolved with expanded responsibilities and increased accountability to produce outcomes, increasing their stress levels (Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009). Despite the fact that teaching is among one of the most stressful jobs in Australia (SafeWorkAustralia, 2012), there is a growing expectation that teachers should deliver not only the academic curriculum, but also be more involved in implementing practices that promote students' mental health (Rothi, Leavey, & Best, 2008). They are being asked to perform universal screenings to identify students with mental health problems, refer these students for more intensive supports when needed, deliver social and emotional learning curriculum in the classroom for all students, and help implementing other school-wide preventive efforts as part of a comprehensive approach to reduce social, emotional, and behavioural barriers to learning (Adelman & Taylor, 2003; Rothi et al., 2008; Strein, Hoagwood, & Cohn, 2003).

The increased emphasis on school mental health is due to the mounting evidence showing the benefits of universal, classroom-based preventive interventions (Greenberg, Domitrovich, & Bumbarger, 2001), and the undeniable link between social and emotional competence and academic performance (Durlak et al., 2011). Although research has shown that teachers believe it is their professional duty to attend to their students' emotional well-being, the literature reports that teachers feel inadequately prepared and lack the confidence to address students' mental health problems (Askill-Williams & Lawson, 2013; Rothi et al., 2008).

In addition, there is literature highlighting teachers' social and emotional competence impact on their students' well-being. Jennings and Greenberg (2009) proposed the prosocial classroom model that positions teachers' social and emotional states as a necessary ingredient to promoting students' positive social, emotional and academic outcomes. In this model, teachers with higher social and emotional competence are in a better position to create supportive relationships with their students, adopt and implement evidence-based practices, and create a positive classroom climate. This in turn would contribute to learning and the promotion of positive developmental outcomes among their students (Jennings & Greenberg,

2009). Improving teachers' social and emotional well-being has the potential to increase teachers' joy, self-efficacy and overall health (Goddard, Hoy, & Woolfolk Hoy, 2004).

Nonetheless, the educational system assumes that teachers already possess adequate social and emotional competence to support their students and the focus of supporting teachers has been more on the implementation of practices that improve student outcomes. There has been insufficient attention focused on teachers' social and emotional competence (Jennings & Greenberg, 2009). It is clear that more training and support to assist teachers to promote students' social and emotional well-being in their classrooms is needed if school systems are going to retain highly qualified teachers to work in schools serving disadvantaged students (Cohall et al., 2007; Roeser & Midgley, 1997).

Professional Development and Coaching

Professional development (PD) is crucial to ensure that teachers are up-to-date to the most current State and National rules and regulations, as well as to learn new strategies to deal with their daily tasks and ensure they can deliver the required contents. However, despite the recognition of the importance of teacher PD, the literature reports that the state of teachers' PD is still inadequate (Lawless & Pellegrino, 2007). There is an emerging research base on school-based implementation that pinpoints specific methods of increasing the uptake and use of evidence-based practices that address students' social, emotional, behavioural needs (Forman & Barakat, 2011). Studies on intervention implementation have demonstrated that the 'train and hope' philosophy of most PD efforts does not result in effective implementation and positive outcomes (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005).

When it comes to dealing with teacher-student classroom interactions, PD activities need to allow comprehensive whole-group and individualized instruction. In addition, classroom support may not result in the uptake and use of particular prevention programs or interventions (Wasik & Hindman, 2011). Recent efforts to promote effective classroom practices using teacher consultation and classroom coaching have been promising (Cappella et al., 2012). Ransford et al. (2009) found that perceived quality of ongoing coaching was positively related to both lesson implementation and generalization of concepts. Indeed, coaching has been shown to facilitate implementation of evidence-based practices and have received a wealth of attention and empirical support in the literature as a way of promoting teachers' effectiveness (Kretlow & Bartholomew, 2010; Reinke, Stormont, Webster-Stratton, Newcomer, & Herman, 2012).

Purpose of this Study

Considering all of the above, there is a need for research that examines how best to support teachers working in schools serving students from low socioeconomic backgrounds. There appears to be needs on two fronts. First, there is a need to establish effective methods of supporting teachers to use evidence-based practices that promote students' social and emotional well-being. Second, teachers need to be supported in ways that promote their own social and emotional competence in order to effectively manage job-related stress and improve interactions with students and the use of effective practices. In light of this, the purpose of this study was to examine the impact of providing coaching support to teachers through the provision of modelling and classroom-based interactions to deliver the FRIENDS program. More specifically, we aimed to evaluate the impact of the FRIENDS for Life

program with coaching as a method of facilitating better emotional outcomes for students and teachers.

This is a novel study in that it represents one of the first to examine the impact of the FRIENDS for Life program when delivered with specific coaching support during the implementation of the initial sessions. It is also the first time the evaluation process includes both student and teacher emotional outcomes. We hypothesized that both student and teacher emotional outcomes would improve as a result of the implementation model (professional development with embedded coaching) used to support teachers implementing the FRIENDS program.

Methods

Study design

This research stemmed from a participatory action research (PAR) framework, which represents a collaborative partnership between a school system and a research institution, and practitioners were involved in the research process from the initial design of study through data gathering and analyses to inform future actions for the school district (Nastasi et al., 2000; Whyte, 1991). Utilizing the PAR approach, it was determined that a single-group pre-post design would be the most appropriate design to evaluate the impact of the FRIENDS for Life program on participating students' and teachers' emotional outcomes. This was determined based on the school's desire to implement the FRIENDS program universally for all students, as well as the preliminary nature of this study to examine the potential impact of FRIENDS training and coaching on both teachers' and students' emotional outcomes. In addition, the acceptability of the intervention was collected at post-test only.

Participants

All grade 6 and 7 students from a school located in a low socio-economic status area in Brisbane participated in the intervention and were invited to participate in the current study. The school was specifically targeted for inclusion in this study because of its location, which is an area associated with high levels of socio-economic disadvantage as indicated by the Australian Bureau of Statistics (ABS, 2008). Pre and post-data were collected on 69 students out of the approximately 160 grade 6 and 7 students (10-12 years old, 26 boys and 43 girls).

All teachers were invited to participate in a full-day training and to complete the surveys before and after the end of the intervention for the participating students. Twenty three teachers completed their pre and post surveys (average age 48.68 years; 18 female and 5 male) with an average of 16.86 years of teaching experience.

Procedures

The study followed the guidelines from the National Statement on Ethical Conduct in Human Research from the Australian National Health and Medical Research Council (NHMRC). Ethical clearance was obtained from the University of Queensland Research Ethics Committee, and informed consent was obtained from teachers, parent/guardians and students prior to commencing data collection efforts. Approval to conduct research in State Schools was obtained from the Department of Education, Training and Employment.

The PD model implemented in the study included a full day in-service training for teachers, the school Principal, and other school staff at their school prior to the program's implementation. This ensured that all the school staff became familiar with the intervention model and understood the components for teachers to follow to implement it with fidelity. Teachers and school staff were asked to complete the pre-assessment package prior to participating in the training. Each participant teacher completed the measures at their own pace and the trainer (a registered teacher accredited to deliver the FRIENDS program training) and a doctoral student were in the room to clarify possible questions.

The full day PD in the FRIENDS program included providing an overview of the theoretical model and rationale for the program, the core content, and how the program facilitates student's acquisition of social and emotional skills. Additionally, it provided instructional strategies aimed to prepare teachers to teach social and emotional skills to all the students in their classrooms as a universal intervention. Each teacher received a group leader's manual providing a detailed structure of how to implement each session.

An information letter was sent to families, making clear that the intervention would be delivered during regular class time at no cost to parents, and anonymity would be preserved. A week before the implementation of the program, the school's Guidance Officer went to the each Grade 6 and 7 class to administer the student's pre-assessment package during school hours. Each question was read aloud to the group and the Guidance Officer asked the students to raise their hands if they had any questions so the Guidance Officer could provide support. Each child then individually rated each question in their own assessment pack.

The program started the following week and the whole intervention was conducted over two school terms, lasting approximately five months, with weekly sessions of 30 minutes each. FRIENDS' accredited coaches visited each classroom three times to build rapport with teachers and support their implementation of the program. During the initial three sessions, trainers were able to provide teachers with modelling of the lessons in the actual classroom setting. The modelling demonstrations provided a unique opportunity for teachers to observe their students participating in the lesson activities and vicariously learn how to execute lessons with fidelity. Teachers were also afforded time to reflect on their practice and plan how to integrate new strategies into their daily schedules and routines.

Providing additional support in delivering the initial sessions allowed the trainer to individualize the support and to emphasise different elements of the program. After the three sessions, the coaching supports were removed, as teachers were assumed to be more competent and comfortable with the delivery of the program.

A week after the completion of the program, the school's Guidance Officer administered the post-assessment package with all participants. Once completed, all questionnaires were inserted in an envelope, sealed, and returned to the research team for data input, cleaning, and analyses.

Measures

In order to evaluate the program's impact on students' emotional outcomes, the following instruments were used:

Student assessment

Strengths and Difficulties Questionnaire (SDQ): The SDQ is a 25-item measure designed to assess psychological adjustment for children aged 3 to 16 years old (Goodman, 1997). The items are divided in 5 scales: emotional difficulties, conduct problems,

hyperactivity and inattention, peer difficulties, and pro-social behaviour. The measure is rated by a 3-point Likert scale ranging from “not true” to “certainly true”. The SDQ has acceptable reliability and validity (Goodman, 2001) and it has also been shown to be as accurate as the Child Behaviour Checklist (CBCL) at detecting conduct and emotional problems, as well as better at detecting inattentive and hyperactive behaviours (Goodman & Scott, 1999). The SDQ total score was initially used as a screener to classify participants in one of two groups, namely ‘at risk’ and ‘not at risk’. The SDQ total scores were also used to evaluate the impact of the program on promoting student’s emotional health.

Spence Children’s Anxiety Scale (SCAS): The SCAS is a 44-item questionnaire that assesses anxiety symptoms, including social phobia, separation anxiety, panic attacks and agoraphobia, physical injury concerns, obsessive compulsive disorders, and generalised anxiety disorder. The measure is rated by a 4-point Likert scale ranging from “*never*” to “*always*”. The SCAS has acceptable reliability and validity, supported by a strong correlation between the SCAS and the Revised Children’s Manifest Anxiety Scale – RCMAS (Spence, Barrett, & Turner, 2003).

Acceptability of the program: Satisfaction of the program was evaluated with the FRIENDS Social Acceptability Measure (Lowry-Webster, Barrett, & Lock, 2003) which asks students questions about the FRIENDS program (e.g. how much they enjoyed, and how useful it was). The student’s FRIENDS Social Acceptability Measure is comprised of 10 items, and the measure is rated by a 5-point Likert scale ranging from “*strongly disagree*” to “*strongly agree*”.

Teacher assessment

In order to evaluate the program’s impact on teachers’ emotional outcomes, the following instruments were used:

Resilience Scale – RS: The RS is a 26-item scale to assess resilience in adults (Wagnild & Young, 1993). The measure is rated by a 4-point Likert scale ranging from “*strongly disagree*” to “*strongly agree*”. The RS has shown internal consistency reliability and validity as an instrument to measure resilience (Wagnild & Young, 1993).

Depression, Stress and Anxiety – DASS-21: The DASS-21 (Lovibond & Lovibond, 2004) is a short version of the DASS (Lovibond & Lovibond, 1995). It has 21 items to measure the emotional states of depression, anxiety and stress. Participants were asked to rate the degree to which statements applied to them in the past week on a 4-point Likert scale ranging from “*does not apply to me at all*” to “*applies to me very much*” or “*most of the time*”. Internal consistency and validity for the DASS-21 subscales were found to be from the acceptable to the excellent ranges (Antony, Bieling, Cox, Enns, & Swinson, 1998).

Teaching Satisfaction Scale – TSS: The TSS is a 5-item scale to assess teaching satisfaction of teachers (C. L. Ho & Au, 2006). The measure is rated by a 5-point Likert scale ranging from “*strongly disagree*” to “*strongly agree*”. The TSS has good level of internal consistency and validity (C. L. Ho & Au, 2006).

Acceptability of the program: Satisfaction of the program was evaluated with the FRIENDS Social Acceptability Measure (Lowry-Webster et al., 2003) which asks questions about the FRIENDS program (e.g. how useful the program was for their students). The teachers’ FRIENDS Social Acceptability Measure is comprised of seven items, and the measure is rated by a 5-point Likert scale ranging from “*strongly disagree*” to “*strongly agree*”.

Data analysis

Data reported in the SDQ norms for Australian adolescents (Mellor, 2005) suggest that a total score on the self-report SDQ of 14 or above for boys and 12 or above for girls indicate that the individual is 'at risk'. This value was used to assign the participants into one of two groups for analysis, namely 'at risk' and 'not at risk'. Classification of the individuals was based on the SDQ total scores obtained in the pre-test.

Given that the instruments included ordinal data and some variables violated the assumptions of normal distribution, we adopted a more conservative approach and employed the Wilcoxon signed-rank test for pairwise comparisons.

The overall acceptability of the program was assessed using the Wilcoxon signed-rank test for one sample, $p < .05$. We tested the scores given by all participants against a mean reference value of 2.5. If the average for a given question was greater than this reference value, then the program was positively evaluated.

Results

Students' outcomes

In the initial screening administered before the implementation of the FRIENDS Program, 38 students were identified as in the 'not at risk' group (55.1%), and 31 in the 'at risk' group (44.9%). Table 2 shows the SDQ total scores obtained for both groups before and after completing the FRIENDS Program. The results of the Wilcoxon test showed that the total difficulties scores did not change significantly from pre to post-test for either of the groups in the SDQ total difficulties score.

In relation to students' anxiety levels, the Wilcoxon signed-rank test showed that the students who were initially 'at risk' had a significant decrease in their anxiety total score from pre to post-test. No significant changes were found for the 'not at risk' group.

	At risk (n = 31)					Not at risk (n = 38)				
	Pre	Post	Z	p	r	Pre	Post	Z	p	r
SDQ Total	17.23 (3.93)	16 (5.692)	0.903	0.19	0.16	7.37 (2.842)	8.13 (4.418)	0.892	0.19	0.15
Pro-Social	7.10 (1.989)	7.10 (2.055)	0.473	0.33	0.09	7.66 (1.729)	7.5 (1.812)	0.657	0.27	0.11
SCAS Total	40.42 (17.445)	33.65 (16.568)	2.449	0.01*	0.44	19.16 (10.189)	19.45 (8.877)	0.123	0.45	0.02

Note. * = $p \leq .01$. Standard Deviations appear in parentheses below means.

Table 2: Students' SDQ and SCAS total scores mean and standard deviation at pre and post-test

Given the significant effect of the program on the SCAS total scores for the 'at risk' group, we further analysed the subscales for this group to check whether the effect of the program was more pronounced in one particular item. Significant changes were found in separation anxiety, obsessive compulsive disorder, and physical anxiety from pre to post-test. Table 3 shows the SCAS subscales scores obtained for the 'at risk' group before and after completing the FRIENDS Program.

At risk (n = 31)					
	Pre	Post	Z	p	r
Separation anxiety	5.74 (3.435)	4.35 (2.615)	2.323	0.01*	0.42
Social anxiety	8.29 (4.547)	7.32 (4.714)	1.130	0.13	0.20
Obsessive compulsive disorder	8.10 (3.627)	6.68 (4.102)	2.519	0.01*	0.45
Panic attack	6.23 (4.209)	4.87 (4.056)	1.580	0.06	0.28
Physical anxiety	4.48 (3.065)	3.42 (2.997)	2.237	0.01*	0.40
Generalized anxiety	7.58 (3.557)	7 (3.445)	1.195	0.12	0.22

Note. * = $p \leq .01$. Standard Deviations appear in parentheses below means.

Table 3: 'At risk' students' SCAS subscales scores mean and standard deviation at pre and post-test

Students' overall satisfaction with the program was positive. As it can be seen in Table 4, all averages obtained for the 10 items in the questionnaire had a mean significantly greater than 2.5, indicating the acceptability of the program was good.

	Mean (SD)	Wilcoxon Z	p	r
I enjoyed the FRIENDS program	3.7 (0.83)	6.737	.000*	0.81
The FRIENDS program was helpful for me	3.4 (0.94)	5.496	.000*	0.66
I believe other people would benefit from this program as well	3.7 (0.92)	6.549	.000*	0.79
I know more about my different kinds of feelings	3.7 (0.98)	6.287	.000*	0.76
I can calm myself down when I' worried	3.8 (1.06)	6.247	.000*	0.75
I know the difference between helpful and unhelpful thoughts	4.2 (0.88)	6.912	.000*	0.83
I can make a Coping Step plan	3.2 (0.97)	4.723	.000*	0.57
I can help my friends and classmates when they are worried	4.1 (0.84)	7.024	.000*	0.85
The program helped me to cope better in all areas of my life	3.5 (0.90)	6.102	.000*	0.73
Since starting the program, I have noticed positive changes in myself	3.3 (1.02)	5.124	.000*	0.62

Note. * = $p \leq .001$. Standard Deviations appear in parentheses below means.

Table 4: Mean ratings by students of the acceptability of the program (1 Strongly disagree, 5 Strongly Agree)

Teachers' outcomes

Our data contrast previous literature that reports that teachers working in adverse conditions tend to have negative feelings toward their profession, teachers from this study reported high levels of job satisfaction with only one teacher scoring lower than the scale's middle point (table 5). Nevertheless, in relation to stress, the pre-test scores support previous literature that teachers are stressed with 34.8% of teachers scoring from mild to severe levels of stress.

Resilience	Very high (8.7%)	High (13.04%)	Moderately high (39.13%)	Moderately low (34.78%)	Low (4.35%)
Depression	Normal (95.65%)	Mild (0%)	Moderate (0%)	Severe (4.35%)	Extremely Severe (0%)
Anxiety	Normal (78.25%)	Mild (4.35%)	Moderate (4.35%)	Severe (8.7%)	Extremely Severe (4.35%)
Stress	Normal (65.22%)	Mild (30.43%)	Moderate (0%)	Severe (4.35%)	Extremely Severe (0%)
Teaching Satisfaction	Above medium (95.65%)	Below medium (4.35%)			

Table 5: Teachers' scores distribution at pre-test

The Wilcoxon signed-rank test showed that teacher's levels of resilience had a significant increase from pre to post-test (table 6). No significant changes were found for depression, anxiety, stress, nor teaching satisfaction.

N = 23	Pre	Post	Z	p	r
Resilience	136.78 (14.504)	145.70 (15.007)	3.211	0.000*	0.67
Depression	2.43 (5.426)	2.87 (5.934)	0.314	0.213	0.07
Anxiety	4.52 (7.166)	4.09 (5.543)	0.210	0.426	0.04
Stress	8.17 (7.234)	9.39 (7.421)	0.832	0.389	0.17
Teaching Satisfaction	19.74 (4.413)	20.13 (4.674)	0.428	0.342	0.09

Note. * = $p \leq .01$. Standard Deviations appear in parentheses below means.

Table 6: Teachers' scores mean and standard deviation at pre and post-test

In relation to the overall satisfaction with the program, all averages obtained for the 7 items in the teachers' social acceptability questionnaire had a mean significantly greater than 2.5, indicating the acceptability of the program was positive (table 7).

	Mean (SD)	Wilcoxon Z	p	r
In general, I believe the FRIENDS program is useful	4.4 (0.50)	4.158	.000*	0.74
I believe my students benefited from the program	4.3 (0.46)	4.208	.000*	0.74
I would suggest that other students try this program as well	4.4 (0.51)	4.144	.000*	0.73
The program improved my students' behaviour in multiple settings	4.0 (0.87)	3.950	.000*	0.70
The program did not result in any negative side-effects to anyone involved	4.5 (0.60)	4.122	.000*	0.73
Since starting the program, I noticed positive changes with my students	4.1 (0.81)	4.069	.000*	0.72
How much effort did you put into using the skills taught in the program?	4.2 (0.81)	3.976	.000*	0.70

Note. * = $p \leq .01$. Standard Deviations appear in parentheses below means.

Table 7: Mean ratings by teachers of the acceptability of the program (1 Strongly disagree, 5 Strongly Agree)

Discussion

The purpose of this study was to examine the impact of the FRIENDS for Life training and coaching support on students' and teachers' emotional outcomes, as well as the acceptability of it when delivered in a school serving students from an economically disadvantaged community. The focus of the intervention was to train and coach teachers with strategies to develop social and emotional skills for students. The findings from this study have implications for school mental health service delivery and provide preliminary support for the FRIENDS model of training and coaching.

Goodman (2001) stated that it is expected that approximately 20% of children and adolescents will be at risk of presenting problems with worries, fears, sadness, behaviour or concentration at any moment. In the initial screening administered before the implementation of the FRIENDS Program, 38 students were identified as in the 'not at risk' group (55.1%), and 31 in the 'at risk' group (44.9%). This percentage is higher than would be expected for normative data gathered from the general population and highlights the importance of integrating social and emotional learning programs in schools operating in disadvantaged areas.

Our findings indicated that students who were initially identified as at-risk were associated with a significant pre-post decrease in their anxiety levels. More specifically, these students showed a significant decrease on their levels of separation anxiety, obsessive-compulsive symptoms and physical anxiety at the end of the intervention and, providing evidence supporting the positive impact of the FRIENDS program on students' emotional outcomes. Additionally, teachers who participated in the intervention had a significant pre-post increase in their resilience. Although it is difficult to isolate what component was responsible for this finding, given reports from the participating teachers, the positive improvements in resilience are likely partially attributable to the coaching support provided during the implementation process by the accredited trainers.

In addition to the positive student and teacher outcomes, findings indicated that the intervention was well accepted by the participants as they reported that the program was useful, effective, and feasible to implement. Moreover, they reported that they benefited from the program and would recommend it to other people. With all intervention research, it is important to examine the acceptability of the intervention, because adoption and effective implementation of an intervention involves more than whether an intervention will produce results (Noell & Witt, 1999). Moreover, interventions found to be acceptable may not actually be implemented with integrity (Sanetti & Kratochwill, 2009). Thus, the acceptability findings of the FRIENDS program are as important as the students and teachers' outcome data (Proctor et al., 2011).

Implications

This study's findings offer important implications for educational practice. First, prior literature emphasizes that teacher-focused PD needs to adopt more 'hands on' and 'in class' training for mental health (Reinke et al., 2014). The PD plus coaching model used in this study reduced the need to remove teachers from their classrooms to attend additional training sessions and allowed teachers to 'learn by example' rather than trying to interpret, learn and role play the new strategies during the didactic training. Ultimately, this study's findings support the notion of PD as a process rather than a one-time event in that supporting implementation must go beyond didactic training to supporting teachers to translate practices into their classrooms in order to best support their students' emotional well-being.

Second, findings from this study indicate that training teachers and providing them with coaching and modelling to deliver a social and emotional program offers a useful way to positively impact both students' emotional outcomes and teachers' emotional resilience. This has the potential to improve the classroom environment and consequently, improve learning. Moreover, the results encourage the use of the FRIENDS for Life program in schools located in areas associated with socio-economic disadvantage with the goal of supporting both students and teachers mental health. Social emotional learning with embedded coaching can help offset the impact of job-related stress in order to retain highly qualified teachers and promote positive outcomes for impoverished children who bring unique social, emotional, and academic needs to the schooling process.

Findings from this study reflect differential effectiveness, which although not a new concept (see Spence, Sheffield, & Donovan, 2003; Stoolmiller, Eddy, & Reid, 2000; Webster-Stratton, Reid, & Stoolmiller, 2008), has received little attention in the context of universal social and emotional learning supports. In the present case, children who were most responsive to the program were those who were at-risk at baseline. That is, children who began with a higher than average number of problematic behaviors, showed greater improvement, driving program effects. Although it is important to be attentive to children who are at risk for behavior problems, it is important to note that children with adequate levels of these skills were able to maintain those skills.

Universal social and emotional learning programming has several benefits. Programs like FRIENDS can reach a large number of youth and can be taught in a regular classroom. Universal programs do not demand additional resources to screen targeted youth, and do not have the stigma associated with identifying at-risk kids (see Horowitz, Garber, Ciesla, Young, & Mufson, 2007); and yet, as evidenced by the current data, universal programs can still reach at-risk youth. The data also serves as a reminder that universal programming does not only benefit the children, as teachers demonstrated positive gains in their resilience as a result of being involved in the implementation effort.

Limitations and future directions

As with all studies, this study possesses certain limitations that readers should be cognizant of and provide avenues for future research. First, it should be noted that all the participating teachers and students engaged in this study voluntarily. Thus, it is unknown whether these participants differed in their motivation or other characteristics from those who chose not to participate.

An additional limitation is the lack of a control group. Given that this study was conducted using a PAR approach and supported by a Charity Trust that focuses on promoting social and emotional skills to low-income communities in Australia (www.pathwaystoresiliee.org), assigning children to a control group was determined to be unsuitable from an ethical perspective. Considering that the FRIENDS for Life program has been extensively researched for nearly 20 years with positive results and the administrators desire to implement the curriculum for all children, it was considered unethical to deny participation in the intervention to their target population. Therefore, it was decided that a treatment group study would allow initial evidence for the implementation of the FRIENDS for Life intervention with coaching/mentoring on participating students and teachers. Nevertheless, future studies should pursue to include control groups.

Third, the study followed teachers and students over a period of approximately 5 months. As a result, it is unknown whether the positive findings would sustain into the future. Future research should investigate whether the changes would continue to maintain over time; or even more importantly, how the change would be sustained after the intervention was stopped.

Lastly, this study included a relatively small sample of students and was conducted in only one school. These results should be interpreted with caution given the limited generalizability of the findings. That being said, the statistically significant positive effects provide preliminary evidence for the PD plus coaching model used in this study. Future research should replicate this study in larger number of schools located in areas associated with socio-economic disadvantage.

Conclusion

Too many children from poverty start off their school careers without the necessary social and emotional to be optimally engaged in the classroom and profit from their learning experiences. Moreover, teachers who work in school settings serving high-needs students are likely to experience high amounts of stress and burnout. Ultimately, the results from this study provide tentative empirical support for the integration of social and emotional learning using effective models of PD and coaching supports. Work such as this offers the potential to help close the longstanding achievement and opportunity gaps that have existed in education for children from low socioeconomic backgrounds.

References

- ABS. (2008). Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA). Retrieved January 2011, from Australian Bureau of Statistics <http://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbytitle/87E66027D6856FD6CA257417001A550A?OpenDocument>
- Adelman, H. S., & Taylor, L. (2003). On sustainability of project innovations as systemic change. *Journal of Educational and Psychological Consultation*, 14(1), 1-25. http://dx.doi.org/10.1207/S1532768XJEPC1401_01
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales (DASS) in clinical groups and a community sample. *Psychological Assessment*, 10, 176-181. <http://dx.doi.org/10.1037//1040-3590.10.2.176>
- Askell-Williams, H., & Lawson, M. J. (2013). Teachers' knowledge and confidence for promoting positive mental health in primary school communities. *Asia-Pacific Journal of Teacher Education*, 41(2), 126-143. <http://dx.doi.org/10.1080/1359866X.2013.777023>
- Barrett, P. (2010). *Friends for Life: Group Leaders' Manual for Children* (5th ed.). Brisbane: Barrett Research Resources Pty Ltd.
- Barrett, P., Dadds, M. R., & Rapee, R. M. (1996). Family treatment of childhood anxiety: a controlled trial. *Journal of Consulting and Clinical Psychology*, 64(2), 333-342. <http://dx.doi.org/10.1037/0022-006X.64.2.333>
- Barrett, P., 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(1), 135-141. <http://dx.doi.org/10.1037/0022-006X.69.1.135>
- Cappella, E., Hamre, B. K., Kim, H. Y., Henry, D. B., Frazier, S. L., Atkins, M. S., & Schoenwald, S. K. (2012). Teacher consultation and coaching within mental health practice: Classroom and child effects in urban elementary schools. *Journal of Consulting and Clinical Psychology*, 80(4), 597-610. <http://dx.doi.org/10.1037/a0027725>
- Cohall, A. T., Cohall, R., Dye, B., Dini, S., Vaughan, R. D., & Coots, S. (2007). Overheard in the halls: What adolescents are saying, and what teachers are hearing, about health issues. *Journal of School Health*, 77(7), 344-350. <http://dx.doi.org/10.1111/j.1746-1561.2007.00218.x>
- Cook, C. R., Browning Wright, D., Gresham, F. M., & Burns, M. K. (2010). *Transforming school psychology in the RTI era: A guide for administrators and school psychologists*. Horsham, PA: LRP Publications.
- Cortina, M. A., Fazel, M., Hlungwani, T. M., Kahn, K., Tollman, S., Cortina-Borja, M., & Stein, A. (2013). Childhood psychological problems in school settings in rural southern Africa. *Plos One*, 8(6). <http://dx.doi.org/10.1371/journal.pone.0065041>
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: a meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405-432. <http://dx.doi.org/10.1111/j.1467-8624.2010.01564.x>
- Evans, S. W., Mullett, E., Weist, M. D., & Franz, K. (2005). Feasibility of the MindMatters school mental health promotion program in American schools. *Journal of Youth and Adolescence*, 34(1), 51-58. <http://dx.doi.org/10.1007/s10964-005-1336-9>

- Farrell, L. J., Barrett, P., & Claassens, S. (2005). Community trial of an evidence-based anxiety intervention for children and adolescents (the FRIENDS program): a pilot study. *Behaviour Change*, 22(4), 236-248. <http://dx.doi.org/10.1375/bech.22.4.236>
- Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools in high-income countries. *Lancet Psychiatry*, 1(5), 377-387. [http://dx.doi.org/10.1016/S2215-0366\(14\)70312-8](http://dx.doi.org/10.1016/S2215-0366(14)70312-8)
- Fisak, B., Richard, D., & Mann, A. (2011). The prevention of child and adolescent anxiety: A meta-analytic review. *Prevention Science*, 1-14. <http://dx.doi.org/10.1007/s11121-011-0210-0>
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Implementation research: A synthesis of the literature. *The national implementation research network*. Retrieved from http://nirn.fmhi.usf.edu/resources/publications/Monograph/pdf/monograph_full.pdf.
- Fonagy, P., & Target, M. (1996). *A psychological treatment of child psychiatric disorders: What works for whom? A critical review of psychotherapy*. New York: Guilford.
- Forman, S. G., & Barakat, N. M. (2011). Cognitive-behavioral therapy in the schools: Bringing research to practice through effective implementation. *Psychology in the Schools*, 48(3), 283-296. <http://dx.doi.org/10.1002/pits.20547>
- Gerber, E. B., Whitebook, M., & Weinstein, R. S. (2007). At the heart of child care: Predictors of teacher sensitivity in center-based child care. *Early Childhood Research Quarterly*, 22(3), 327-346. doi: <http://dx.doi.org/10.1016/j.ecresq.2006.12.003>
- Goddard, R. D., Hoy, W. K., & Woolfolk Hoy, A. (2004). Collective efficacy beliefs: Theoretical developments, empirical evidence, and future directions. *Educational Researcher*, 33, 3-13. <http://dx.doi.org/10.3102/0013189X033003003>
- Gonski, D., Boston, K., Greiner, K., Lawrence, C., Scales, B., & Tannock, P. (2011). Review of funding for schooling. Final Report. Canberra: Department of Education, Employment and Workplace Relations.
- Goodman, R. (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586. <http://dx.doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child & Adolescent Psychiatry*, 40(11), 1337-1345. <http://dx.doi.org/10.1097/00004583-200111000-00015>
- Goodman, R., & Scott, S. (1999). Comparing the strengths and difficulties questionnaire and the child behavior checklist: Is small beautiful? *Journal of Abnormal Child Psychology*, 27(1), 17-24. <http://dx.doi.org/10.1023/A:1022658222914>
- Greenberg, M., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention and Treatment*, 4(1). Retrieved from <http://journals.apa.org/prevention/volume4/pre004001a.html> <http://dx.doi.org/10.1037/1522-3736.4.1.41a>
- Ho, C. L., & Au, W. T. (2006). Teaching satisfaction scale: Measuring job satisfaction of teachers. *Educational and Psychological Measurement*, 66(1), 172-185. <http://dx.doi.org/10.1177/0013164405278573>
- Ho, P., Tsao, J. C. I., Bloch, L., & Zeltzer, L. K. (2011). The impact of group drumming on social-emotional behavior in low-income children. *Evidence-Based Complementary and Alternative Medicine*. <http://dx.doi.org/10.1093/ecam/neq072>

- Horowitz, J. L., Garber, J., Ciesla, J. A., Young, J. F., & Mufson, L. (2007). Prevention of depressive symptoms in adolescents: a randomized trial of cognitive-behavioral and interpersonal prevention programs. *Journal of Consulting and Clinical Psychology*, 75(5), 693-706. <http://dx.doi.org/10.1037/0022-006X.75.5.693>
- Jamal, F., Fletcher, A., Harden, A., Wells, H., Thomas, J., & Bonell, C. (2013). The school environment and student health: a systematic review and meta-ethnography of qualitative research. *Bmc Public Health*, 13. <http://dx.doi.org/10.1186/1471-2458-13-798>
- Jennings, P. A., & Greenberg, M. (2009). The prosocial classroom: Teacher social and emotional competence in relation to student and classroom outcomes. *Review of Educational Research*, 79(1), 491-525. <http://dx.doi.org/10.3102/0034654308325693>
- Koegel, L., Matos-Freden, R., Lang, R., & Koegel, R. (2012). Interventions for children with autism spectrum disorders in inclusive school settings. *Cognitive and Behavioral Practice*, 19(3), 401-412. <http://dx.doi.org/10.1016/j.cbpra.2010.11.003>
- Kretlow, A. G., & Bartholomew, C. C. (2010). Using coaching to improve the fidelity of evidence-based practices: A review of studies. *Teacher Education and Special Education*, 33(4), 279-299. <http://dx.doi.org/10.1177/0888406410371643>
- Lawless, K. A., & Pellegrino, J. W. (2007). Professional development in integrating technology into teaching and learning: Knowns, unknowns, and ways to pursue better questions and answers. *Review of Educational Research*, 77(4), 575-614. <http://dx.doi.org/10.3102/0034654307309921>
- Letourneau, N. L., Duffett-Leger, L., Levac, L., Watson, B., & Young-Morris, C. (2013). Socioeconomic status and child development: A meta-analysis. *Journal of Emotional and Behavioral Disorders*, 21(3), 211-224. <http://dx.doi.org/10.1177/10634266114210077>
- Levitt, J. M., Saka, N., Romanelli, L. H., & Hoagwood, K. E. (2007). Early identification of mental health problems in schools: the status of instrumentation. *Journal of School Psychology*, 45(2), 163-191. <http://dx.doi.org/10.1016/j.jsp.2006.11.005>
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales* (2nd ed.). Sydney: Psychology Foundation.
- Lovibond, S. H., & Lovibond, P. F. (2004). *Manual for the Depression Anxiety Stress Scales* (4th ed.). Sydney: Psychology Foundation.
- Lowry-Webster, H. M., Barrett, P., & Dadds, M. R. (2001). A universal prevention trial of anxiety and depressive symptomatology in childhood: preliminary data from an Australian study. *Behaviour Change*, 18(1), 36-50. <http://dx.doi.org/10.1375/bech.18.1.36>
- Lowry-Webster, H. M., Barrett, P., & Lock, S. (2003). A universal prevention trial of anxiety symptomatology during childhood: results at 1-year follow-up. *Behaviour Change*, 20(1), 25-43. <http://dx.doi.org/10.1375/bech.20.1.25.24843>
- Masia-Warner, C., Nangle, D. W., & Hansen, D. J. (2006). Bringing evidence-based child mental health services to the schools: General issues and specific populations. *Education and Treatment of Children*, 29, 165-172.
- Mellor, D. (2005). Normative data for the Strengths and Difficulties Questionnaire in Australia. *Australian Psychologist*, 40(3), 215-222. <http://dx.doi.org/10.1080/00050060500243475>
- Mychailyszyn, M. P., Bedas, R. S., Benjamin, C. L., Edmunds, J. M., Podell, J. L., Cohen, J. S., & Kendall, P. C. (2011). Assessing and treating child anxiety in schools. *Psychology in the Schools*, 48(3), 223-232. <http://dx.doi.org/10.1002/pits.20548>

- Nastasi, B. K., Varjas, K., Schensul, S. L., Silva, K. T., Schensul, J. J., & Ratnayake, P. (2000). The participatory intervention model: A framework for conceptualizing and promoting intervention acceptability. *School Psychology Quarterly*, 15(2), 207-232. <http://dx.doi.org/10.1037/h0088785>
- Neil, A. L., & Christensen, H. (2009). Efficacy and effectiveness of school-based prevention and early intervention programs for anxiety. *Clinical Psychology Review*, 29(3), 208-215. <http://dx.doi.org/10.1016/j.cpr.2009.01.002>
- Noell, G. H., & Witt, J. C. (1999). When does consultation lead to intervention implementation? Critical issues for research and practice. *The Journal of Special Education*, 33, 29-35. <http://dx.doi.org/10.1177/002246699903300103>
- Pfiffner, L. J., Kaiser, N. M., Burner, C., Zalecki, C., Rooney, M., Setty, P., & McBurnett, K. (2011). From clinic to school: Translating a collaborative school-home behavioral intervention for ADHD. *School Mental Health*, 1(3), 127-142. <http://dx.doi.org/10.1007/s12310-011-9059-4>
- Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., . . . Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65-76. <http://dx.doi.org/10.1007/s10488-010-0319-7>
- Qi, C. H., & Kaiser, A. P. (2003). Behavior problems of preschool children from low-income families: Review of the literature. *Topics in Early Childhood Special Education*, 23(4), 188-216. <http://dx.doi.org/10.1177/02711214030230040201>
- Ransford, C. R., Greenberg, M., Domitrovich, C. E., Small, M., & Jacobson, L. (2009). The role of teachers' psychological experiences and perceptions of curriculum supports on the implementation of a social and emotional learning curriculum. *School Psychology Review*, 38(4), 510-532.
- Reinke, W. M., Stormont, M., Herman, K. C., Wang, Z., Newcomer, L., & King, K. (2014). Use of coaching and behavior support planning for students with disruptive behavior within a universal classroom management program. *Journal of Emotional and Behavioral Disorders*, 22(2), 74-82. <http://dx.doi.org/10.1177/1063426613519820>
- Reinke, W. M., Stormont, M., Webster-Stratton, C., Newcomer, L. L., & Herman, K. C. (2012). The incredible years teacher classroom management program: Using coaching to support generalization to real-world classroom settings. *Psychology in the Schools*, 49(5), 416-428. <http://dx.doi.org/10.1002/pits.21608>
- Roeser, R. W., & Midgley, C. (1997). Teachers' views of issues involving students' mental health. *Elementary School Journal*, 98(2), 115-133. <http://dx.doi.org/10.1086/461887>
- Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. *Teaching and Teacher Education*, 24(5), 1217-1231. <http://dx.doi.org/10.1016/j.tate.2007.09.011>
- SafeWorkAustralia. (2012). Occupational Disease Indicators. Canberra: Safe Work Australia.
- Salmon, G., & Kirby, A. (2008). Schools: Central to providing comprehensive CAMH services in the future? *Child and Adolescent Mental Health*, 13(3), 107-114. <http://dx.doi.org/10.1111/j.1475-3588.2007.00468.x>
- Sandell, R., & Kimber, B. (2013). Heterogeneity in responses to a universal prevention program. *Journal of Primary Prevention*, 34(6), 405-412. <http://dx.doi.org/10.1007/s10935-013-0324-1>
- Sanetti, L. M. H., & Kratochwill, T. R. (2009). Toward developing a science of treatment integrity: Introduction to the special series. *School Psychology Review*, 38(4), 445-459.

- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., . . . Zubrick, S. R. (2000). The mental health of young people in Australia: The child and adolescent component of the National Survey of Mental Health and Well-Being. Canberra.
- Shortt, A. L., Barrett, P., & Fox, T. L. (2001). Evaluating the FRIENDS program: A cognitive-behavioral group treatment for anxious children and their parents. *Journal of Clinical Child Psychology*, 30(4), 525-535. doi: http://dx.doi.org/10.1207/S15374424JCCP3004_09
- Spence, S. H., Barrett, P., & Turner, C. M. (2003). Psychometric properties of the Spence Children's Anxiety Scale with young adolescents. *Journal of Anxiety Disorders*, 17(6), 605-625. <http://dx.doi.org/10.1037/0022-006X.71.1.3>
- Spence, S. H., Sheffield, J. K., & Donovan, C. L. (2003). Preventing adolescent depression: An evaluation of the problem solving for life program. *Journal of Consulting and Clinical Psychology*, 71(1), 3-13. <http://dx.doi.org/10.1037/0022-006X.71.1.3>
- Stoolmiller, M., Eddy, J. M., & Reid, J. B. (2000). Detecting and describing preventive intervention effects in a universal school-based randomized trial targeting delinquent and violent behavior. *Journal of Consulting and Clinical Psychology*, 68(2), 296-306. <http://dx.doi.org/10.1037//0022-006X.68.2.296>
- Strein, W., Hoagwood, K. E., & Cohn, A. (2003). School psychology: A public health perspective I. Prevention, populations, and systems change. *Journal of School Psychology*, 41, 23-38. [http://dx.doi.org/10.1016/S0022-4405\(02\)00142-5](http://dx.doi.org/10.1016/S0022-4405(02)00142-5)
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*, 1, 165-178.
- Walter, H. J., Gouze, K., Cicchetti, C., Arend, R., Mehta, T., Schmidt, J., & Skvarla, M. (2011). A pilot demonstration of comprehensive mental health services in inner-city public schools. *Journal of School Health*, 81(4), 185-193. <http://dx.doi.org/10.1111/j.1746-1561.2010.00578.x>
- Wasik, B. A., & Hindman, A. H. (2011). Improving vocabulary and pre-literacy skills of at-risk preschoolers through teacher professional development. *Journal of Educational Psychology*, 103(2), 455-469. <http://dx.doi.org/10.1037/a0023067>
- Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. *Journal of Child Psychology and Psychiatry*, 49(5), 471-488. <http://dx.doi.org/10.1111/j.1469-7610.2007.01861.x>
- Whitman, C. V., Aldinger, C., Zhang, X. W., & Magner, E. (2008). Strategies to address mental health through schools with examples from China. *International Review of Psychiatry*, 20(3), 237-249. <http://dx.doi.org/10.1080/09540260801994649>
- WHO. (2001). Mental Health: New understanding, new hope. In D. o. Health (Ed.). Geneva, Switzerland: World Health Organization.
- Whyte, W. F. (1991). *Participatory action research* (Vol. 123). Thousand Oaks, CA: Sage Publications Inc.
- Wissow, L., Anthony, B., Brown, J., DosReis, S., Gadowski, A., Ginsburg, G., & Riddle, M. (2008). A common factors approach to improving the mental health capacity of pediatric primary care. *Administration and Policy in Mental Health and Mental Health Services Research*, 35(4), 305-318. <http://dx.doi.org/10.1007/s10488-008-0178-7>
- Yoon, B. (2008). Uninvited guests: The influence of teachers' roles and pedagogies on the positioning of English language learners in the regular classroom. *American Educational Research Journal*, 45(2), 495-522. <http://dx.doi.org/10.3102/0002831208316200>

Acknowledgements

The authors thank the participant school for their commitment with our research project. We also thank the Pathways to Resilience Trust team for the support provided throughout the implementation of the FRIENDS program.