

A QUALITATIVE STUDY ON THE IMPLEMENTATION OF THE FRIENDS  
ANXIETY MANAGEMENT AND MENTAL HEALTH PROMOTION PROGRAM

by

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### ABSTRACT

This study was an exploration of what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management as designed by the licensee. An environmental scan undertaken by the Ministry of Children and Family Development in Chilliwack, British Columbia, revealed that the program is delivered with limited attention to treatment fidelity and some schools choose not to implement. Semi-structured interviews were conducted with 12 educators using the critical incident technique. 773 incidents emerged from the interviews: 441 helpful, 263 hindering and 69 wish list items. Educators reported that their personal views about the value, importance and benefit of the FRIENDS program as well as the support received from school administrators proved helpful in decisions regarding implementation. Educators also indicated that time commitment and sense of competency hindered their training and implementation decisions. Implications for practice include the value of emphasizing self-efficacy dynamics and of providing influential persons as support networks when promoting school-based mental health programs. This research may offer heuristic value for policy makers, managers and program developers.

*Keywords:* Implementation; FRIENDS; anxiety; educators; mental health promotion

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## CHAPTER 1: INTRODUCTION

The FRIENDS program is an Australian-developed, school based anxiety prevention and resiliency building curriculum for children and youth aged 4-16. It is a user-friendly, universal, early intervention program whose delivery is facilitated by classroom teachers. The purpose of FRIENDS is to help children cope with and manage anxiety and depression both now and in later life. The FRIENDS program was developed by Paula Barrett, the licensee who is a clinical child psychologist. In addition, FRIENDS has been endorsed by the World Health Organization (WHO) as a successful anxiety management program proven effective for up to 6 years after initial exposure (2004). Anxiety disorders are the most common mental health problem facing children today (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003).

FRIENDS is an easily-remembered acronym; each letter denotes a new skill learned. The seven steps are: F-Feelings; R-Remember to relax; I- I can do it; E-Explore solutions; N-Now reward yourself; D-Don't forget to practice; and S-Smile. These steps are called the FRIENDS plan. There are three versions of the FRIENDS program designed according to different grade levels; FRIENDS for Life designed for children in grades four and five, FRIENDS for Youth for grades seven and eight student, and Fun FRIENDS for children in kindergarten and grade one. The "FRIENDS for Life" currently has the most research evidence. This study is an exploration of the factors that affect educators in their decisions regarding the implementation of the "FRIENDS for Life" program.

FRIENDS was implemented in 2004 as part of the Child and Youth Mental Health Plan for British Columbia. This was carried out under the auspices of the

Ministry of Child and Family Development (MCFD) in conjunction with the Ministry of Education as a universal prevention program to be implemented by teachers in their respective classrooms. When classroom teachers implement FRIENDS, they are able to integrate it with other school experiences and learning throughout the school year.

FRIENDS is more likely to be integrated within the child's ecology and less probable lead to compartmentalized learning when the role of the classroom teacher is recognized as critical to the effectiveness of the program (Barrett, 2004). Barrett also emphasized that it is important that teachers receive a one-day group training prior to the implementation of FRIENDS. The FRIENDS training allows teachers to familiarize themselves with the principles, skills and techniques offered so that they are fully aware of the possibilities and limitations of their role.

Educators who implement FRIENDS by following the structure and sequence of teaching the skills to their students help the children develop necessary life skills to cope with difficult and anxiety provoking situations (Barrett 1998; 2004). FRIENDS promotes self-esteem and self-confidence, builds emotional and psychological resilience as well as problem-solving skills. Furthermore, it encourages positive peer-learning, fosters positive relationships and helps to build support networks.

Although the FRIENDS program is not a mandated program, it has potential benefits to children (Barrett & Ollendick; 2004; Briesch, Sanetti, & Briesch, 2010; Neil & Christensen, 2009; WHO, 2004). An environmental scan undertaken by MCFD in Chilliwack revealed that the program is delivered with limited attention to treatment fidelity and some schools do not implement it (R. Lees, personal communication, May 19, 2009). Conducting research to understand the decisions that affect the

implementation of FRIENDS is important for program dissemination and process outcomes. In this study, what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee was investigated. Valuable information and knowledge was attained by exploring the unique perspectives and viewpoints of elementary school principals and grade four and five classroom teachers who have been introduced to the FRIENDS program and have the ability to adopt it. The inclusion of school principals was necessary because they have an additional ability to influence FRIENDS implementation at the school level. This study is not intended as an evaluation of the FRIENDS program nor the training for the FRIENDS program implementation. It was intended to provide some empirical information about the dynamics involved in educators' decisions to implement FRIENDS. For this reason, this thesis strives to help make explicit information that will serve both educators and researchers in the field of education and psychology.

The implementation of the FRIENDS program addresses a health promotion priority and mental illness prevention for children. An understanding of the prevalence and effects of anxiety may be beneficial to the reader.

### **Prevalence and Effects of Anxiety**

Anxiety is a physiological and psychological state characterized by cognitive, somatic, emotional, and behavioural components (Seligman, Walker, & Rosenhan, 2001). Anxiety is most often compared to the emotion of fear. However, clinically, anxiety and fear are distinct. According to the current *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition Text Revision* (DSM -IV-TR; American Psychiatric

Association, 2000), anxiety is an unpleasant emotional state for which the cause is either not readily identified or perceived to be uncontrollable or unavoidable, whereas fear is an emotional and physiological response to a recognized external threat. Some common symptoms of anxiety include sweaty palms, increased heart rate, restlessness, stomach aches and nausea. Anxiety tends to be associated with worrying about past or future situations instead of current situations (Farrell & Barrett, 2007). Anxiety becomes a disorder when the symptoms are intense, long-standing or disruptive (Bittner et al., 2007).

Anxiety if left untreated in children, may lead to severe adolescent and adult depression (Kashani & Orvaschel, 1990). Karshani and Orvaschel examined 210 children aged 8, 12 and 17. They found that even though all children experience anxiety as part of their normal development, anxiety disorders were present in 25.7% of 8 year-olds, 15.7% of 12 year-olds and 21.4% of 17 years-old. From this study, it can be inferred that children experience different levels of anxiety. Additionally, results from another study found that not all children handle stress equally; some children cope with difficult situations in more effective ways than others (Barrett & Ollendick, 2004).

A recent study undertaken by Merikangas et al., (2010) focussed on producing estimates to reveal the prevalence of DSM-IV mental disorders, their comorbidity and their sociodemographic correlates. The sample consisted of 10,123 adolescents aged 13-18 in the US. Merikangas et al., found that anxiety disorders were the most common condition (31.9%) in adolescents followed by behaviour disorders (19.1%), mood disorders (14.3%), and substance use disorders (11.4%). They also found that the onset for anxiety disorder for the participants in their study was 6 years compared to the other

disorders reported. Their findings highlighted the need for a transition from a treatment focus to early intervention and prevention initiatives.

As children mature, anxiety shifts from more concrete specific fears to more abstract worries and interpersonal concerns (Vasey, Crnic, & Carter, 1994). In terms of disorder, younger children tend to report higher levels of separation anxiety, whereas older children tend to report more social and generalized fears (Ford, Goodman & Meltzer, 2003).

There is a strong correlation between anxiety and depression in children and youth (Farrell & Barrett, 2007; Kalat, 2007). When anxiety is present in childhood, it may lead to the development of depression in adolescence. Depression, a mood disorder is marked by an emotional state of prolonged sadness and apprehension; feelings of worthlessness and guilt; withdrawal from others; loss of appetite, hypersomnia or insomnia; significant weight loss when not dieting, or weight gain; irritability; loss of interest and pleasure in usual activities and recurrent suicide ideation (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000). Depression is often co-morbid with other psychological problems as well as with other medical conditions. For this reason, depression may be viewed as a secondary condition (Morrison, 2006). Criteria for the diagnosis of both anxiety and depressive disorders include poor concentration, irritability, restlessness, disturbed sleep and fatigue (McLoone, Hudson, & Rapee, 2006).

Early intervention programs are necessary and beneficial for children as they help to prevent the development of anxiety and depression. Effective intervention efforts such as the FRIENDS program not only help reduce the likelihood of anxious symptoms in children but also promote healthy functioning. In addition, research studies have

demonstrated the effectiveness of FRIENDS in reducing anxiety symptoms when implemented within the school ecology as a universal prevention program (Barrett & Ollendick, 2004; Barrett & Pahl, 2006; Briesch et al., 2010; WHO, 2004). It is important in future implementation endeavours to explore the implementation decisions of educators within the ecology of the school system. Knowing what helps and hinders educators in their decisions regarding the implementation of FRIENDS will provide feedback for educators, policy makers, program managers, program developers and other interested parties involved in mental health promotion programs.

## CHAPTER 2: LITERATURE REVIEW

This chapter will review the literature that is relevant to what helps and hinders educators in their decisions regarding the implementation of FRIENDS. Three sections will be discussed: an overview of the FRIENDS program, program implementation research and factors that may affect the decisions regarding FRIENDS implementation.

### **Overview of the FRIENDS Program**

The FRIENDS program is an evidence based program that utilizes cognitive-behavioural therapy (CBT) techniques for children and youth which has proven effective in anxiety prevention and resilience building when implemented by classroom teachers (Barrett & Turner, 2001; Neil & Christensen, 2009).

**Evidence-based program.** A program is judged to be evidence-based if: (a) evaluation research shows that the program produces the expected or desired positive results after going through rigorous evaluations; (b) the results can be attributed to the program itself, rather than to other extraneous factors or events; (c) the evaluation is peer-reviewed by experts in the field; and (d) the program is “endorsed” by a federal agency or respected research organization and included in their list of effective programs (Mertens, 2005).

Research and evaluation of FRIENDS, including independent replication studies, continues throughout Australia and other jurisdictions (Barrett & Ollendick, 2004; Neil & Christensen, 2009; Briesch et al., 2010). Within Australia, a number of 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 (Barrett, Farrell, Ollendick, & Dadds, 2006; Barrett &

Turner, 2001; Barrett & Pahl, 2006; McLone & Rapee, 2006). Adaptations have also been made to the program's English delivery to accommodate children from non-English speaking backgrounds and Australian Indigenous populations (WHO, 2004).

Although FRIENDS was designed to be used as a universal-level intervention, several studies have investigated the program efficacy when utilized with a targeted population where children are required to have a current anxiety-related diagnosis to participate (Bernstein, Layne, Egan, & Tennison, 2005; Cooley, Boyd, & Grados, 2004; Shortt, Barrett, & Fox, 2001). Another study showed success as 80% of those treated were free from an anxiety disorder and remained anxiety-free for up to six years following intervention (Barrett et al., 2001a).

Nevertheless the research of FRIENDS is somewhat complicated. In Canada, Miller et al (2011) undertook a research study to enrich the content of the FRIENDS program so that it was culturally relevant to the Aboriginal students. Students ( $N = 533$ ) including 192 who were of Aboriginal decent participated in the cluster randomized control study. Their findings revealed that the FRIENDS program did not effectively reduce anxiety levels. However all students, regardless of intervention condition, Aboriginal status, or gender, reported a consistent decrease in feelings of anxiety over the 6-month study period. Another randomized control study in Canada involving a sample size of 52 grade 4 students indicated that all children reported reduced levels of anxiety regardless of receiving the FRIENDS program (Rose, Miller, & Martinez, 2009). Miller et al., and Rose at al., provided some explanations for future considerations involving universal trials. They suggested that a much larger sample size might show reduced anxiety levels. Despite these findings, they agreed that the FRIENDS program builds



resilience, increases the awareness about anxiety and allows teachers to meet the psychosocial needs of their students.

Researchers (Barrett et. al, 2006; Liddle & Macmillan, 2010; Mostert & Loxton, 2008; Rose et al., 2009; Siu, 2007) from diverse countries have provided empirically-supported studies that conclude that exposing anxious children to a complete 10-session FRIENDS program can reduce their risk of developing an anxiety disorder. Mostert and Loxton conducted a program evaluation which employed a quasi-experimental, non-equivalent control group design that followed 46 participants over a 10-month period. Results revealed that the FRIENDS program had little statistically significant post-intervention effect on the anxiety symptoms of this sample, but had significant effects in the longer term, at 4 months and 6 months follow-up. This suggested that the FRIENDS program may prevent anxiety symptoms among South African children. According to Mostert and Loxton the need for an effective anxiety prevention and early intervention program for children in South Africa is urgent due to the many years of apartheid in that country.

Trials in Germany, Norway, Mexico, South Africa and Hong Kong have shown the effectiveness of FRIENDS when translated into other languages (WHO, 2004). For example, in Hong Kong, Siu (2007) conducted a study using FRIENDS (Chinese version) to combat internalizing problems among primary school children in order to evaluate the effectiveness of FRIENDS amongst children aged 8-10. A standardized test on child behaviour was used as a measure for internalizing problems among the children. In this study, 47 children were randomly assigned into the experiential condition (FRIENDS) and the waitlist control condition for an 8-week period. Children from the

FRIENDS program showed significantly higher self-esteem and fewer internalizing symptoms when compared to those in the wait-list group.

Even though there is varying research showing some concerns in effectiveness for the universality of the FRIENDS program (Briesch et al., 2010; Miller et al., 2011; Rose et al., 2009) intervention effects have been found in eight cases to warrant generalization of treatment effect as an evidence-based program (Barrett et al., 2003; Barrett et al., 2006; Barrett, Lock, & Farrell, 2005; Liddle & Macmillan, 2010; Lowry-Webster, Barrett & Lock, 2003; Mostert & Loxton, 2008; Shortt et al., 2001; Stallard, Simpson, Anderson, & Goddard, 2008). Research on FRIENDS confirms that anxiety symptomatology and emotional distress decrease when children are taught the skills needed to cope with and manage anxiety. For children, this promotes healthy social functioning. The empirical research support of FRIENDS is an encouragement for educators who are capable of implementing FRIENDS in their respective school setting. The research evidence may contribute to educators' decisions regarding implementation.

**Cognitive-behavioural intervention.** FRIENDS is implemented as a cognitive-behavioural intervention based on a firm theoretical model which addresses cognitive, physiological and behavioural or learning processes that are said to interact in the development, maintenance and experience of anxiety. The cognitive process deals with the mind and its thoughts. When negative self-talk, a negative view of self, worrying and hopelessness are present, FRIENDS teaches positive self-talk skills and the use of self-reward. The physiological aspect consists of awareness of body clues such as sweaty palms, increased heart rate and shortness of breath. FRIENDS teaches relaxation and deep breathing skills to combat these physiological symptoms associated with anxiety.

The learning process relates to the acquisition of new skills to cope with and manage anxiety when children have negative social learning experiences and problem solving deficits. FRIENDS helps children learn new coping and problem solving skills through peer support and positive role modeling. The teaching philosophy of FRIENDS is based on the peer learning model as well as a large amount of experiential learning.

The use of cognitive behavioural therapy as the intervention of choice in implementing FRIENDS is based on the theory that an anxiety disorder stems from constant worry, negative cognitive schemas and perceptions of the world as a dangerous place, resulting in a process of maladaptive and habitual interactions among cognitive, behavioural and physiological response systems (Borkovec, 2002; Newman & Borkovec, 1995).

The use of FRIENDS as a preventative measure and treatment procedure has been well documented in well-controlled clinical trials (Barrett, Dadds, & Rapee, 1996; Barrett et al., 2006; Barrett & Tuner, 2001). Empirical support from these studies suggests that 50% to 80% of children who participated in the course of FRIENDS, a CBT program were free of their primary anxiety diagnosis post treatment. CBT treatment benefits have been shown to remain stable over the long term with significant gains held for up to seven years post-treatment (Barrett, Duffy, Dadds & Rapee, 2001; Kendall, Safford, Flannery-Schroeder & Webb, 2004). In contrast to CBT, other therapeutic approaches like analytical psychotherapy and non-directive therapy focus on uncovering past events and providing insight while CBT relies on action-based therapy. In addition, the outcomes of these other approaches are related to the competent delivery of therapeutic techniques, insights on past experiences and the development of a therapeutic alliance.

On the other hand, CBT approaches have consistently shown clinical significance by empowering clients and not relying solely on the therapeutic alliance and past experiences as well as reducing the need for medications associated with anxiety disorder (Leichsenring, Hiller, Weissberg & Leibing, 2006).

**Theoretical model of FRIENDS.** The foundation of this model is to help children self-monitor by learning relaxation skills, self-control, desensitization and cognitive restructuring by using the peer learning and experiential learning models. The FRIENDS program is founded on two specific teaching philosophies namely, the peer learning model and experiential learning model.

The peer learning model allows the implementation of FRIENDS to be carried out in schools. The peer-support training is effective because the students learn best by observing and helping one another. Learning in a context with peers provides opportunities for participants to practice newly learned skills in a safe environment (Farrell & Barrett, 2007).

The activities outlined in the FRIENDS program are based on experiential learning. This model encourages participants to learn from their own experiences. FRIENDS encourages group participants to play an active role in learning. The classroom teacher, who is the group leader, actively involves their students in the group process by encouraging them to brainstorm ideas, learn from new experiences and build upon past experiences that nurture self-confidence.

### **Program Implementation Research**

The word “implementation” has been commonly substituted with phrases such as carry out, realises, bring about, launch, etc. Implementation researchers, Fixsen, Naoom,

Blase, Friedman, and Wallace (2005) defined implementation as: “a specified set of activities designed to put into practice an activity or program of known dimensions” (p. 5). Other researchers such as Greenhalgh and her team who were interested in how new methods were disseminated within the health service defined implementation as: “active and planned efforts to mainstream and innovation” (as cited in Guldbrandsson, 2008, p. 7). For the purposes of this research study, the definition of implementation provided by Fixsen et al., has been adopted throughout this study.

Public policymakers, program developers and program managers are responsible for effectively and efficiently using community resources to promote social goals (Gotham, 2004; Fixsen et al., 2005). Evaluation research provides information to support the decisions they make. Through explanatory analysis, implementation research seeks to understand why a program operates and performs as it does. Implementation research may be necessary in order to provide recommendations for change or lessons for effective program design and administration. Fixsen et al., (2005) suggested that “only when effective practices are fully implemented should we expect positive outcomes” (p. 10). Fixsen et al., further explained that implementation is of concern because major gaps exist between what is known as effective practices (i.e., theory and science) and what is actually done (i.e., policy and practice).

The issue of whether implementation research alone can establish causal links between program policies, program activities, client outcomes, and broader social change is an ongoing controversy. Since we are interested in knowing what helps or hinders the implementation of the FRIENDS program, it is important to understand that well-designed implementation research can uncover plausible reasons as to why a program is

working or not. The research can build hypotheses, themes and theories (Wallace, Blase, Fixsen, & Naoom, 2008). However, it should not be expected to demonstrate causality conclusively (Shannon, Robert & Blevins, 2009).

First of all, implementation research is used as a general term for research that focuses on the question, “What is happening?” in the design, implementation, administration, operation, services, and outcomes of social, treatment and preventive programs (Werner, 2004). In the field of evaluation research, implementation studies are sometimes contrasted with impact studies, which measure or describe the difference between “what is happening” and “what would have happened” in the program absence (Jenson & Fraser, 2006). But although implementation studies do not estimate the impact programs have on clients and other stakeholders, they do more than simply describe program experiences. Research on the implementation of the program also assesses and explains the effectiveness and efficacy of the designed program (Fixsen et al., 2005; Quint, Fink & Rowser, 1991).

Often, however, new programs or policies are implemented on the basis of executive or legislative mandates, which may reflect some combination of changing public attitudes or values and knowledge already established through prior practice and research (Guldbrandsson, 2008). These mandates oblige federal, provincial, and local agency executives and program managers to implement new programs or to make changes in existing programs (Mertens, 2005; Reynolds, 2000). Particularly when the mandated changes are extensive and/or lead to the creation of new programs, the biggest concerns may be to get the programs up and running and working well. In these instances in particular, implementation research separate from an impact study may be

warranted and desirable (Jenson & Fraser, 2006). The core mission of implementation research is to describe, assess, and explain “what is happening and why”.

According to Werner (2004), when it comes to program implementation the following questions are crucial:

1. Is the program reaching the intended target population with the appropriate services, at the planned rate and dosage? If not, how and why?
2. Are clients achieving desired outcomes, and, if not, how and why?
3. Are program processes and systems operating as planned, and, if not, how and why? Although a program may have adequate resources and may appear to have all of its components in place, it still may not operate as planned. For example, if workers do not implement new policies and procedures, if new administrative systems do not work correctly, or if new communications links with service providers are not used, it is unlikely that the program will achieve its goals.
4. Are quality assurance and performance monitoring systems in place to reinforce the program's change in direction?

Implementation researchers have an obligation to investigate the program operations, understand the factors affecting implementation of the program and to diagnose problems, and recommend solutions (Guldbrandsson, 2008; Rogers, 2003).

The next question: Is the program suited to its environment? Social programs do not exist in a vacuum (Fixsen, 2006). To be successful, they may require a receptive and well-informed client and advocacy community, as well as favorable social, political, and economic conditions. Program design should take the program's context into account, and may have to adjust to local differences in the environment by allowing for some

amount of discretion or program variation across different communities (Fixsen et al., 2005; Rose et al., 2009). Implementation research often describes a program's environment and assesses the relationship between this environment and the program's operations and outcomes. For example, an implementation study may ask if the FRIENDS program training is necessary for elementary school educators who feel competent enough to deliver the FRIENDS program without having received formal training in utilizing CBT skills and techniques. Do educators believe that the program training is in line with practicality of the school ecology? By determining which program components are firmly in place and which ones are only being given lip service, those managing the program can learn about and address the barriers that are limiting or interfering so that they can find other efforts that might make a program work” (Yap, Aldersebaes, Railsback, Shaughnessy, & Speth, 2000, p. 19). This ongoing assessment of fidelity of implementation also provides information critical to assessing whether it is the program or the implementation of the program that is the problem if the expected positive impact does not occur.

Other questions include, does the responsible agency (or agencies) have the resources and capacity available and in place to implement the program as planned, and if not, what is needed? What are the program goals, concept, and design? Are they based on sound theory and practice, and, if not, in what respects? In the US, social and prevention programs mandated by the federal government, but implemented at the state level are often launched with a block grant to provinces or communities, open-ended funding for an entitlement, or guaranteed federal matching of funds, and are accompanied by rules about the use of those funds (such as eligibility, benefits, services) and a set of specific



and general social goals (Getting Results, 2007; Wallace et al., 2008). Within this framework, details of program design are often left to state and local officials (Gulbrandsson, 2008).

Sometimes implementation research may be concerned with fundamental questions of the soundness of program concept and design (Sanford & Capella, 2009). For example, do the proposed services match the needs of the target population and are they likely to contribute to the program's goals? Are the planned administration and information systems feasible and suited to the desired "client flow" and management information needs? In general, questions about theories behind program design help establish that the connections among program activities, systems, services, and client outcomes have some basis in research and experience, and that those activities, systems, and services are feasible given current technology and techniques.

Miller (2008) explained that implementing evidence-based mental health programs in schools is a formidable task. Moving treatments from efficacy (research trials to effectiveness clinics) to schools (effectiveness and real world) is quite challenging (Evans & Weist, 2004). Despite these challenges, researchers interested in anxiety prevention are continually engaging in evaluation studies that contribute towards the evidence in programs that combat childhood anxiety (Barrett et al., 2006; Barrett & Turner, 2004; Briesch et al., 2010).

### **Factors that may Affect FRIENDS Implementation**

**Supportive research on FRIENDS.** In the field of education, educators may be more likely to implement school-based programs if they are aware of the necessity to implement a program like FRIENDS. An overview of the supportive research on

FRIENDS may help educators appreciate the relevance of the FRIENDS program for school settings.

Research on the epidemiology of childhood disorders has shown that childhood anxiety is the most prevalent of all childhood mental disorders (Waddell & Shepherd, 2002). The FRIENDS program is unique in its commitment to evidence-based research support (Dadds, Holland, Barrett, Laurens, & Spence, 1999). The program founder and developer, Dr. Barrett published the world's first family treatment, randomised control trial for childhood anxiety in 1996. Barrett has since been credited for her work in implementing the FRIENDS program due to its effectiveness and efficacy in the prevention of anxiety in children aged 7 to 16 years of age (WHO, 2004). In their review of the FRIENDS program, WHO stated:

A promising prevention of anxiety programme for children from 7 to 16 years of age is the Australian FRIENDS programme, widely used in schools, health centers and hospitals....Controlled studies have also shown that when the programme was offered to universal school populations and to selected groups of children and adolescents at risk it resulted in a significant drop in anxiety symptoms. (p. 43)

In the past few years, over 300 schools in Australia have executed the FRIENDS program and more than 200 hospitals and area health services use FRIENDS for treatment purposes (Farrell & Barrett, 2007). Since 1998, more than 150,000 children have completed a FRIENDS program worldwide (Barrett & Ollendick, 2004).

**Universal prevention programs.** Most universal based programs arise from a need in the community to increase awareness of a mental health issue or global issue due

to empirical supported research and evidence based research. Primary prevention, or universal prevention, programs focus on young people and those systems that influence them. Compared to selective or targeted programs, universal based programs can be cost-effective and efficient for reducing a specific disorder within the general community (Briesch et al, 2010; Neil & Christensen, 2009). These researchers also explain that not only can a greater number of people be reached over a shorter period of time, but also more trained personnel means that individuals in sparsely populated and geographically remote communities can be assisted without the need for expensive specialist mental health providers.

Conversely, research on targeted, or selective, intervention programs has shown that there are issues of labelling and selection. For children and adolescents, these issues create a concern for both teachers and parents, especially if the teacher has to make the recommendation. For example, The Skills for Social and Academic Success (SSAS) program which is specifically designed to treat social phobia (Fisher, Masia-Warner, & Klein, 2004) utilizes a selection process. Students are selected based on three self-report measures of social anxiety and teacher nominations. In Miller et al., (2011) a study that examined the transportability and disseminations of SASS, one of their limitations was that, “Overall, students were reluctant to attend the SASS program” (p. 292). Miller further suggested that to increase participation rates in the SASS program, delivering the program at a universal level could be considered. This consideration which has been documented in a number of evaluation studies in regards to the FRIENDS program make the argument that universal prevention programs encourage participation, decrease

labelling, promote social emotional learning, build resilience and produce positive results to reduce anxiety (Barrett & Ollendick, 2004; Briesch et al., 2010; Neil & Christensen).

Researchers at the Queensland Early Intervention Prevention of Anxiety Project evaluated the effectiveness of the cognitive-behavioural and family-based group intervention for prevention of the onset and development of anxiety problems in children (Dadds, Spence, Holland, Barrett, & Laurens, 1997). A total of 1,786 7 to 14-year-olds were screened for anxiety problems using teacher nomination and children's self report. After recruitment and diagnostic interviews, 128 children were selected and assigned to the 10-week school based child and parent –focused psychosocial intervention (FRIENDS program) or to the monitoring group. As a group, children who received the intervention emerged with lower rates of anxiety disorder at 6-month follow-up, compared to those who were identified but monitored only. Of those who had exhibited symptoms but had not been fully diagnosed at pre-treatment ( $n = 33$ ), 54% progressed to a diagnosable disorder at the 6-month follow-up in the monitoring group, compared with only 16% in the intervention group. These results indicated that the intervention was successful in reducing rates of disorder in children with mild to moderate anxiety disorders, as well as in preventing the onset of anxiety disorder in children with early symptoms of the disorder.

Nevertheless, research emerging from the United States has indicated that the effects of anxiety disorders are not only limited to the sufferer and the family but also places a tremendous economic burden on society (Briesch et al., 2010). There has been estimates suggesting that in 1990 alone, anxiety disorders cost the US community 42.3 billion USD (Greenberg, Domitrovich & Bumbarger, 2001). Given the serious

consequences of childhood anxiety, as well as lifelong suffering usually associated with these disorders like social isolation and the economic costs to society, it is essential to implement universal prevention programs where everybody benefits and no one is left behind. Therefore, it is imperative and crucial to investigate the factors that affect the implementation of effective prevention and resiliency programs, such as the FRIENDS program which has proven effective in combating anxiety (Shortt et al., 2001; WHO, 2004).

**School-based prevention programs.** School-based programs teach children about behaviours that are displeasing to others and also about those cognitions that are self-defeating or self-enhancing. This type of intervention is group oriented and provides opportunities for peer reinforcement (Rose & Edleson, 1987). The group leader or teacher can construct a situation in which each child has frequent opportunity, instructions and rewards for reinforcing others in the group. In a society where there is more criticism than praise, offering positive feedback is a highly valued skill in society. When children can reinforce another individual, mutual liking increases and anxiety decreases because they learn to tolerate and in some cases deal with minor or even major differences (Reynolds, 2000). Children are given the chance to learn or to improve their interpersonal skills. School-based programs also provide models of behaviour and opportunities for role-plays and/or behavioural rehearsal. The sharing of emotions can also make children feel less threatened and helps to promote mutual support. In Neil and Christensen's (2009) review of the efficacy and effectiveness of school-based prevention and early intervention programs for anxiety, they concluded that, "School-based

programs clearly work therefore their wider implementation should be encouraged and supported” (p. 214).

There is evidence to suggest that school-based programs have many advantages (WHO, 2004). As with group programs there are some disadvantages. In the FRIENDS group leaders’ manual, Barrett (2004) discourages implementing FRIENDS in a large class size. With a larger classroom Barrett suggested that it is best to divide the class before implementing FRIENDS to avoid group contagion and aggression. It is also more difficult, though not impossible, to individualize each student in the group, especially for children who are extremely shy and especially introverted. Particular attention to classroom dynamics is important in ensuring safety and diversity. In addition, most school based programs require training in order to be effective that might be time-consuming and extensive especially for teachers who have a set curriculum objectives they are required to meet during the school year (Rose & Edelson, 1987).

**Value, importance and benefits of the FRIENDS program.** The FRIENDS program is a universal prevention program that can be implemented as part of the school curriculum by teachers to all children in the classroom (Barrett, 1998). FRIENDS is designed to combat anxiety and depressive symptoms in children and youth and at the same time to build resiliency. This universal prevention approach has several benefits: it has the potential to enhance resilience in all children regardless of risk status; it avoids the possibility of any labelling by selecting only certain children; it can incorporate peer support and peer modelling; and it is often logistically easier to keep a whole class of children learning together. It also removes the time-consuming need for screening and assessment (Lowry-Webster, Barrett, & Dadds, 2001) and therefore a highly cost

effective and efficient mental health intervention program. In addition to the already-mentioned advantages of implementing FRIENDS, it also ensures that children can be helped even if their distress is undetected by parents, guardians and/or teachers.

Research has shown FRIENDS to be as effective when delivered in a school system by teachers as when conducted by a trained clinical team (Lock & Barrett, 2003). Barrett and Turner (2001) studied 489 primary school children (aged 10-12 years old) as they compared psychologists versus teacher intervention. These children were assigned to one of the three intervention conditions: a psychologist-led preventive intervention, a teacher-led preventive intervention (FRIENDS for children program), or a usual care (standard curriculum) with monitoring condition. Their results showed that participants in both intervention conditions reported fewer symptoms of anxiety at post-intervention than participants in the usual-care condition. These results suggested that FRIENDS is comparable to a psychology-led intervention and is a promising strategy that can be successfully delivered to a school-based population and integrated into the classroom curriculum.

**Program feedback.** The FRIENDS program was designed for teachers and has been described by teachers as a rewarding educational experience that allows them to share positive emotions with their students (Barrett, 2004). Implemented as a classroom-based, universal prevention program run by teachers in normal classroom times, educators have commended FRIENDS for the opportunity it brings in building a sense of community in their classrooms as students feel that they can trust and feel safe. Implementation research confirms that establishing a trusting relationship with the recipient of a program essential to successful implementation (Guldbrandsson, 2008;

Rogers, 2003). It is comprised of ten sessions plus two booster sessions, which is usually completed in ten weeks when run once per week and takes an hour to complete.

**Adequate knowledge of FRIENDS implementation.** The FRIENDS program is designed so that it can be implemented in a group format by educators within a school system. However, clinicians such as counsellors, psychiatrists, psychologists and nurses can implement FRIENDS outside the school system as an individualized program. In regards to running the program as a group format in the school system, treatment fidelity needs to be maintained. This is because proper training is required to administer this program as an educator, so that the effectiveness of the intervention/treatment can be monitored. In doing so, the normal strength of the treatment is taken into account and examined for variation within each treatment group. For this reason, starting the program at the beginning of the school year might not be best because new students in the class may not feel comfortable sharing their thoughts, feelings and experiences. The end of the year might be difficult as well as this is the time with sporting events and end-of-year celebrations (Farrell & Barrett, 2007). Because the program comprises of ten sessions, it is recommended that FRIENDS is implemented on a weekly basis for an hour in the middle of the school year. The program also contains two booster sessions. Booster sessions review the central components of the FRIENDS program and help participants to maintain therapeutic benefits. Booster one is implemented one month after the 10-session program has been completed and Booster two is implemented three-months after the end of the program. The program is best implemented for grades four and five.

**Supportive persons/materials.** The FRIENDS program involves parents by providing them an option to be present for the two parent sessions. Parents are highly



encouraged to take part in the program as this improves the chances of children learning resiliency. Barrett also designed a parent's handbook to aid in the implementation process (Barrett & Ollendick, 2005; Mifsud & Rapee, 2005). FRIENDS is run in groups. Every child would have their own FRIENDS workbook. Children are encouraged to write their ideas in their own private workbook as a record. It is worthwhile to mention that within the province of British Columbia, FRIENDS' resources and materials are provided free of charge to the educators and school districts. In addition, educators receive free full-day training. Training is not required for mental health and educational counselling professionals (Barrett, 1998). Educators assume the role of group leaders who show an awareness of need by highlighting the importance of early intervention programs

**Resources provided by the school.** The prevention and treatment of childhood anxiety has traditionally been the domain of community health clinics, public health sector, school psychologists, social workers and clinical counsellors working in cooperation with concerned parents. In recent times, there has been a move to utilize the resources of schools to aid in the treatment of childhood anxiety (Fisher et al., 2004; Mifsud & Rapee, 2005; Shortt et al., 2001). This shift necessitates the discussion of issues relevant to implementing mental health programs in schools, such as the resources provided by the school, as well as the limitations a school faces in sustaining long-term program provision.

Schools are faced with numerous demands that all compete for priority. With a primary mandate to teach curriculum-based modules, extra-curricular programs are often required to justify their place on the school agenda. Educational administrators and

policy makers might question whether it is the responsibility of the school to provide services such as anxiety management programs.

Nevertheless, there are several advantages to providing mental health interventions through the school setting if the school can find the resources. Universal prevention programs placed in schools circumvent many of the barriers that are often associated with children accessing off-campus services. For example, children typically lack the necessary means of independent transport needed to reach a mental health unit. Services provided at school avoid referral barriers, demographic barriers elicited by the cost of services, lengthy waiting lists and schools also provide bidirectional access for students to services and service providers to youths in need. For example only a few children seek mental health professionals outside of classroom times (Mifsud & Rapee, 2005). This could be because most mental health offices are opened during regular working hours (8am to 4pm or 9am to 5pm) and most parents are still working at these times, or on their way home, or end up being late for the appointments. This is a disadvantage for selective intervention programs. However, school staff and especially teachers are in an excellent position to monitor children, especially those at risk, and intervene with prevention and early intervention programs prior to the development of major dysfunction.

**Safe environment/stigma reduction.** Schools are capable of providing naturalistic settings in which to challenge the child's anxieties, whether they are social fears, general worries, or separation anxiety. This is unlikely to occur in a traditional clinic setting which is removed from everyday life and its challenges (Chavira & Stein,

2005). Research has shown that the majority of children, who do receive treatment, receive it from school-based services (Lockman et al., 2009; Samson, 2009).

Furthermore, school-based interventions may prevent stigmatization (Rapee et al., 2006). It may be that as schools are able to provide mental health services to students in the same way that many other students receive non-mental health services at school, the stigma of being different or abnormal is reduced. As stigma is a significant deterrent for some children (Catron & Weiss, 1994), there is great value in school-based interventions.

**Administrative support and costs.** According to the literature, effective leadership rests in the hands of the adults who manage the schools (Ocak, 2011; Germeten, 2011). Some researchers have suggested that whenever principals show strong support on teacher's efforts in program implementation; this may determine the success of the program (Greenberg & Kusche, 2006). Principals as gatekeepers of change may impact the dissemination of prevention programs such as FRIENDS. In a Norwegian study, Germeten used hermeneutic phenomenology to explore the perspectives of five principals on a new national curriculum introduced by the government of Norway. The findings revealed that all principals agreed that they have the ability to make decisions in implementing new curriculum in their respective schools. In this study, the principals also concurred that as school leaders, most teachers are dependent upon how the principals interpret the manner in which the developmental and curriculum work should be carried out in their schools. Researchers (Neil & Christensen, 2009; Ninni, 2010) also concur with the dynamics involved with administrative leaders in regards to the implementation of programs in schools. Ninni suggested that to sustain intervention initiatives in schools, principals need to become agents of change.

However, there are also challenges associated with the use of the school setting for the treatment of anxiety. Implementation of programs may come with financial cost. In some cases, schools feel that this is not feasible in terms of budget and the provision of trained personnel. Not all schools have the capabilities to release staff for training workshops and to hire extra personnel to provide specialty treatment services. In a study of trained school counsellors of anxiety management program in schools, only three of eleven school counsellors were able to complete the anxiety program as planned due to excessive and competing demands (Misfud & Rapee, 2005).

**Training.** As with most programs there are concerns with treatment fidelity, hence the need for required training prior to implementing a program such as the FRIENDS program. Educators are required to get trained prior to implementing FRIENDS. In reviewing other programs that require training prior to implementation, Henggeler, Melton, Brondino, Scherer, & Hanley (1997), examined whether multi-systemic therapy (MST) effects with violent and chronic juvenile offenders could be maintained when MST training and fidelity checks were similar to prevailing clinical practices (i.e., workshop training, and minimal attention to treatment adherence). Their findings revealed that, if the treatment effects could be maintained, the effective dissemination of this complex treatment model could be greatly expedited. On the other hand, if treatment effects similar to previous studies were not observed, such failure to replicate could be due to difficulties in therapist adherence to the MST treatment protocol. These results highlight the importance of training in maintaining treatment fidelity in the dissemination of interventions to community and school settings.

Despite these concerns and possibly others, an important message to deliver to parents and teachers is that anxiety left untreated can continue to burden a child for many years and place them at risk for depression, drug and alcohol abuse, and poor school / career achievement (Woodward & Fergusson, 2001; Jensen et al., 2011). When defining the school's role in student mental health, principals and politicians will need to evaluate the potential costs and benefits of implementing specialist treatment programs in the school setting (Reynolds, 2000).

### **Summary**

Anxiety disorders are the most prevalent mental health problems affecting children and adolescents. The significant interference caused by anxiety in the daily lives of youth, their families and their school communities warrants further efforts to develop time-efficient and cost-effective, universal programs to further improve the prevention and treatment programs already devised and to ensure greater program accessibility for everyone. Progress has started with the implementation of FRIENDS but further research is needed to determine the facilitating factors and barriers pertinent to mental health promotion delivery in schools.

Despite the clear benefits a school setting provides, including access to at-risk students, financial parity for service delivery to all students and reduction of mental health service stigma and an environment that feels natural and most often safe, these do not come without substantial costs and demands on staff time. However, cost-effectiveness studies of the future may reveal the fiscal benefits of providing mental health services for children and youth in their schools which will aid the prevention of anxiety in childhood, adolescence and adulthood, and reduce future associated costs to

the community. Currently, research remains encouraging in that schools can play a valuable role in the prevention and treatment of anxiety by implementing FRIENDS.

### **Purpose of the Study**

This study was conducted in order to explore what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee. The Ministry of Children and Family Development in Chilliwack surveyed 20 elementary schools in their school district to find out whether or not they were implementing FRIENDS and in what manner (R. Lees, personal communication, May 19, 2009). This survey revealed that although the program is introduced to all principals and teachers who are able to implement it, the program is delivered with limited attention to treatment fidelity and some schools choose not to implement FRIENDS. Some of the schools that implemented FRIENDS were doing so by allowing nurses-in-training and educational assistants to administer the program even though the program was designed for teachers to facilitate in their respective classrooms.

Research has confirmed that early intervention programs such as FRIENDS are necessary and beneficial for children as they help to prevent the development of anxiety and depression (Barrett & Ollendick, 2004; Payton et al., 2008; WHO, 2004). Therefore knowing what is helpful and hindering in the delivery of the program is essential for program implementation and program evaluation.

To begin to address the gap in the literature, this thesis provided empirical evidence of factors that improve and decline the dissemination of the FRIENDS program identified as a school based, universal, and prevention program that combats anxiety. There is limited qualitative research on the implementation of mental health promotion

programs that seek to build resiliency and reduce anxiety in children (Briesch et al, 2010; Neil & Christensen, 2009). Other researchers (Miller et al., 2011; National Health and Medical Research Council [NHMRC], 2000; Rose et al., 2009) have also expressed the need for a depth study regarding the implementation of evidence-based programs. This qualitative research provided an in-depth understanding of educators' decisions regarding the implementation process of the FRIENDS program. This study may serve as heuristic value for those interested in mental health initiatives, policy makers and those involved in education. The participants perceptions of the use of the program and what worked and what did not with regards to their decisions on the implementation of FRIENDS was explored in a useful manner and provides some key implications for practice in education and psychology.

In this study, the question, what helps and hinders educators in their decisions regarding the implementation the FRIENDS anxiety management program as designed by the licensee, was answered. The research study was conducted using the critical incident technique (CIT). CIT was used as a preferred qualitative method to explore the shared experience of exposure to the promotion of an empirically supported anxiety management program that could be used to fulfill the learning objectives of the career and personal planning curriculum designed in most school districts across British Columbia. It was therefore necessary to have a homogenous sample that comprised of educators who implement FRIENDS as designed by the licensee, educators who vary in implementing FRIENDS and educators who do not implement FRIENDS. The participants in this study were twelve educators registered with the Chilliwack School

District in British Columbia. The different perspectives from the educators provided an in-depth understanding of the decisions that affect program implementation in schools.



### CHAPTER 3: METHOD

The critical incident technique (CIT) was the qualitative research method of choice for this study. This method was an appropriate design to best answer “What helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee?” In this chapter, the design of the study, characteristics of participants, recruitment, the data collection procedures, the analytical process, as well as rigour and validation are discussed.

#### **Design of the Study**

CIT is a widely used qualitative research method that focuses on an individual’s personal experience of a particular phenomenon or activity. This method was used to explore specific events that helped and hindered educators in their decisions regarding the implementation of the FRIENDS program as designed by the licensee.

CIT was developed by John Flanagan (1954). CIT has been recognised as an effective exploratory and investigative tool to understand a social or human problem (Butterfield, Borgen, Amundson & Maglio, 2005; Schluter, Seaton & Chaboyer, 2008; Woolsey, 1986). The enhanced critical incident technique (ECIT) method was integrated with the classic CIT for use in the study as well (Butterfield et al., 2009). In this study, the inclusion of questions regarding wish list items in addition to those that helped or hindered in the implementation of FRIENDS constituted to the enhancement of CIT (ECIT).

The information obtained from participants using CIT can be used efficiently to solve problems and develop psychological principles (Flanagan, 1954). For example, the collected information may encourage school teachers to implement the FRIENDS

program in their classrooms to combat anxiety and depression (Barrett & Ollendick, 2004).

Participants were asked to describe incidents that helped or hindered their decisions regarding the implementation of FRIENDS. According to Flanagan (1954), an incident refers to “any observable human activity that is sufficiently complete in itself to permit inferences and predictions to be made about the person performing the act” (p. 327). Flanagan explained that an incident must occur in a situation where the purpose or intent of the act seems fairly clear to the observer and where its consequences are sufficiently definite to leave little doubt concerning its effects. Flanagan and Woolsey (1986) suggested that CIT is best suited for research areas such as: (a) training and education, (b) attitudes in regards to motivation and leadership, and (c) counselling and psychotherapy.

Another reason for choosing CIT for this study is that it is a flexible method comprising of five steps which aim to produce reliability and credibility of the study. These are further described in the data procedure section. In a CIT study, the number of participants is irrelevant to the data collected. Instead, the number of critical incidents determines sample size (Flanagan, 1954). The interviews in the data collection stage involve individuals report from memory about critical incidents that occurred in the past. According to Flanagan, the information collected is relative knowledge embedded in a subjective experience.

The incidents were observed and reported from the participant’s description of helpful or hindering incidents and wish list items, and then examined in terms of their content and relative frequency. The data analysis involved the categorisation of critical

incidents. When dividing the critical incidents into categories, Flanagan (1954, p. 344), stated that "...the aim is to increase the usefulness of the data while sacrificing as little as possible of their comprehensiveness, specificity and validity." In order to make the analytical process less subjective, the reliability of the categories is checked by an independent judge who places the specified critical incidents into the identified categories. Flanagan also suggested a 75% or more level of agreement between the judge and the researcher to be considered a sufficiently reliable category. If a category does not prove to be reliable, it is discarded as a category.

CIT is a reliable and a valid research method (Anderson & Nilsson, 1964; Butterfield et al., 2005; Schluter et al., 2008). CIT has been used by a number of researchers in counselling psychology (Butterfield & Borgen, 2005; MacKnee & Mervyn, 2002; Woolsey, 1986). The current study enabled the participants to effectively respond to the research question, "What helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee?"

### **Paradigm Assumptions**

CIT can be used from either a postpositivist or constructivist paradigm (Butterfield et al., 2005). Due to the nature of the study, the researcher and her thesis supervisor decided to conduct this study utilising both postpositivist and constructivist paradigms. The reasons for this choice are explained below.

According to Mertens (2005), these paradigms overlap each other. CIT is unique in this way because it has both qualitative and quantitative characteristics. Mertens further explained that in research, some choices of paradigms may be determined not

only on the researcher's own philosophy and assumptions, but also on the research problem, recognising that there are clearly no correct or incorrect answers. Patton (1990) viewed that the underlying values of research stretch across a continuum. He believed that scholars could be most effective when they utilise the continuum at any point that best answers the research question. On a continuum of postpositivist and constructivist paradigms, CIT is central (Butterfield et al., 2005).

Flanagan (1954) used CIT as a scientific tool to help uncover existing realities so they could be measured, predicted and ultimately controlled within the realm of job and task analysis. Thus, CIT was originally conducted from a positivist paradigm and originates from industrial and organisational psychology. Flanagan used quantitative language such as reliability and validity to discuss his findings. With regards to the current study, aspects of the postpositivism paradigm was adhered to because it is assumed that even though a reality does exist it can only be known imperfectly because of the researcher's human limitations (Mertens, 2005).

The ontological assumptions of the postpositivist assume that there is one reality and the researcher's role is to explain or predict it (Philips & Burbules, 2000). In addition, because objectivity is important in this study, the researcher strived to control personal biases and preconceptions from influencing the research by maintaining an appropriate level of detachment from participants while collecting and reporting the data (Mertens, 2005). The researcher was able to do this carefully by asking semi-structured questions to encourage concise responses. To also achieve this, the researcher strived to produce transcripts of what was recorded without paying attention to non-verbal cues

such as laughter, sighs and gestures. The postpositivist paradigm was more utilized during the data collection phase.

The constructivist paradigm is also appropriate for this study because it addresses the unique and subjective experiences of each participant while emphasising the importance of subjective truth as opposed to the postpositivist emphasis of absolute truth. In a study, focussing on outplacement counselling from a client's perspective, Butterfield and Borgen (2005) utilized CIT from a constructivist paradigm to determine which services were helpful or hindering for managers and administrative workers who had lost their jobs. Using CIT from a constructivist paradigm allows the researcher to use the collected information in an interpretative way so that it can be used efficiently for practical purposes.

In the current study, the constructivist approach of CIT allowed the participants to explore subjective experiences, issues and factors related to the decisions regarding the implementation of the FRIENDS anxiety management program.

The ontological assumptions of the constructivist paradigm are that reality is socially constructed, and that there are as many realities as there are participants (Morrow, 2007). Constructions of reality may change throughout a study (Mertens, 2005). The constructivist paradigm in this study emphasised a relativistic nature of reality (Guba & Lincoln, 2005). The goal of this research from a constructivist approach was to understand the various social constructions of meaning and reality from the unique perspectives of each participant in the study. The constructivist paradigm was more explicit in the data analysis stage.

These assumptions fit well with the purpose of the study. Each participant's experience and construction of what helps and hinders is equally important and valid, as there is no ultimate "truth" regarding what helps and hinders their decisions to implement FRIENDS. Thus, the research produced rich information which may be useful for future practice. As Lincoln and Guba (1989) suggested that moving beyond objectivity requires a level of mature judgement that can be achieved only by continuous interaction.

### **Participants**

Participants were six women and six men who ranged from 35 to 60 years ( $M = 45$ ). Participants were registered full-time educators with the Chilliwack School District Board at the time of data collection and have been teaching in Chilliwack for at least 3 years. All participants had the minimal requirement of an undergraduate university degree and some had graduate degrees. The educators resided in the Fraser Region of British Columbia. Twelve educators participated in this study; six classroom teachers and six principals. Out of these twelve participants, three grade 4/5 classroom educators had received the FRIENDS training and were implementing FRIENDS. The six school principals had not yet received the FRIENDS training. However, two of the principals had been implementing the FRIENDS program and continue to take an active role in the dissemination of it by encouraging and supporting their teachers. The rest of the three classroom teachers had not yet received the FRIENDS training. However, one of them implements the FRIENDS program in his school without having received the FRIENDS training.

## **Recruitment**

The sampling procedure used for this study was criterion sampling. This is a systematic way of selecting individuals that suit the purpose behind the study (Mertens, 2005). A heterogeneous group of educators was important for this study because the researcher was interested in exploring what helps and hinders educators in their decisions regarding the implementation of FRIENDS as designed by the licensee. It was critical to gather information from volunteer (educators) who had equal opportunities to adopt or implement FRIENDS in their schools. This equal opportunity meant that the educators recruited for the study needed to have been exposed to the FRIENDS program and had been given the opportunity to gather more information regarding the implementation process through the training process.

Participants were recruited from the Chilliwack School District British Columbia through word of mouth, in person, via e-mail and by phone. Flyers were used as advertisements. The flyers were circulated at ongoing professional development workshops throughout the school year. School administrators were also asked to participate by the school district principal to share the word via e-mail to their staff (see Appendix A). The e-mail informed potential volunteers about the benefits of the study.

A recruitment letter was sent out to volunteers via e-mail (see Appendix B). In the recruitment letter they were informed about a \$10 coffee gift card that would be given as a token of appreciation for their participation. The educators were also asked in the recruitment letter to contact the primary researcher directly, as to avoid potential coercion. Once the primary researcher initially made contact with the participants, a

phone script was used to orient participants to the study and to what would be asked of them if they chose to participate (see Appendix C).

The final sample was heterogeneous, including (a) Educators who have received the FRIENDS program training for children and are implementing it, (b) Educators who varied in implementation and (c) Educators who chose not to implement FRIENDS. It was critical to recruit principals in this research as it is assumed that school-based prevention programs are not sustainable without the support from school administrators who may be able to implement the program when classroom teachers are unavailable (Niel & Christensen, 2009). According to Fixsen et al (2005) effective implementation has to include changing supporting roles and functions in the organizational structure. Metz, Blase, Fixsen and Dyke (2010) also suggested that one of the core components of implementation is to recruit the “unteachables” at the organizational level. Valuable information received from the diverse sample helped amplify factors in the school ecology that affect educators’ decisions to implement the FRIENDS program. The heterogeneity of the sample may have also provided a strong breadth of perspective, necessary to improve implementation of the FRIENDS program.

**Orientation.** Once participants had agreed to participate in the study a face-to-face meeting was arranged according to their convenience. At the onset of the meeting, each participant was informed about the confidential nature of the interview as well as the limits to confidentiality. They were informed about their option to withdraw from the study at any time without negative consequence (they would still receive their gift card if they chose to withdraw). They were then provided time to read and sign the consent



form. Upon signing the consent form, participants were then given their incentive and the interview begun (see Appendix D).

### **Data Collection Procedures**

**Researcher/team's self-description.** The primary researcher is Kafui Sawyer, a 32 year-old Canadian student at Trinity Western University, currently enrolled in the Master's program in counselling psychology. Kafui has been married for over eight years to a prison chaplain. She is also a mother of three young children and resides in Chilliwack, British Columbia with her family. Kafui is currently working as a mental health clinician with a special interest in community psychology where she engages in mental health promotion and suicide prevention initiatives with the Ministry of Children and Family Development in Chilliwack. In the past, Kafui worked as a substitute teacher, and a career counsellor. Kafui has lived in different provinces within Canada and other countries around the world. Kafui is a Christian, and maintains a Christian worldview concerning research and clinical practice. As a Christian, she positively informs her current research in that she holds a strong belief in the importance and intrinsic value in providing a sense of belonging, joy, and safety in the community for children, youth and families who struggle with mental illness. Kafui seeks to help build mentally healthy communities across Canada.

The principle investigator was under the supervision of Dr. Rob Lees, a registered psychologist with the Ministry of Children and Family Development in Chilliwack, British Columbia. In addition to being a community psychologist, Dr. Lees teaches at Trinity Western University in the master's program in counselling psychology and also resides in Chilliwack. Dr. Lees has extensive research and clinical experience in working

with families. In addition to Dr. Lees as thesis supervisor, this research study was co-supervised by Dr. Marvin McDonald who is the director of counselling psychology, the thesis coordinator and a full-time professor at Trinity Western University. Dr. McDonald focuses mainly on research activities and teaching. He is a Registered Clinical Psychologist and resides in Langley, British Columbia.

Kafui Sawyer is the principal investigator for this study, and was actively involved in the collection and analysis of data. These include participating in the interviewing process, analysing the data into categories and themes and finally interpreting and reporting. Kafui utilized the confidential services of a professional transcriptionist (see Appendix E).

**Interview protocol and guiding questions.** In CIT, data collection may occur via structured interviews or semi-structured interviews. For this study, semi-structured interviews were conducted with each participant by the researcher. These interviews consisted of specific open-ended questions, which were used to facilitate the exploration of critical incidents, maintaining flexibility for the participants to describe their personal experiences (see Appendix F). All interviews took place confidentially at the participant's respective schools in a closed office or classroom. The researcher was specific as possible in her description of particular incidents (Schluter, Seaton, & Chaboyer, 2008).

Furthermore, Flanagan (1954) recommended that several important steps should be taken prior to interviewing participants, which the researcher will use at the beginning of each interview. Firstly, the researcher explained to the participants the purpose and general aim of the study: "The purpose of this research project is to discover descriptive

themes and facilitating events that help and hinder educators in their decisions regarding the implementation of FRIENDS anxiety management curriculum as designed by the licensee.” Secondly, the statement below which briefly explained the benefits and the overall value of the study was used by the researcher:

The incidents that come out of our interview, as well as incidents reported by other participants, will serve as useful feedback to those who implement FRIENDS at schools. This will also encourage teachers to implement the program as designed and also serve as heuristic value for program developers who implement school-based prevention and mental health promotion initiative.

Above all, this will indirectly provide a rationale to help prevent the development of anxiety and depression in children.

Thirdly, during the initial phase of data collection, the researcher reminded participants about confidentiality as well as the potential limits to confidentiality. Finally, an explanation and clarification of what actually constitutes a critical incident was also presented to the participants. For instance the researcher explained to the participant that an incident is considered to be critical if it makes a significant contribution, either positively or negatively, to the decisions that affect implementation of the FRIENDS program. To begin the elicitation of events, participants were asked the initial open-ended question: ‘Please tell me the story of your experience with the FRIENDS program?’ (see Appendix F for the complete interview protocol).

Following the response to the questions, further questions were asked in an attempt to elicit more concrete accounts. Whenever participants began to generalise their account of a particular event, they were asked to clarify questions such as, “Can you tell

me more about that or what does that mean?” in order to make each event as explicit as possible. The researcher was careful in regards to open-ended comments and questions, using active listening skills, reflections, and summary to aid the participant in clarifying their responses. Great care was taken to ensure that the interviewer did not lead the participant’s response. The interviews ranged for one hour to two hours.

In closing and wrapping up the interview, participants were asked to provide recommendations and suggestions for future implementation of FRIENDS. This may have allowed the educators to feel empowered to know that their personal opinions are significant to understand the implementation process.

**Recording and storing information.** Interviews were audio-recorded using a digital recorder and stored securely on the principal researcher’s password protected laptop computer. Audio recordings were stored separately from any identifying information of participants, thus preserving anonymity and confidentiality. A copy of the transcription was handed in to the Counselling Psychology Department at Trinity Western University. The principal investigator will destroy the audio recordings appropriately upon completion of this thesis unless the participant has provided permission for it to be kept for five years after this study.

### **Data Analysis**

This is the most important step of CIT because a large number of critical incidents had to be categorised and used to describe data in an effective manner for practical purposes. Flanagan (1954) suggested a three-step procedure of data analysis: identifying and selecting the general frame of reference, forming categories, and establishing the level of specificity-generality continuum that is to be used in reporting the results.

Categories were created based on the common themes. Finally, credibility checks were administered to check for reliability and validity and to uphold the rigour of the study.

More details regarding this process is discussed and below.

In this study the audio-recorded interviews were transcribed verbatim and recorded into a written form on a computer and given a numeric code based on the participant (e.g., 1 for the first participant and so on). The limitations to the transcription process have to be acknowledged especially where there was no clear flow of ideas in some statements provided by the educators. According to Marshall and Rossman, the transcription process produces data that is not raw (2006).

Identifying and selecting the frame of reference is determined by what the results of the study will accomplish. In this case, the overall purpose of the study was to find out what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee. The overall intention was that the themes that emerge from this study will serve as useful feedback for teachers, policy makers and program managers who are involved in school-based mental health promotion initiatives.

According to Flanagan (1954), the preferred categories during the analysis stage are those that are most valuable to the overall purpose of the activity being studied. For this study, the categories were formulated in a way that will specifically address the relevant factors involved with decisions that affect school-based program implementation

The researcher reviewed the transcripts. To maintain accuracy, transcriptions were read over three times prior to analysing the data so that the researcher could familiarise herself with the type of incidents that were being reported. By reading over

the transcriptions, the researcher also discovered an underlying structure for the categorisation process (Woolsey, 1986). Flanagan (1954) proposed that this stage of analysis requires insight, experience and judgement. The researcher then sorted out the incidents into themes that were related to each other, as in accordance with the second stage of the CIT method of analysis; forming the categories (Woolsey, 1986). Then a positive sign (+) was used to identify the helpful incidents. The negative sign (-) was used to identify hindering incidents, as they were extracted and cut out onto index cards. After the categories were formed, they were then exported onto an excel sheet document and organized in such a way to make the classification and sorting quite manageable. The process of sorting the incidents into common themes and then generating names for the themes was time-consuming. The themes were later broken down into categories that captured the general aim of the study.

The third phase in analysis is determining the level of specificity and generality that is to be used in reporting the data. Flanagan (1954) states, "This is the problem of weighing the advantages of the specificity achieved in specific incidents against the simplicity of a relatively small number of headings" (p. 345). Butterfield et al (2005) suggested that an example of specificity vs. generality is either having a few general behaviours or having much specific behaviour. Flanagan proposed six specific suggestions for selecting the level of generality: (a) the headings should indicate a clear-cut and logical organisation, (b) the titles should provide meaning in and of themselves without the need for additional explanation, (c) the list of statements should be homogenous (parallel in content and structure), (d) The headings should all be of the same general magnitude or level of importance, (e) The headings are to be easily applied

and useful, and (f) the list of headings should be comprehensive, covering all significant incidents. In using this method of analysis, the researcher attempted to maintain as much specificity as possible in the categories, while also emphasising the general themes that emerged.

### **Rigour and Validation**

The rigour and validation of this study was carried out using nine credibility and trustworthiness checks designed for CIT by Butterfield et al. (2005; 2009).

The first credibility check was audio-taping the interviews. This is related to the accuracy of the account to make sure there is no discrepancy between the audiotape and the transcript produced from it. This was accomplished as the researcher routinely listened to the audio recordings to correct any errors.

The second credibility check was completed by Dr. Rob Lees, a community psychologist, an adjunct professor at Trinity Western University and the supervisor for the present study. Dr. Rob Lees was provided a copy of the interview recordings for feedback in the interview process. This process ensured that researcher maintained consistency and avoided leading questions while interviewing the participants.

Butterfield et al. explained that this process helps reduce researcher bias and strengthens the robustness of the findings (2009).

Thirdly, the independent extraction of incidents to determine concordance with the primary researcher was conducted with two researchers who are experts in CIT. The first expert was Neil Mercer, who completed his thesis on *Ulysses Agreements and Parental Mental Illness*, using the CIT method. The primary researcher gave Neil 25% of the randomly selected incidents; 193 incidents (helpful, hindering and wish list all

combined). He was then asked to place the incidents into the already tentatively formed categories. The expert was given the incidents on index cards, and a copy of the definitions of the categories. The percentage of agreement was 90%. A mutual agreement was reached as to where the remaining 10% would be placed. Higher concordance rates between primary researcher and experts will indicate credibility of cited incidents that are critical to the aim of the study. The second expert for this credibility check was Dr. Chuck MacKnee, a psychology professor at Trinity Western University who has engaged in CIT research and has also supervised a number of CIT thesis projects (e.g., MacKnee & Mervyn, 2002; Duplassie, 2004). Following the same steps as with the first independent expert 87% was achieved. According to Andersson and Nilsson (1964), a minimum of 75% agreeability should be reached. Based on this trustworthy check with Neil and Dr. MacKnee who are familiar with the CIT method, the formation of these categories was concluded to be reliable.

The fourth credibility check is participant cross-checking was conducted as a second interview so that participants would be able to confirm that the categories make sense. Cross-checking is a credibility measure for interpretative validity in qualitative research and shows respect to the participants (Butterfield et al., 2005). The researcher conducted participant cross-checking with all 12 participants via e-mail. The participants were sent a copy of their interview transcript, incidents and categories and asked to check whether anything needed to be changed. With regards to transcripts however, two participants made a correction to spelling mistakes overlooked on their transcribed statements. Nevertheless, there was a total of 100% concordance by all participants in



regards to the incidents that were selected by the researcher, and the categories that were formed to represent these incidents.

The fifth credibility check, independent placements into categories to check for concordance with primary researcher was considered. The two independent judges were Jessie Wall and Sarah Lin. Jessie and Sarah have an interest in mental health promotion and prevention programs. They both at the time of this research were pursuing their masters in counselling psychology. According to Butterfield et al., (2009), this credibility does not require the judge to be an expert in CIT. Judges were provided with 25% of all critical incidents and wish lists items were randomly selected. Judges were asked to place the items into the categories that had been formed. The researcher's placement of the item was compared to the independent judges' placement, and a match rate was calculated at 90% for both judges. These high concordance rates indicated that the results are reliable. The remaining discrepancies were resolved mutually with the judges.

The sixth credibility and trustworthiness in this study is redundancy which was noted by tracking the point at which new categories stopped emerging from the data and saturation of the incidents was achieved. Saturation is determined not by the number of incidents but rather by the number of incidents. To track for saturation, the researcher withheld the last interview until the categories were tentatively formed based on the first 11 interviews. The researcher then sorted the incidents into the formed categories. There were no new categories as the incidents extracted from the final transcript fit into the already formed categories. Flanagan (1954), considered this to be a sign that the domain of the activity being studied has been adequately covered.

The seventh credibility check involved expert agreeability with the categories that were formed. The researcher consulted the experts in the field of mental health promotion, program implementation, community psychology, and school based mental health initiatives. Three experts volunteered. The first expert was Kelly Angelius, the FRIENDS Program Manager at the Ministry of Children and Family Development in Victoria, British Columbia. Kelly provided suggestions about two categories: program feedback and supportive materials. Kelly wondered if adding “program liaison” to the category formation would make sense. Her feedback was considered. The second was Dr. Marvin McDonald, a Registered Psychologist and a Community Psychologist. He provided feedback as well and made some minor changes with regards to the major theme, “resources.” (e.g., Dr. McDonald asked that I clearly define the major themes and be concise). The third was Dr. Rob Lees, a Community Psychologist and a Practice Analyst with the Ministry of Children and Family Development. Dr. Lees agreed to all the categories and major themes. Overall all three experts agreed with the categories.

The eighth check was the rate of participation, which was calculated by investigating the number of participants who cited a specific incident and then dividing that number by the total number of participants. The greater the number of participants who reported the same incident, the more likely it was that the incident was important to the aim of the study (Flanagan, 1954).

The ninth credibility check is the theoretical validity of the categories and themes in light of existing literature in the field of mental health programs implemented in schools (i.e. do the categories make sense in light of the existing literature). This credibility check was deployed to show that there was theoretical agreement and

consistency between the researcher's procedures and existing research as seen from the literature review and discussion section.

The nine credibility checks were deployed carefully for this study to bring about trustworthiness, reliability, descriptive validity and accuracy.

## CHAPTER 4: RESULTS

Interviews were conducted with 12 elementary (Kindergarten-Grade Seven) school educators registered with the Chilliwack School District #33 in British Columbia. There were six women and six men who participated in this study. All participants were exposed to information that will help them make a decision to implement FRIENDS. Analysis of the interviews elicited a total of 773 incidents. Of these 441 incidents were found to be helpful in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee, while 263 were found to be hindering in their decisions to implementation of the FRIENDS. In addition to the total there were 69 wish list items that educators suggested would be helpful with future implementation of the FRIENDS program.

The helping, hindering, and wish list incidents were sorted into a total of 30 categories. Each category was formed in such a way that the incidents could be helpful, unhelpful, or a wishful item respectively. The 30 categories were further analysed into five major themes based on the 773 incidents collected and analysed. These five major themes were: (a) Resources: A direct source of aid either accessible or inaccessible to the educator that influences their decisions regarding the implementation of the FRIENDS program in the classroom, (b) Knowledge and Awareness: Familiarity and the understanding of mental health and the FRIENDS program, (c) Training: The process of acquiring knowledge on the delivery of the FRIENDS program as required by the licensee, (d) Educators attitudes and assumptions: Personal views that help or hinder educators' decisions regarding the implementation of the FRIENDS program, and (e) Needs of the students: Needs of the students include unmet mental health concerns of

children, the classroom environment and the relational dynamics between students and educators. Each category was designated a name and will be discussed further in this chapter. Examples of the transcribed incidents whether helping, hindering, or wish list, was included for each category. The wish list items are included in this chapter as it provides recommendations for future implementation of the FRIENDS anxiety management program as suggested by the participants.

### **General Categories of Incidents**

The 30 categories in Table 1 represent educators' description of what is helpful, hindering, and wish list items for the implementation of the FRIENDS program as designed by the licensee. Out of the five major themes, 30 categories emerged starting with the category that has the highest frequency of incidents to the least. The order of representation is not indicative of importance; it has been constructed in this manner to aid organization and description. As McCormick (1994) suggested, every incident is of equal value.

*Resources* (a major theme) had the highest number of total incidents of 232; followed by *Knowledge and Awareness* with 198 incidents; *Training*, another theme also had 151 incidents; *Educators Attitudes and Assumptions* had 111 incidents and finally, *Needs of the Students* had 81 incidents (see Table 1). These reported incidents also include the wish list items as suggested by educators. The incident frequencies and participant frequencies are the number of incidents and number of participants each category respectively had. The participation rate is the percentage of the participants that were respectively represented in each category. It is noteworthy that the categories formed may have both helpful and hindering incidents and/or wish list items.

Table 1

*Major Themes and Categories, Incident Frequency, Participation Frequency, and Rates*

<u>Major Theme</u> Category	<u>Incident Frequency</u>			<u>Participation Total</u>	
	Helpful	Hindering	Wish List	<i>n</i>	%
<b>Resources</b>					
Administrative Support	47	14	6	12	100
Other School and/or Community	16	16	4	9	75
Parental/Family Support	16	5	0	8	67
Time Commitment	1	29	0	12	100
Flexibility to Implement	26	0	0	6	50
<b>FRIENDS</b>					
Program Workbook	11	11	3	5	42
Supportive	9	2	3	5	42
<b>Materials/Liaison</b>					
Educator Personal Experience	8	5	0	5	42

(continued)

<u>Major Theme</u> Category	<u>Incident Frequency</u>			<u>Participation Total</u>	
	Helpful	Hindering	Wish List	<i>n</i>	%
Knowledge and Awareness					
Program Feedback	45	15	8	11	92
Educator Testimonials, Networking and Advocacy	38	2	7	11	93
Program Marketing	24	13	11	11	92
Inadequate Information of FRIENDS Program	0	18	0	8	67
Understanding of Mental Health	6	2	2	6	50
Research Involvement/ Demonstration of Data	6	0	1	4	33
Training					
Training Content/ Feedback	21	16	1	11	92

(continued)

<u>Major Theme</u> Category	<u>Incident Frequency</u>			<u>Participation Total</u>	
	Helpful	Hindering	Wish List	<i>n</i>	%
Training Schedule	4	16	1	9	75
Sense of Competency	2	20	1	7	58
Training Advertisements	1	6	5	7	58
Training is Not a Priority	0	11	0	4	33
Training Optional and/or Other Program	0	10	0	4	33
Interests					
Importance and Validity	1	7	1	4	33
Professional and/or Principal Support	1	11	0	7	58
Attendance					
Incentives	2	0	3	3	25
Accessibility to Program	2	0	1	2	17
Resources					

(continued)



<u>Major Theme</u> Category	<u>Incident Frequency</u>			<u>Participation Total</u>	
	Helpful	Hindering	Wish List	<i>n</i>	%
Teacher-On-Call	0	3	3	4	33
Costs/District Support					
Educators Attitudes and Assumptions					
Value, Importance, and Benefit of FRIENDS Program	60	9	1	12	100
Goodness of Fit with Curriculum/ Easy to Implement	28	2	1	10	83
Optional versus Mandated Program	1	3	6	7	58
Needs of Students					
Trust, Safety, and Sense of Community	40	10	1	11	92

(continued)

<u>Major Theme</u>	<u>Incident Frequency</u>			<u>Participation Total</u>	
Category	Helpful	Hindering	Wish List	<i>n</i>	%
Remedial Needs	25	5	0	10	83

*Note.* The total number of participants in the study is,  $N = 12$ ;  $n$  = total number of participants who contributed to the identified category; % = Participant rate.

### **Categories that are Helpful to Educators**

Out of the total number of 30 categories that were constructed from the incidents collected, 26 of the categories were found to be helpful to educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee (it is important to note that the helpful categories have been counted based on whether participants had a helpful incident about that category). The incidents are presented by frequency of incidents (the category with the most incidents is reported first and so on; see Table 2).

**Value, importance, and benefit of FRIENDS program.** This was the largest helping category, consisting of 60 incidents from 12 educators (all participants provided helpful incidents for this category). This category describes educators' personal views, beliefs and assumptions about the FRIENDS program. These subjective views affect the value, importance and whether the educator believes the FRIENDS program does manage anxiety or not and also whether it is necessary to be taught in the classroom by them or another professional. Educators' responses emphasise the value and importance they place on the FRIENDS program. The following suggest that educators found the FRIENDS program beneficial enough to be facilitated as designed as they personally believed it helped managed anxiety. Examples of helpful incidents in this category suggested by educators include the following:

I could see that kids were going to benefit from it. It was just obvious that they were going to benefit from it (principal).

I can't really consider myself a veteran teacher, but after having my few years under my belt, I do see the need for the FRIENDS program (classroom teacher).

We saw some incredible results. So that was sort of my buy in into the FRIENDS program (principal).

And for me to value it as a teacher, I have to give it the time that it deserves (classroom teacher).

As the program went on, I realized the potential benefits of it (vice principal).

Overall, I believe strongly in the program and I do believe it's beneficial (classroom teacher).

**Administrative support.** This category included 47 incidents in total, from 11 educators. This category describes helpful incidents that are a direct or indirect resource provided by the principals, administrators and school district officers. When the educators receive administrative support in the implementation of the FRIENDS program, they felt encouraged and confident in implementing the program as designed by the licensee. These incidents also include the views of the principals on how best they think they support their teachers in the delivery of the program.

Table 2

*Helpful Categories, Incident Frequency, Participant Frequency, and Rates*

Categories that Helped Educators	<u>Incidents</u>		<u>Participants</u>	
	<i>n</i>	%	<i>n</i>	%
Value, Importance, and Benefit of the FRIENDS Program	60	14	12	100
Administrative Support	47	11	11	92
Program Feedback	45	10	10	83
Trust, Safety, and Sense of Community	40	9	11	92
Educator Testimonials, Networking, and Advocacy	38	9	10	83
Goodness of Fit with Curriculum and Easy to Implement	28	6	10	83
Flexibility	26	6	6	50
Remedial Needs	25	6	9	75
Program Marketing	24	5	9	75
Training Content/Feedback	21	5	8	67
Other School/Community Support	16	4	8	67
Parental/Family Support	16	4	7	58

(continued)

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Categories that Helped Educators	<u>Incidents</u>		<u>Participants</u>	
	<i>n</i>	%	<i>n</i>	%
Program Workbook	11	3	4	33
Supportive Materials/Liaison	9	2	3	25
Educator Personal Experience	8	2	4	33
Understanding of Mental Health	6	1	5	42
Research Involvement and Demonstration of Data	6	1	4	33
Training Schedule	4	1	4	33
Incentives	2	1	2	17
Accessibility to Program Resources	2	1	2	17
Sense of Competency	2	1	1	8
Professional/Principal Support Attendance	1	0	1	8
Training Advertisements	1	0	1	8
Time Commitment	1	0	1	8
Optional versus Mandated Program	1	0	1	8

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Some principals explained that they do this by making sure they are not only concerned about the educational achievement of students in their schools but also of their mental health well-being. Examples of helpful incidents are included below:

I think that the principal's encouragement is very valuable (principal).

The administrator has the passion. But what we usually do to get the best results is to encourage the teacher to take the leadership and rise up. That's usually the best way of implementing anything (principal).

I found that if you have the set up, the program just runs freely and easily once you have the set up, the management piece of it (classroom teacher).

My guess is that, if teachers aren't doing it, the administrators aren't probably pushing it (classroom teacher).

She has got all her teachers on board for grade four and five. I don't really know if we had a choice we wanted to teach it or not but it was just something the school was going to do (classroom teacher).

**Program feedback.** This category included 45 incidents in total, from 10 educators. Program feedback is described as participants' personal opinions of the implementation of the FRIENDS program and their own subjective knowledge and /or experience of the program. Interestingly, some of the educators who do not implement the program were also able to provide some feedback. Examples of incidents shared by educators include the following:

I think it has a clearly laid out scope and sequence (vice principal).

It's very specific, well-laid out and easy to follow (classroom teacher).

I think I like the way the program is set up. I don't think I would change anything.

I also like the way it gives you the option of home activities (classroom teacher).

How you think affects how you feel and all that. So I think that probably had the most impact on my class (classroom teacher).

I think that the FRIENDS program gives our kids lots of tools to deal with issues.

And even if kids aren't feeling anxious or don't have concerns that are sort of targeted within the program, I still think it gives them a lot of skills (principal).

**Trust, safety, and sense of community.** There were 40 incidents that emerged from this category. This category describes educators' experiences in the classroom, the environment in the classroom and the relational dynamics between students and students and students and educators. Safety, trust and sense of community are very important in the implementation of successful group programs and the individuals need to connect, belong and feel capable as they relate and learn from one another. Below are examples of the incidents extracted from this category.

I think it was useful for the classroom teacher to teach the program because you've already established throughout the year or whenever you start this, you've already set that trust up. The kids trust you (classroom teacher).



Helps establish trust in the classroom. It helps build friendships. It helps kids hear, “Okay, I have something in common with that person over there” (classroom teacher).

And it’s based on the reward you get from it is seeing the kids in your class open up, they share and the classroom environment changes (classroom teacher)

I think the kids have to feel safe, they have to feel secure, and they need to have a relationship with the person who is teaching the program (principal).

I became much more involved for the benefit of the kids to make sure that they were safe and able to share in a trusting environment (principal).

**Educator testimonials, networking, and advocacy.** This category elicited 38 incidents. The incidents described what the educators had heard about the FRIENDS program through other colleagues, professionals and educational support networks and organization. The educators were also informed about the program through advocacy efforts to combat a problem in school and also through networking channels like professional development days. Examples of incidents are listed below:

The teachers enjoyed teaching it and when I came here, I did the same thing (principal).

When teachers see it in action, they are more likely to implement it, rather than reading it on a piece of paper, or going to a workshop (classroom teacher).

Yes, a modeling, seeing what happened and seeing how it's been beneficial (classroom teacher).

I think we have a collegial staff who are doing it together. We sort of are doing a training model within our own school. We have two or three of them doing it. We get together and talk about some of the things we are doing, we share different ideas (principal).

Two years ago there was another teacher in the school that was my partner teacher. She brought it to me saying she had got it from a friend that taught at another school. So it was through another teacher (classroom teacher).

**Goodness of fit with curriculum and easy to implement.** This category included 28 helpful incidents from 10 educators made up of teachers and school principals. This category describes educators' experiences of implementing the FRIENDS program into their current curriculum with ease. Classroom teachers who implemented the program overall found that it was helpful integrating the FRIENDS program into their personal planning curricula; thus making the program easy to teach in the classroom setting. Examples of these helpful incidents include:

It's a program that is successful, that's easy to implement (classroom teacher).

Because it fits in with the personal planning program that the province assigns, mostly, they look at it and say this will be a way for me to teach personal planning a little bit (principal).

So sometimes, you want to use something that can easily be taught. It's laid out for you and it's got a scope and sequence to it (principal).

It was easy because we just started it. It fit into my class and my timetable fit into what we needed (teacher).

We would talk about what we have learned in FRIENDS throughout the week and we'd try and make connections to it. That's showing that it is important (classroom teacher).

**Flexibility.** This category consisted of 26 incidents from 6 educators. Educators are trained to teach curriculum; materials that have a systematic approach to teaching a specific subject. However, educators incorporate their own style into teaching to help them deliver the information to their students in way that their students can receive them to achieve the knowledge they need on the subject matter. Even though the curriculum is a structured component it is however adapted in some way to help classroom teachers and students as well. For this reason, this category describes educators' ability to adapt or alter the program to meet their needs, students' needs, and/or the requirements of the educational system. Adapting and altering the FRIENDS curriculum may decrease the effectiveness of the FRIENDS program in combating anxiety; however, adapting and altering the program may be positive or helpful in the implementation of the program. Below are examples of the helpful incidents in this category from different participants:

We are really self-taught in what we do. We have to find out what works, we use guidebooks, we use resources, we're really good at trying new things and see if they work and tweak them to the way our classes need them (principal).

It hasn't been designed that way, but we can take it and adjust it so it fits our younger kids and it fits our older kids (principal).

I've structured my 'FRIENDS' time twice a week. So I have a grade 4, 5 class the year. On Mondays, fives go to the computer lab and they are supervised by one of our assistants and grade fours stay here and do FRIENDS with me. And then on Thursdays, we flip (classroom teacher).

I would say what I probably tend to do is try and quickly finish it rather than stop give them the break and come back to it so that we don't run out of class time (classroom teacher).

So I found out I liked it better when it was done in December (classroom teacher).

**Remedial needs.** There were 25 helpful incidents from 9 participants in this category. This category describes incidents where educators were currently implementing the FRIENDS program because there were students in the school with mental health concerns. This category also includes educators not implementing the FRIENDS program acknowledging the usefulness of the program for current student issues and concerns in their school in need of a remedy. Examples of the incidents in this category include:

It helps the anxious kids to see that they're not crazy because everybody is getting the same instruction so they get an understanding that everybody has some degree of what they have and I think it helps them to put how they're feeling in a little bit more realistic perspective (principal).

She knew I had a boy in my class at that time who did suffer from some pretty significant anxiety. So it will help him but would also help everybody else in the class. It was quite new at the time (classroom teacher).

We have to validate how they feel and then work with them to develop strategies or coping mechanisms or whatever else they need in order to deal with the anxiety (principal).

If it was brought up in school base team meetings when you're talking about those kids who are dealing with anxiety some of the resources that people mention or the suggestions that are made (classroom teacher).

That is what the other thing is, catching it early and just trying to help those kids who are struggling (classroom teacher).

**Program marketing.** This category consisted of 24 incidents from 9 participants. This category describes incidents that educators experienced as helpful in providing detailed knowledge about the FRIENDS program through advertising, presentations, and discussion with other health professionals. Program marketing also includes educators'

experience of how much information was available to them about FRIENDS and the reason for its implementation. Examples of incidents from this category include:

Two years ago on one of our pro-d days, there was a workshop offered for the FRIENDS program and I just happened to see it on a flier and I thought, 'That's exactly what I need to go and see' (classroom teacher).

And FRIENDS has a little bit of a title now because it's a name that people recognize. So again, it's how is it being communicated (principal).

It was someone actually taking it and putting it in my hand (classroom teacher).

Just having someone who comes into that particular school's staff meeting, who takes ten minutes out of the staff meeting, says 'This is what the program is about, this is the resource, this is what we want to accomplish by doing this program' (classroom teacher).

**Training content/feedback.** This category consisted of 21 incidents from 8 participants. This category describes educators' experiences and opinions about the training, including personal feedback on the training process such as opinions about the content and training facilitators. Examples of incidents in this category include:

When I went to the training, there was a person from mental health who did the training and she was great (classroom teacher).

But I think the training for me, helped me to understand more why the program came to be and how kids with anxiety struggle with, what are some of the things they struggle with and how this can help them (classroom teacher).

In reference to what was helpful about the training, going through the information, like you did get to sit for that day and go through the information so that you kind of had a taste of it before you went through it (classroom teacher).

Well, I guess the main thing would be hearing different points of views and using it a different way (principal).

**Other school/community support.** This category contains 16 incidents from 8 participants. This category describes support received from external sources such as counsellors, community nursing students, and teaching aids. Examples of the incidents include:

Very often our teachers work with a public health nursing student. They partner up with them so that they plan together and maybe they alternate lessons or maybe they do it together as a team (principal).

The students that we are dealing with in grade four and five are pretty receptive to outsiders coming in and sharing the program (classroom teacher).

Originally, the nurses' involvement was an encouragement. And I thought it would be a great way to build a community connection (vice principal).

That has been huge too, to work together with the student nurses. That's really kind of boosted the program, I think, because the children were excited about having someone special come in (classroom teacher).

One of the things that were helpful was, knowing that someone else was coming to help, to teach with me or share the load of preparing (classroom teacher).

**Parental/family support.** This category contains 16 incidents from 8 participants. This category illustrates educators' helpful experiences with parents and family members of students and their willingness to engage in the take home activities with the students, in support of the implementation of the FRIENDS program. Examples include:

I've heard parents say that they felt it's been beneficial for their child (principal).

I don't think so. It's a valuable opportunity to use this program every year. The parents like it as well. Grandparents really like it (classroom teacher).

I was teaching grade 5 and I had a student in my class who kind of suffered or did suffer from anxiety and was very nervous about many different things and one of the parents said, "oh I'm going to the FRIENDS Program" (classroom teacher).

She came in for a couple of evening sessions and it was really well attended by parents (classroom teacher).

For our "FRIENDS group," parents give permission to have the students be a part of it. It is. It's huge. It has to be (principal).



**Program workbook.** This category consisted of 11 incidents from 4 participants. Educators described aspects of the workbook that, were engaging, relative, and beneficial for the students' learning and application. One of the educators who implemented the program as designed consistently since its introduction to the school district in Chilliwack, five years ago said she was pleased to have a well-outlined workbook that was child-friendly. According to her, due to time constraints, she is appreciative of a workbook that works well with her students and provides them the understanding of anxiety and the skills involved to combat it. The examples below are the extracted incident from the transcribed interview:

The activities were very understandable. The kids could understand them. They could relate to them. They made them very simple (classroom teacher).

I like how they relate to the regular day-to-day activities. It doesn't have to be something huge in your life (classroom teacher).

I think the workbook was really helpful. It is very well laid out. It is very sequential. It's easy to see where things are going (principal).

It was the layout of the workbook. That's what it was; because it gave me a place to start (principal).

Because I think there's a nice balance between the work and the diagrams and the little pictures. It is pleasing to the eye (classroom teacher).

**Supportive materials/liaison.** This category contains nine helpful incidents from three participants. Educators outlined helpful incidents that described their access and availability to the FRIENDS program manual, workbooks, and other resources to aid in the proper facilitation of the program. Examples of incidents that were extracted from the interviews include:

All the support documents are helpful. So that if you take the time to read and be well planned, you sort of know what is going to happen (principal).

I think that when we looked at the activities and the supporting documents and the ideas and suggestions, we were able to say, “Yes, this will work in our classrooms and this will help us implement what we need to implement” (principal).

I went to that right away and read the books and started using it in my classroom and throughout the day, or throughout the week, I would refer back to the program materials and make a connection back to it (classroom teacher).

The teacher’s guide or the manual was very helpful (classroom teacher).

That was easy, that was a totally easy part. Just contact that person [i.e. FRIENDS program liaison] and told them how many books (classroom teacher).

**Educator personal experience.** This category contains eight helpful incidents from four participants. This category outlines educators’ disclosing and sharing of their personal experiences with the workbook topics in order to enhance and aid in the implementation of the FRIENDS program. Examples include:

And I also find personal examples, things like when I was little; I used to be afraid of going down to the basement when it was night time. And lots of them are like “Uh, I don’t like the basement when it’s dark” (classroom teacher).

I tend to deal with them on my own and like use social stories and kind of go over like past experiences like my own personal trials that I’ve kind of gone through and kind of use those examples to kind of curb their anxieties (classroom teacher).

I find that I have to put a lot of my own examples into the program to make it effective, like role model (classroom teacher).

If I could tie it with my own life and give them examples sometimes that’s just valuable or more valuable than getting through a program (classroom teacher).

**Understanding of mental health.** This category consisted of six incidents from four participants. This category describes educators’ current knowledge and understanding of mental health and the implications that greater awareness and programs such as FRIENDS can have in the lives of the students. Examples of incidents include:

Like I will say that compared to 10, 15 years ago, teachers are far more cognizant of the inter-connectedness of mental health issues and learning and that kind of stuff (principal).

So I think over the course of a few years, I think my awareness has been heightened that it might be something next to kind of slip in to the staff (principal).

We need to talk about it because if we're going to be healthy individuals and a healthy society, part of being healthy is have a really good mental health. And so that's one of the things that I talk about all the time (principal).

I think for me as a teacher, it's given me a greater understanding of the levels of anxiety that people go through (classroom teacher).

**Research involvement/demonstration of data.** This category consisted of six incidents from four participants. This category describes educators' experience of the circulation and accessibility of current knowledge on the FRIENDS program such as data and their involvement with research. Examples of incidents in this category include:

We were part of the research into it as well and I think that is part of the reason we took it on (classroom teacher).

It's really quite short. I'm aware that a couple of our staff members were involved in it to the extent that a number of years ago... (name withheld in confidence) brought the testing information out to one of the counsellors about the FRIENDS program (principal).

If it's been tested and there's data suggesting that it's something that is going to improve student success and student achievement and student behaviour, then I think those things would help sell it (classroom teacher).

If they can show that the FRIENDS program makes a difference through data (classroom teacher).

**Training schedule.** This category contains four incidents from four participants. This category describes educators' availability and access to FRIENDS program training, including competing interests at professional development days and costs to personal time. Examples of incidents include:

So if it had cut into my family time, I don't think I would have. But because it was offered during a Pro-D, on a day that was set aside for something like that, that's why I went (classroom teacher).

Training obviously, providing in service during the day (classroom teacher).

You need to plan ahead, [training] (classroom teacher).

If it is offered during school time... so that's more attractive (classroom teacher).

**Incentives.** Only two participants made a helpful contribution incident for this category. One of the participants who implements the program had this to say; "If you tell them you'd get the free materials when you go to the workshop, that's another way to get them there." Another participant who is not trained but supports the program encouraged the use of incentives to coax attendance to training sessions. He said, "I think it's probably incentives."

**Accessibility to program resources.** For this category only two participants contributed. These participants were school principals who have not yet been trained but support the program. One of them had this to say; "We were able to send three of our teachers to the training sessions and once they got the training, then they got the materials

and we were able to support them in the implementation of the FRIENDS program. The other principal who implements the program shared the following statement with me about what helped him in implementing the program: “This colleague of mine went to the full professional development day, the workshop, they did the training, and then you registered and then you signed up as a classroom teacher or whatever, where you work and that, entitled you to get the books for your class.

**Sense of competency.** Even though this category was only created with two incidents, it is worthwhile mentioning as it influences whether an educator will attend training or not. The following incidents were indicated as helpful by the same educator. This grade 4 teacher had this to say; “I guess my expectation was that I could come back and teach it and I did. So it did do what it was supposed to do. She also continued to say that; “Well it certainly made me feel a little bit more comfortable about teaching the program because I always had anxiety about teaching it.

**Professional/principal support attendance.** For this category one educator provided a helpful incident. This incident was provided by a school principal, “I think that my enthusiasm for taking the course would be a motivator for teachers to take it and I could meet them individually and I could talk them into it.”

**Training advertisements.** This category elicited only one helpful incident. This category formed with respect to training is worth mentioning in that it also influences educators’ decisions regarding the implementation of FRIENDS as designed. The classroom teacher who contributed to this helpful incident said, “I believe when I took it, it was just part of the Pro-D sessions. One of our district Pro-D days and it was one of the opportunities that we could sign up for.”

**Importance and validity.** One helpful incident was extracted from this category. The educator, a grade 4 educator who received the training had this to say, “Yes, I think there is because you’re getting a different viewpoint. It’s like going to math workshop. There are different little things that you learn that are not necessarily in the teachers’ guides.”

**Time commitment.** For this category, only one participant contributed to a helpful incident, the remaining incidents for this category were hindering and are later on discussed. As a helpful category, *Time commitment* is described as the educator’s ability to commit to a period during the school day to administer the FRIENDS program as a curriculum. The educator who contributed to this category had this to say:

“Well the most recent time that we used ‘FRIENDS Program’ was last year. And we implemented it in the middle of the year. We thought, ‘Well, we’re going to implement the ‘FRIENDS Program,’” and we want to make sure that we target everybody so that everybody could feel safe and have a good environment to work in. So we divided the class into two groups so that there were 14 in each of the groups so it gave kids more opportunity to talk rather than waiting their turn or whatever. So we implemented it half way through the year. I did it in conjunction with our child and youth support worker who had already been in the classroom for the full year (principal).

For this educator, she and her staff managed to find a time that worked for the students and she was able to make a decision to implement the FRIENDS program successfully.

**Optional versus mandated program.** The other low participatory category worth mentioning is the *optional versus mandated program* belonging to the Educators’

Attitudes & Assumptions theme. *Optional versus mandated program* category elicited only one helpful incident which was provided by a grade 4/5 split teacher who had received the training and consistently implements the program. This incident is worth discussing because her statement provided substantiate information that elicited a critical incident as to what helps educators implement the FRIENDS program as designed by the licensee. When asked about her initial introduction to the FRIENDS program and training, she emphasized in the following statement: “She has got all her teachers on board for grade 4 and 5. I don’t really know if we had a choice we wanted to teach it or not but it was just something the school was going to do. Yes. It was something that we had to do...The training was very limited. I guess the thing about FRIENDS is that, I was nervous about teaching it. I had a kind of anxiety about teaching it.” This educator explained that her school administrator had directed her and her colleagues to be involved and she felt compelled to implement the FRIENDS program as directed putting aside her own personal feelings.

### **Categories that Hinder Educators**

Out of the total number of 30 categories that were constructed from the incidents collected, 27 of the categories were found to be hindering to educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee (see Table 3). It is important to note that the hindering incidents were placed in a specific category that fit the statement extracted. Thus, the categories were not only specific to hindering incidents but also to helpful incidents or wish list items. The incidents are presented by frequency of incidents.



Table 3

*Hindering Categories, Participant Frequencies, and Rates*

Categories that Hindered Educators	<u>Incidents</u>		<u>Participants</u>	
	<i>n</i>	%	<i>n</i>	%
Time Commitment	29	11	11	92
Sense of Competency	20	8	6	50
Inadequate Information of FRIENDS	18	7	8	67
Program				
Training Schedule	17	7	8	67
Other School/Community Support	16	6	4	33
Training Content/Feedback	16	6	7	58
Program Feedback	15	6	7	58
Administrative Support	14	5	6	50
Program Marketing	13	5	6	50
Program Workbook	11	4	5	42
Professional/Principal Support	11	4	7	58
Attendance				
Training is Not a Priority	11	4	4	33
Training Optional/Other Program	10	4	4	33
Interests				

(continued)

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Categories that Hindered Educators	<u>Incidents</u>		<u>Participants</u>	
	<i>n</i>	%	<i>n</i>	%
Trust, Safety, and a Sense of Community	10	4	3	25
Value, Importance, and Benefit of FRIENDS Program	9	3	7	58
Time Commitment	7	3	4	33
Training Advertisement	6	2	4	33
Remedial Needs	5	2	4	33
Parental/Family Support	5	2	2	17
Educator Personal Experience	5	2	2	17
Teacher-On-Call Costs/District Support	3	1	2	17
Optional versus Mandated Program	3	1	2	17
Accessibility to Program Resources	3	1	3	17
Understanding of Mental Health	2	1	2	17
Educator Testimonials, Networking, and Advocacy	2	1	2	17
Goodness of Fit with Curriculum and Easy to Implement	2	1	2	17

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**Time commitment.** This was the largest hindering category with 29 incidents from 11 participants. This category describes the scarcity of time that was unhelpful to educators' in their decisions to implement the FRIENDS program. Educators explained that they have time restraints in their current academic curriculum to teach what they are already supposed to teach to the students in the classroom. For this reason, an additional mental health program like the FRIENDS program that needs to be taught for 10 weeks as designed is not practical for classroom teachers and administrators as well.

Examples of incidents extracted for this category include:

The problem comes down to do I have time to do that in the grand scheme of the school. I just don't (principal).

For me, it's time. It's like trying to fit all of these programs into a five -hour day, five days a week, that sort of thing (classroom teacher).

So I decided that I would kind of like look into it but again, as busy as the school year got on, I had the best of intentions of trying to implement it but it kind of fell to the wayside; I never got the chance to do it (classroom teacher).

I think one of the things that is always difficult for all of us and in any job especially when you've got layers of things to do is time. People are busy people. Teachers are very busy people in the confines of the day (principal).

But I found as a teacher, I really felt time constraint having it in the first term and getting it done, that term was short, getting it done by the end of the term and fitting everything in (classroom teacher).

**Sense of competency.** This was the second largest hindering category that hindered educators in their decisions regarding the implementation of the FRIENDS program as designed by the licensee. There were 20 hindering incidents from 6 educators (half of the number of participants). This category describes the way educators perceive their competency in administering programs like the FRIENDS program from manuals. The educator's sense of competency negates the need for participating in the FRIENDS program training that is usually offered as one of their professional development workshops. If an educator feels very competent in mental health issues or administering manualised programs their ability to receive additional training becomes a hindrance in the implementation of the FRIENDS program as designed by the licensee. They therefore do not see the need for additional training even though mental health programs are not part of their degree requirements in the field of education. Some of the educators also stress their experience in teaching as a substitute to attending the required FRIENDS training before implementing the program. Examples of the incidents stated by the participants include:

Like you've got a lot of old school teachers that look at it and say, 'Well, I've done this for the last twenty years. I dealt with it before, anxiety, like emotional problems. I know how to deal with it. I don't need this' (classroom teacher).

I really like the program, I use the program. So I think I do a good job using the program so why would I need to be trained in something I already feel comfortable using (principal).

Teachers love the program when they use it. And a lot of it is very teacher-friendly. So they don't feel that they need the five or six hours of training (principal).

This is so step by step laid-out [not attending the training] (classroom teacher).

Once I had taught through this thing I guess I felt like is there really a necessity at this point not to go because I had been through it maybe a couple of times so why go for the training (classroom teacher).

**Inadequate information of the FRIENDS program.** This category elicited 18 incidents from 8 educators' statements and descriptions. This category involves participants who have incorrect information and insufficient information about the FRIENDS program. Educators who contributed to the incidents display a lack of adequate information about the FRIENDS program. Some educators explain that their colleagues have not inquired about the program and therefore have minimal or no information about it. Examples of the hindering incidents include:

I teach it every year. But the other teachers, I don't think do. As far as other teachers in this school not at this grade level, I don't even know if they know it exists (classroom teacher).

But other than talking to you last week and seeing the odd thing that comes over the fax about the FRIENDS Program, I don't know a whole lot about it (classroom teacher).

I don't know too much about the mental health programs available in Chilliwack (classroom teacher).

I don't think we are well informed enough. No. [In reference to the school not been informed about the FRIENDS training]. So I think that's the piece that teacher really need to get. Like why is there a need to do this program? Why would we have this program (principal).

There was a training the first year. And at that point in time, I wasn't aware of the nature of the program (principal).

**Training schedule.** There were 18 hindering incidents in this category that were extracted from 8 participants. This category describes the problems educators experienced or have associated with the scheduling of the FRIENDS program training and the obstacles that prevent them from attending the training. In general the educators included competing interests at professional development days and the costs involved to their personal time. Examples of the incidents collected from educators transcripts include:

If it had been an after school workshop, I don't think I would have gone just because I'm a working mom (classroom teacher).

It was just a matter of timing. A lot of the training happens during the day and so that makes it difficult to attend (classroom teacher).

As a classroom teacher, they've got the classroom to get set up, they've got the kids they're just starting to know. They've got parent-teacher meetings in the second week of school, they've got a ton of things [In reference to training at the beginning of the school year] (classroom teacher).

And a colleague of mine said that there was a new program out there that they had seen they had gone to and there was training involved and if I wanted to go to the training. And I said no. I didn't have time (principal).

Again the hindering parts, some of them are systemic. The whole idea of not having time to train - it might be a systemic problem (principal).

**Other school/community support.** This category contains 16 hindering incidents from 4 participants. This category describes support received from external sources such as educational assistants, counsellors, community nursing students, and teaching aids. The help received from these supportive people to implement FRIENDS may seem appropriate but they were hindering to the implementation of the FRIENDS program as designed because the classroom teacher is supposed to be the main facilitator for the teaching of FRIENDS program. If the supportive people was helping the classroom teacher help deliver but not take over the delivery of the program that was not considered hindering but helpful. However, if the educator stated that their presence was not helpful it was then considered a hindering incident. Examples of the hindering incidents:

With a counsellor coming in and presenting it, I don't think it will be the same because the counsellor in the elementary school system here, they don't actually see the kids very often so they're still technically a stranger (classroom teacher).

What happened was that, they're not teachers, they're nurses. And so their lesson planning was often not within the time period that I was prepping for those classes (principal).

I found was that, because they didn't have the same rapport with the students, they didn't have the same relationship built with them (classroom teacher).

The people who were originally teaching did not have a rapport with the children (principal).

Sometimes it is a little challenging because of course they are not teachers. [In reference to student nurses] (classroom teacher).

**Training content/feedback.** There were 16 hindering incidents in this category. Out of the 12 participants, 7 contributed to this category. This category describes educators' negative experiences and opinions about the training, including personal feedback on the training process such as opinions about the content and training facilitators. Examples of incidents include:

You deal with it in the classroom daily, daily, daily, daily, and the last things you want to do is go to a workshop and talk about anxiety in kids (classroom teacher).



I often wonder if it's a little bit of that nervousness about learning more about anxiety and depression, triggers what you have yourself (principal).

But also I know we go into workshops and I avoid the ones that are the so-called touchy feely ones because I'm going, 'Wait a minute, I want you to look for and show me examples of what to look for.' That's how I learn (principal).

We get all the other stuff pushed on us. In our professional development, there's a lot of top-down kinds of things. Sometimes, you just need meat and potatoes kinds of things (principal).

**Program feedback.** This category included 15 hindering incidents from 7 educators. Program feedback as a hindering category is described as participants' personal opinions of the FRIENDS program that negatively affects the implementation process and also influences their own subjective knowledge and /or experience of the program. Interestingly, some of the educators who do not implement the program were also able to provide examples of what hinders educators in their decisions regarding the implementation of the FRIENDS programs:

One thing I did find was that sometimes, it was really difficult to get through an entire section (classroom teacher).

The first introductory session, honestly wasn't terribly stimulating (principal).

I felt very artificial in some of the ways I was presenting things because I wanted to follow it like the manual presented it (classroom teacher).

It's clearly a problem that it was not developed in Canada and there are little pieces like that. I think there are some elements that could be designed more specifically for Canadians (principal).

I find that it is quite repetitive at the end and it goes over it too much. So I have kind of over the years not done the ending so much because it is repetitive (classroom teacher).

**Administrative support.** This category contained 14 incidents from 6 participants. This category describes helpful incidents that are a direct or indirect resource provided by the principals, administrators and school district officers. When the educators receive administrative support in the implementation of the FRIENDS program, they felt encouraged and confident in implementing the program as designed by the licensee. These incidents also include the views of the principals on how best they think they support their teachers in the delivery of the program. Examples of the incidents include:

The unfortunate part that's happening with the mental health and having support for kids in our schools is with cut-backs that are happening everywhere, it's making it more and more difficult us to get help for some of our kids (principal).

I think I would have to accept some responsibility for because I've been relatively hands-off (principal).

It scales down to funding (classroom teacher).

I just have a problem with those kinds of things they dump on you and now you have this in the school day but then they don't take anything away from me (classroom teacher).

My guess is that, if teachers aren't doing it, the administrators aren't probably pushing it (classroom teacher).

**Program marketing.** This category contains 13 hindering incidents from 6 participants. This category describes incidents that educators experienced as unhelpful in providing detailed knowledge about the FRIENDS program through advertising, presentations, and discussion with other health professionals. This category also includes educators' experience with how less of the information about FRIENDS was available to them and the reason it hinders the implementation of the program. These hindering incidents include:

And I think as administrators if we were given an overview of the program, a little bit of an in depth overview in an hour or so, not just a fifteen minute blurb on here's what it is (principal).

I just think that maybe it wasn't advertised enough or explained thoroughly (classroom teacher).

I don't think it was promoted as well as it probably could be. So your biggest bang for your buck I guess is what can you apply to everybody and I don't think this is presented to everyone (classroom teacher).

I think they have to publicize it better. I think the publicity towards it or promoting it would be the biggest thing. Present to a meeting of teachers. Not just a piece of paper. Come in and actually get into the schools and say, 'We're offering this here, it's easily accessible.' It's better than a piece of paper (classroom teacher).

I think sometimes when people and I've been guilty of this myself, when you get a flyer, you might not read it (principal).

**Program workbook.** This category contains 11 hindering incidents from 5 participants. This category involves unhelpful aspects of the workbook that compromised the implementation of the program in the classroom and also somehow may have forfeited the purpose of the program. Examples of these incidents include:

Some of the kids' names that are used, they get hung up on them, the names or how they are spelled or whatever (classroom teacher).

I had a student last year who wasn't able to see the green text. So those are just little things, the color of the font (classroom teacher).

I found out that some other kids have a lot of difficulty completing what is in here: they don't know what to write down. The kids don't know what to put down and they're trying to fill the six-block problem-solving plan (classroom teacher).

A group of our kids that are in grade six next year probably can't read half the stuff that's in that book. Well if I'm asking these little boys to fill in a workbook, I'm going to get nothing out of them (principal).

Some of them there is a lot of writing involved and for some of them that's difficult. The written output is hard for them to do (classroom teacher).

**Professional/principal support attendance.** This category contains 11 hindering incidents from 7 participants. This category involves educators perceptions on whether they felt that a need to attend the training either because they were not going to be implementing the program, or they were not classroom teachers and also if the training was attended by other colleagues, principals and other professional workers who help support children in their education (e.g. mental health workers, educational assistants, nurses, etc). The responses collected showed that when other professionals attended the training, instead of the educators (principals or classroom teachers), this was a hindrance because the design of the program is that it be taught by teachers and therefore when other professional support workers take the training instead of the teachers, the teachers are less likely to implement the program as designed because they did not attend the training themselves. Below are examples of the educators' statements on what was unhelpful:

I left it in the hands of the people that would be delivering the program. So that would be the reason. I wasn't going to be delivering the program (principal).

The educational assistant in the classroom has not done the training but she takes the group and works with it a little bit (principal).

I think because I am a principal. I'm not teaching in a classroom. [In reference to not attending the training] (principal).

Not wanting to give my professional development up for that specific thing that I wouldn't then be doing (principal).

What hindered me? Well, probably, the main thing was I wasn't going to be teaching it (principal).

**Training is not a priority.** This category contains 11 hindering incidents extracted from the statements of 4 participants. This category involves events and descriptions that compromised educators' in a way by preventing him or her to attend a scheduled training in the school district. Examples of the hindering incidents include:

I've had things put in my mailbox about it but they just hadn't connected with days that I've been able to do stuff especially in the last couple of years as I've been quite busy finishing off my Master's degree and other things I've been focusing in on (classroom teacher).

And right until now, it's always been 'No, there's something more that I think I need to learn more about.' So it's sort of like not been the priority (principal).

There have been a lot of workshops on assessment so that's one area that as a school goal, we're working on. So I felt that needed to be a priority for the whole school rather than the FRIENDS program training (principal).

The training isn't really a priority (classroom teacher).

**Training optional/other program interests.** This category contains 10 hindering incidents from 3 participants. This category describes educators' views and experiences of the training being optional and/or the choice involved in attending or doing another program that they rather preferred. Examples of these incidents include:

There were some workshops that were more geared to administrators (principal).

And also, sometimes, if it's on a Pro-D day, there are a lot of Pro-D choices out there and it hasn't been one of my top choices (principal).

I think it just falls back on the fact that I always had the best intentions to do it but something kind of got in the way. [In reference to the training] (classroom teacher).

I probably just decided to go to other Pro-D programs (classroom teacher).

Something better came along that I was interested in doing (classroom teacher).

**Trust, safety, and sense of community.** This category contains 10 hindering incidents from 3 participants. This category includes the educators' experience of the classroom environment and the relational dynamics between students and themselves or other educators. The responses provided below were hindering factors because they

negatively affected educators' decisions regarding the implementation of the FRIENDS programs as designed by the licensee:

I found that because it was such a large group, I wasn't getting the discussion and the conversation with the kids because they really weren't comfortable opening up (classroom teacher).

It was the big group I was trying to present it to last year. I was trying to present it to thirty kids (classroom teacher).

So as far as things that hinder the actual delivering of the program, the only thing I can think of aside from regular school day constraints are you might have the occasional student who just does not take it seriously and that could be and most often is because they are uncomfortable and they're acting up differently (classroom teacher).

The thought of overcoming the boundaries with some kids being afraid to share was a hindrance to me (classroom teacher).

**Value, importance, and benefit of FRIENDS.** This category contained nine hindering incidents from seven participants. This category describes educators' personal views, beliefs and assumptions about the FRIENDS program that were not helpful to the implementation process. These subjective views affect the value, importance and whether the educator believes the FRIENDS program does manage anxiety or not and also whether it is necessary to be taught in the classroom by them or another professional. Educators' responses explore the value and importance they place on the FRIENDS



program. Examples of the hindering incidents in this category suggested by educators include the following:

I don't like being told I have to do something that I kind of think I'm doing already in my classroom. And this is going to end up sitting on my desk or in the cupboard for the next two to three years until I can actually turf it in the garbage (classroom teacher).

I think that at the school, we have a fairly good handle and we are able to track data and all that, that may have in the past couple of years just given us the idea that we're doing a good job that we don't need to implement it (classroom teacher).

I also wasn't seeing a transferring of knowledge to every day social situations (classroom teacher).

And there's a layer of things you deal with and schools are doing a lot of different things to try to attend to that social-emotional need of kids. And they might see FRIENDS as being superfluous because they say, "But we're already doing a bunch of stuff" (principal).

Sometimes, it's habit too. Schools do the things they do (principal).

**Importance and validity.** This category consists of seven incidents provided by four participants. This category identified educators' experiences about the importance and necessity of attending the training. However the incidents presented below showed

that these views and experiences do not equip the educator to facilitate the FRIENDS program as designed by the licensee.

I read the blurb below the fax or the brochure for the Pro-D conferences and it's just not, maybe I just don't think it's that important, personally speaking (classroom teacher).

The only negative thing would have been it's part of a professional thing I must go and I'm not sure I want to spend my professional development doing that at that time (principal).

I guess in order for teachers to go to it they need to see why it's of value. They need to see the validity of going so that they don't think it's five or six hours of wasted time and that they're going to get different things out of the FRIENDS program training (principal).

I think if it's important enough to do, it should be important enough to learn why you're doing it. Or if it's that simple, then you don't need to be trained (principal).

**Training advertisements.** This category contains six hindering incidents from four participants. This category describes the circulating of information and knowledge in order to create a greater awareness about the FRIENDS program training. However, the incidents recorded below show that the educators' experienced poor advertising that did not enhance their awareness about the FRIENDS program and for that matter did not attend the training. Educators' who could not attend the training due to poor advertising were unlikely to implement the program as designed by the licensee. Their experiences

therefore will hinder the implementation of the FRIENDS program. Examples of the hindering incidents that were extracted are:

I would say I was probably not terribly well informed [In reference to training] (classroom teacher).

The training, the way it was phrased, it was for teachers that were teaching to get involved. So it was pretty much directed to the teachers who were involved (classroom teacher).

When I heard about the training and I saw 'FRIENDS,' I thought that it was a social skill building program (principal).

I think you need to promote it just a little bit more. Find another creative way to sell it to the masses in the district (classroom teacher).

**Remedial needs.** This category contains five incidents from four participants. This category describes incidents where educators were currently implementing the FRIENDS program because there were students in the school with mental health concerns. The hindering incidents below do influence the implementation of the FRIENDS program because facilitating the program to the children requires a great amount of skill as some children may require more help than others. Thus the incidents below show that the educators' were concerned about the difficulties they might encounter or have encountered working with children with remedial needs. This therefore hinders the implementation of FRIENDS because the teachers' end up targeting

those kids instead of offering it universally without labelling. Examples of the unhelpful incidents include:

The things the kids tell us from the program that we hadn't anticipated.

Sometimes, it's a surprise in that the kids you think you're targeting aren't the ones who react most to the things that happen at the FRIENDS program (principal).

I think if an educator does not have an adequate understanding of how students think or interact at that grade level; it would be a struggle (principal).

Like I said, the only trouble is trying to get around to a number of students who have difficulties with either getting started or have written up their difficulties (classroom teacher).

It tends to get taken out of the teachers' hands for individual children quite quickly if there is a stress factor (principal).

So I think that the way we have dealt with some of the anxiety and depression that are definitely evident in this school and other schools that I've been at. We've tried to deal with it first through our school based team meetings and through that structure rather than teaching these specific behaviours (classroom teacher).

**Educator personal experience.** This category contains five hindering incidents collected from two participants. This category involves two of the educators' who self-disclosed about their own concerns with anxiety and lack of patience which briefly

interrupted the implementation of the FRIENDS program in their class. Even though they these two educators ended up attending the training and implementing the program, initially this was a hindrance until they were felt confident to attend the training so that they could help the students in their class. Their personal experiences were a hindrance to the implementation of the FRIENDS program for brief period. Examples of the incidents include:

I just felt like I wasn't getting to them, just wasn't seeing a depth of understanding on their part (classroom teacher).

I guess the thing about "FRIENDS" is that, I was nervous about teaching it. I had a kind of anxiety about teaching it (classroom teacher).

I was nervous about it, so I found it really difficult because I was afraid of these topics and I was just kind of afraid to get on board with those (classroom teacher).

I think it was just about my own kind of fears about the program, or how it worked, or was going to be successful or useful (classroom teacher).

I did it (implemented FRIENDS), but it caused me stress (classroom teacher).

**Parental/family support.** This category contains five hindering incidents from two participants. This category describes the unwillingness of parents and family to engage in the take home activities with the students, and support the implementation of the FRIENDS program. Examples of the hindering incidents include:

I did that last year and found that I wasn't getting the support to complete the activities at home (classroom teacher).

I think that there definitely could be more extension of the activities if I sent everything home. But I would assume that the kids had the home support to do it and not all of them do. So I don't want to put them in that situation (classroom teacher).

I've also had a few parents in the past not taking it really kind of seriously (classroom teacher).

If they're not engaged or kind of supporting the program in a sense by helping out with activities, then that kind of hinders the program a little bit as well (classroom teacher).

**Teacher-on-call (TOC) costs/district support.** This category contains three hindering incidents from two participants. This category describes educators' concerns about whether the school district is willing to provide substitute teachers so that they can attend the training. The incidents below are hindering because their statements explain that *Teacher-On-Call costs* need to be approved by the School District office and also they are less likely to attend training until a substitute teacher is provided. Examples of hindering incidents include:

It's like if the training is being offered not on a professional development day, which sometimes it is, it is the cost of getting the TOC and also traveling to Abbotsford (principal).

Coming from a district's perspective where it's hard to send every grade 4/5 teacher for training and get TOCs to replace them (principal).

**Optional versus mandated program.** This category contains three hindering incidents from two participants. This category describes educators' experiences and views about implementing the FRIENDS program as mandatory or optional. Examples of the hindering incidents extracted include:

If it comes from an administrator who says, 'Here's a new program, the district says we should look at it,' or whatever. There are so many of those right now that a lot of teachers, it just goes over their heads, "Oh another new program" (classroom teacher).

This program isn't mandated so they don't have to teach it (classroom teacher).  
In my school I think I'm the only teacher who officially does it with my class (classroom teacher).

Unfortunately, the only way a teacher is going to for sure teach it is if it is mandatory (classroom teacher).

**Accessibility to program resources.** This category contains three hindering incidents from three participants. This category describes the educators' limited access and the lack of knowledge about how to access the program manual and workbook through attending the training. Examples of the incidents include:

We can't implement the 'FRIENDS Program' right now because we don't know where to get the workbooks from, or we can't get the workbooks because no one on our staff has done the training (principal).

Not having any resources to pull from in case I do not understand what to do. The hindrance would be not having the resources or support to pull from (classroom teacher).

**Understanding of mental health.** This category contains two incidents from two participants. This category describes educators' current limited knowledge and understanding of mental health and the implications. This limited knowledge is a hindrance to the implementation of FRIENDS because educators' are not trained in mental health issues in their educational degree training. Examples of the hindering incidents include:

It always seemed to me that the teachers didn't really have a firm understanding as to how to deal with things. They were always deferring to the principal of the school and the vice principal and the school counsellor (principal).

I think lots of times when we see anxiety, we see it expressed as behaviour or we see it as withdrawal. And so I think for a lot of teachers, we have to take a step back and look at those things, what's triggering their behaviour, what's causing them to be sullen, those things. [In reference to educators being informed about mental health] (principal).

**Educator testimonials, networking and advocacy.** This category contains two incidents from two participants. The incidents described what the educators had heard about the FRIENDS program through other colleagues, professionals and educational



support networks and organization. The educators' responses below suggested that they had received poor feedback in regards to the program. Below are the unhelpful incidents:

She went for the training and then she came back with the materials. She was only here I'm thinking a couple of years. And unfortunately, her passion for doing it didn't really go down through the rest of the staff. It was very isolated (principal).

I was just talking briefly with some of the teachers before you came and I was asking them, "Have you taught FRIENDS this year and, no I didn't, how come?" And that was the reason why. Because the lessons are so long, you just don't get through them (classroom teacher).

**Goodness of fit with curriculum and easy to implement.** This category contains two incidents from two participants. This category describes educators' experiences of implementing the FRIENDS program into their current curriculum without ease and with some concerns. When educators' find it difficult to adapt the FRIENDS program into their educational curriculum the implementation of FRIENDS becomes challenging and difficult to manage. The hindering incidents extracted are:

But if this came with something that had a drama component or had something that would be a no-brainer for a school like this (classroom teacher).

Those people that are interested to go and visit other classrooms where people are putting the FRIENDS program into effect and observe a lesson. Just come and

observe a lesson and see how it works. That's what we are missing: the ability (classroom teacher).

### **Wish List Items Suggested by Educators**

The wish list items are suggested comments or feedback for effective future implementation of the FRIENDS anxiety management program (see Table 4). The wish list items suggested by the educators reflect the desire to help promote children's mental health well-being.

The researcher adapted the ECIT method (Butterfield et al, 2009) in a way to maximize sensitivity to educators' concerns in regards to the implementation of FRIENDS. The wish list items collected reflect incidents that had a participatory rate of at least 25% (Butterfield et al., 2005). The wish list items have been listed in order of frequency and respective categories. This order of presentation of the categories is for organizational and practical reasons, and does not represent importance or value of the actual categories.

**Program marketing.** There were eleven wish list items in this category contributed by five participants. Examples of wish list items for this category include:

If we as administrators saw it presented to us, we would at least bring that back to our grade 4 teachers or our grade 5 teachers and say, 'Here's a resource we can use with this group of kids (principal).

Table 4

*Wish List Items and Participant Frequencies and Rates*

Categories with Wish List Items	<u>Wish List Items</u>		<u>Participants</u>	
	<i>n</i>	%	<i>n</i>	%
Program Marketing	11	16	5	42
Program Feedback	8	12	4	33
Educator Testimonials, Networking & Advocacy	7	10	3	25
Administrative Support	6	9	4	33
Optional versus Mandated Program	6	9	5	42
Training Advertisements	5	7	3	25
Other School/Community Support	4	6	3	25
Supportive Materials/Liaison	3	4	3	25

I think making presentations to the administrators for schools. A formal presentation will work. If we could even see something; maybe a video presentation may be much more interesting. We're technology people maybe you just might catch our attention or interest a little bit more - captive audience, a presentation. And I think hearing what the benefits of FRIENDS would be (principal).

Having somebody like yourself or somebody from mental health who comes in to basically validate the program (classroom teacher).

But you have to sell the program first (classroom teacher). Maybe a DVD, or something, a visual of some kind, showing it in progress (classroom teacher).

I think the best way is getting word of mouth. I think if it's promoted, people see results and people generally have a good feel for it (classroom teacher).

**Program feedback.** There were eight wish list items in this category contributed by four participants. Examples of wish list items for this category include:

If it's more than one session, having them close together would be great. And then having some follow-up sessions to discuss it or a sharing session or something like that would really help out (classroom teacher).

I also see it would be a benefit if it was something that was done throughout the intermediary grades like grades 4, 5, and 6. I think if they went one more year, it would just be so much more powerful (classroom teacher).

If there was kind of a ‘FRIENDS I, II and III,’ it would give you guys some work, but with slight variations so that they don’t feel like they’re doing the exact same things but their getting the same crucial content (classroom teacher).

**Educator testimonials, networking and advocacy.** There were seven wish list items in this category contributed by three participants. The following are examples of wish list items in this category include:

I think you need to find a passionate leader. Someone who would just take it on and run with it, go with it. Encourage others (principal).

So again, one of the things that come in terms of planning is the level of influence of the people that are advocating for the implementation of the program. How important is this program being perceived in the big picture? (principal).

If we could get a couple of teachers, maybe four or five teachers in the district, trained on the ‘FRIENDS Program’ and they could be released as coaches to go train other teachers in the schools, that would be a good start (classroom teacher).

If a teacher comes in and they team teach it, if they work with me after school, if we go to a coffee shop and talk about it or if we go to a Pro-D conference together, that communication is open. You’re working together and collaborating (classroom teacher).

I think somebody who has done it before. I’d like to hear it from word of mouth from another teacher (classroom teacher).

**Administrative support.** There were six wish list items in this category contributed by four participants. The following wish list items for this category include:

Or maybe a district taking the initiative to say this is working very well and we want to implement it. They don't question it so much when it comes from the district level (classroom teacher).

I guess they've got to get it out there and that sometimes, the less hoops that teachers have to jump through, the more it's going to get used in schools (classroom teacher).

Well, they might make the program mandatory as part of personal planning as a locally developing program. Those are often happening (principal).

**Optional versus mandated.** There were six wish list items in this category contributed by five participants. The wish list items for this category include:

So I think it would be nice if we could mandate it and if teachers were using it correctly (principal).

I think yeah, an administrator is key. If it's not a big thing to them, then they might not be pushing it in their school (classroom teacher).

If the district made it important, that is something that will push teachers along (principal).

Unfortunately, the only way a teacher is going to for sure teach it is if it is mandatory (classroom teacher).

Or the district mandating it would be something if it's tried and tested and true and it's really a great program and it has helped kids (classroom teacher).

If it was mandated, I will go to the training (classroom teacher).

**Training advertisements.** There were five wish list items in this category contributed by three participants. Examples of wish list items for this category include:

I think you need to promote it just a little bit more. Find another creative way to sell it to the masses in the district (classroom teacher).

So I think anybody who is unsure about the program, who doesn't know about the program, who doesn't believe in the program and you sort of want to convince them, those are the people we need to target for the training (principal).

I think better advertising would do it. I think specifically, if you target inner city schools, or dealing with difficult behaviours, I think that 'difficult behaviours' piece is a hot topic and you would get more teachers interested in it (classroom teacher).

**Other school/community support.** There were four wish list items in this category contributed by three participants. The wish list items for this category include:

I think if we had a counselor here more often, that will be helpful. If we had more counselors in the district and if every elementary school had a full time counselor

on staff regularly, these kinds of programs and that support for kids would be totally different (classroom teacher).

Honestly if there's somebody who has got your background knowledge or experience with it, you would be like the 'guru' or the 'all-knower' of the 'FRIENDS Program' because you've been immersed in it for so long. I think that would be very beneficial (classroom teacher).

**Supportive materials/liaison.** There were three wish list items in this category contributed by three participants. Examples of wish list items for this category include:

That would be both great and having resources within the school district to help with any problems that occur (classroom teacher).

If we want the program to be used in our schools on a regular basis, then we have to make sure that the resources that are needed for the 'FRIENDS Program' are in our schools, and the other thing is it (resource) has to be readily available at the beginning of the school year so that you can choose the time that you want to do the FRIENDS program (principal).

I don't know if it would be helpful for the program to have a slight variation or kind of a "FRIENDS Part Two" so that it's a little bit different but still emphasizes the main things they want the kids to get out of this in grade 5 (classroom teacher).



## Summary

From the twelve interviews that were conducted, 773 incidents were extracted. Out of the 773 incidents that were elicited, 441 incidents were found to be helpful in the implementation of the FRIENDS anxiety management program as designed by the licensee, while 263 were found to be hindering in the implementation of the FRIENDS anxiety management program and 69 incidents were wish list items that educators suggested would be helpful with future implementation of the FRIENDS programs as designed by the licensee.

From the results, Resources (major theme) had a substantiate amount of critical incidents provided by the educators. These incidents were then grouped into different categories that encapsulated the theme Resources. Knowledge and Awareness, Training, Educator Attitudes and Assumptions, and Needs of the Students also had critical incidents that captured the dynamic behind the FRIENDS implementation process. It is noteworthy that these themes overlap each other (see Figure 1).

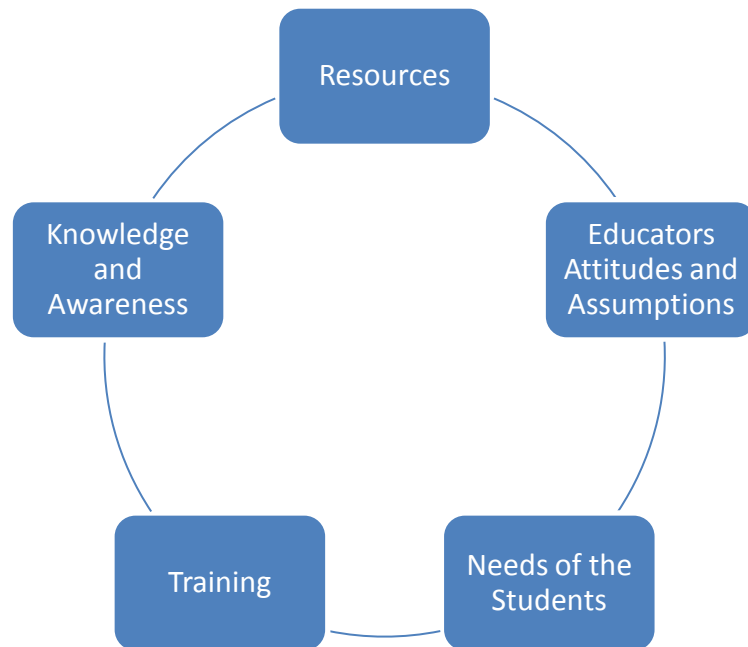
The importance of Educator Attitudes and Assumptions in the implementation process was well represented in the category *value, importance and benefits of FRIENDS*. All participants contributed to this category with a high participant rate of 100%, followed by *administrative support* at 92% (see Figure 2). These categories according to the educators are necessary for successful implementation of the FRIENDS program in their schools.

A few categories did not meet the 25% participation rate (i.e. at least 3 out of 12 participants involved in this study). However, these incidents extracted from the interviews were worth mentioning because implementing the FRIENDS program as

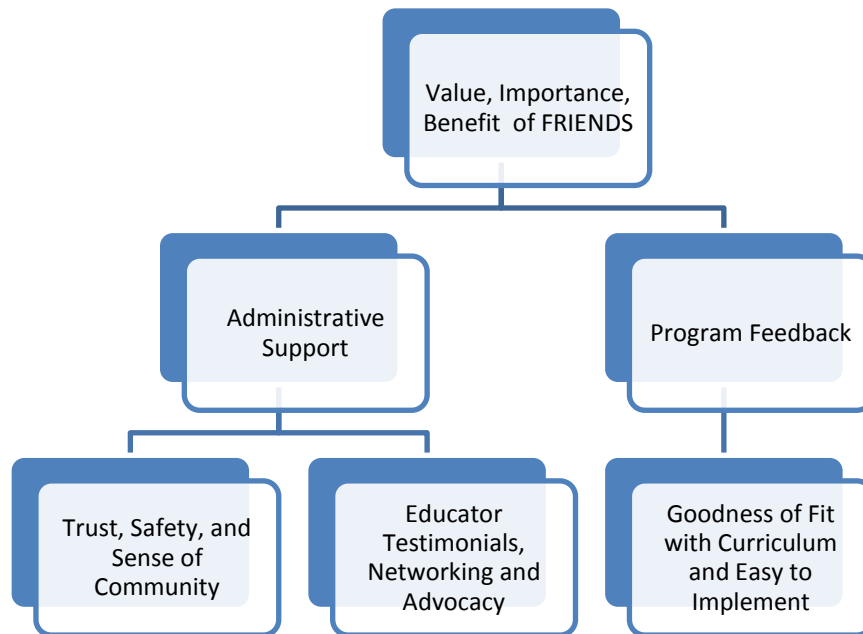
designed by the licensee involves completing the FRIENDS program training and also adhering to the program manual to maintain efficacy and effectiveness. The other view points about making the program optional and mandatory program were also worth reporting.

*Time commitment* was the highest hindering category, followed by *sense of competency* (see Figure 3). Educators shared how they felt about adding another curriculum to their already packed day. They also explained that their *sense of competency* was sufficient to implement the program without attending the training. Other educators commented that because they had been teaching for long they feel informed about anxiety and for that reason do not need the training. In essence most educators expressed that the training was not a good use of their already limited classroom time unless they personally believed that the training will highlight novel and important information that will capture their attention.

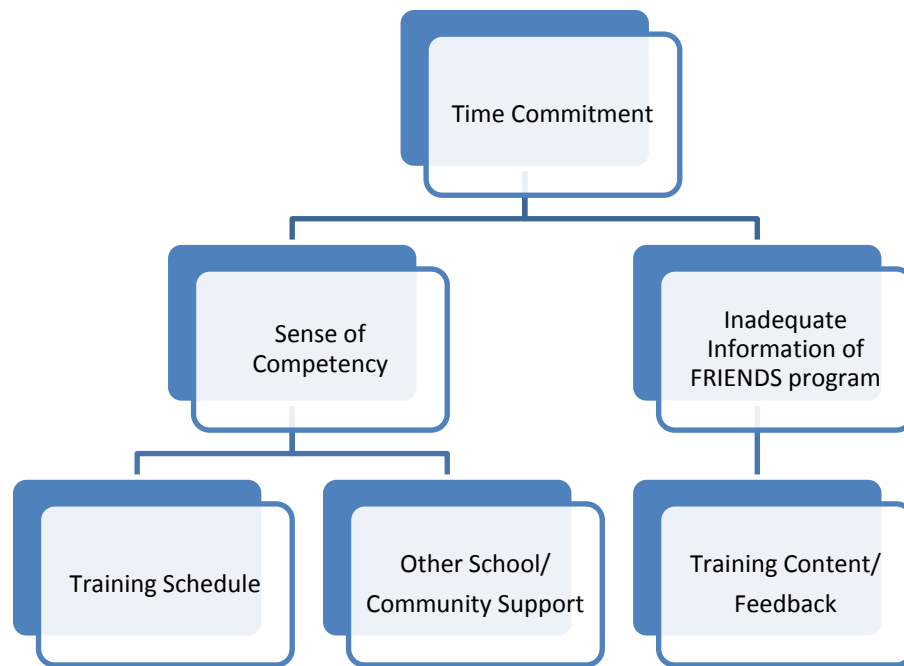
This data is concrete because validity procedures were used to ensure the credibility and trustworthiness of the categories and reliability procedures were used to ensure the comprehensiveness and consistency of the categorization process.



*Figure 1.* Five major themes developed for this study. This figure illustrates that the five themes developed from the extraction of incidents overlap with each other. Each theme represented in this diagram has the same level of importance.



*Figure 2.* Helpful categories with high incident frequency and rates. This figure illustrates the necessary factors that affect the educators’ decisions for successful program implementation.



*Figure 3.* Hindering categories with notable incident frequency and rates. This figure illustrates factors that impede decisions regarding the implementation of the FRIENDS program.

## CHAPTER 5: DISCUSSION

The critical incident technique (CIT) was used to explore about what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program designed by the licensee. In this chapter, the results will be discussed in light of existing research which will also serve as a form of cross-validation. This will also include a discussion about implications for practice, limitations to the study and suggestions for future research.

Twelve educators (classroom teachers and school principals) representing a variety of the FRIENDS implementation process from the Chilliwack School District in British Columbia shared what was helpful and hindering in their decisions regarding the implementation of the FRIENDS. This sample was heterogeneous, including (a) Educators who have received the FRIENDS program training for children and are implementing it, (b) Educators who varied in implementation and (c) Educators who chose not to implement FRIENDS. Using a semi-structured form of interview, participants were able to answer questions, express, explain, and expand on their experiences. Interviews were transcribed verbatim and then analyzed for critical incidents. From the 12 interviews, a total of 773 incidents were extracted from the transcripts. Of the 773 incidents, 441 incidents were found to be helpful, while 263 were found to be hindering. In addition to the total, there were 69 wish list items that educators suggested would be helpful with future implementation of the FRIENDS program.

Flanagan (1954) and Butterfield et al., (2005) suggested that in CIT a large number of critical incidents can emerge from the data since there is no one right way to

approach it. The large number of critical incidents extracted from this study is consistent with other existing research (Butterfield & Borgen, 2005; L. Butterfield, personal communication, November 15, 2011).

These 773 incidents were categorized into common themes. The five major themes were: (a) Resources: A direct source of aid either accessible or inaccessible to the educator that influences educator's decisions regarding the implementation of the FRIENDS program in the classroom, (b) Knowledge and Awareness: Familiarity and the understanding of mental health and the FRIENDS program, (c) Training: The process of acquiring knowledge on the delivery of the FRIENDS program as required by the licensee, (d) Educators' attitudes and assumptions: Personal views that help or hinder the implementation of the FRIENDS program, and (e) Needs of the students: Needs of the students include unmet mental health concerns of children, the classroom environment and the relational dynamics between students and educators. The helpful, hindering and wish list incidents were sorted into a total of 30 categories based on the major themes that developed during the analysis. The categories could encompass a helpful, hindering or wish list item.

### **Helpful Factors that Affect Decisions Regarding Implementation**

A total of 441 helpful incidents were extracted from the 12 interviews. Of these 60 incidents were categorized as *Value, Importance and Benefit of the FRIENDS Program*; 47 incidents were categorized as *Administrative Support*; 45 incidents categorized as *Program Feedback*; 38 for *Trust, Safety and a Sense of Community*; 28 incidents as *Goodness of Fit with Curriculum and Easy to Implement*; 25 incidents as *Remedial Needs*; 24 as *Program Marketing*. Even though there were other categories that

had helpful categories, the ones discussed in this section will only focus on categories that had high participation rates. The others will be mentioned very briefly. It is also worth mentioning that there were some overlaps between categories as participants were given the opportunity to freely disseminate their views and subjective experiences.

The participants agreed that what helps in their decisions regarding the implementation of FRIENDS is whether educators perceived that there was *value, importance, and benefit in the FRIENDS program*. This category had the highest incident frequency of 60 with a participation rate of 100%. The lowest incident frequencies were the following categories with the participation rates of 8% respectively: *professional/principal support attendance, training advertisements, importance and validity of the training, time commitment, and optional versus mandated program*.

This implies that all 12 educators purported that their decisions to implement the FRIENDS program as designed has to do with the value, importance and benefit they place on the program. In other words, educators are less likely to implement the program as designed if they do not personally think it is beneficial and important. The theme generated for this category is Educators' Attitudes and Assumptions; the attitude and assumptions educators have around anxiety and mental health affect their belief in the program and thus influences their decisions to implement FRIENDS and for that matter school-based anxiety prevention program. This assertion supports the literature on program implementation (Fenwick, Claxton, & Sculpher, 2008; Fixsen et al., 2005). According to Gulbrandsson (2008), a Swedish researcher with the Swedish National Institute of Public Health, awareness of the importance of using evidence-based interventions is important for successful implementation of any health program. There



has to be a change in attitude and assumptions to make an implementation process work well (Fixsen, 2006; Yap et al., 2000). Gulbrandsson further explains that there are certain features common to methods or programs that have been successfully implemented. The program: has visible benefits; is in line with the norms, values and working methods of the organization implementing it; is easy to use; is flexible and can be adapted to the needs of the recipient.

The more the program makes sense to the participants, by establishing effectiveness and efficacy which may be manifested in the students (treatment recipient) in real life, the more the educators believed in the theoretical principles behind the FRIENDS program. Putting theory into practice is value-driven (Fenwick, Klaxton, & Sculpher, 2008).

Participants also highly contributed to the influence of *Administrative Support* as a category. With a participation rate of 92%, educators described incidents that were helpful in light to the support they received from their school principals and/or district office. The 11 participants, who contributed to this category, explained that their experience with school administrators in the implementation of FRIENDS was encouraging and this does affect their decision to implement. They felt supported in the delivery of the program. Administrative Support for the FRIENDS program implementation encourages expression of interest in the program and also influences teachers in attending the required training involved.

School administrators are helpful by introducing the FRIENDS program as an integral part of the curriculum in promoting mental health. Support from school administrators include providing resources such as organizing the FRIENDS training for

untrained teachers to attend on a professional development day or during a school day where a substitute teacher can be used. This reinforces implementing the program as designed and allows school administrators to engage in curriculum-based modules. Skinner (2003) suggested school administrators support education and programs by actually teaching, organizing programs, building and equipping their schools and by inducing others to do this or pay to have it done. This, according to Skinner, is reinforcing for the staff in the educational system. Gulbrandsson (2008), and Metz et al., (2010) make mention that regardless of where in an organization an idea to introduce a program is conceived, a formal decision is required to realize it. Accordingly, minor changes do not need decisions on the highest level, but changes that require more resources or a redistribution of existing resources require formal decisions on the highest level within organizations (Fixsen et al., 2005). The FRIENDS program is an addition to the already set curriculum classroom teachers need to adhere to, therefore the decisions regarding its implementation process need to be facilitated by the school administrators who are passionate about the program and/or provide resources to help the program run smoothly.

Educators in this study also emphasized the importance of *Program Feedback* with a participation rate of 83%. Program feedback is important for quality assurance purposes (U.S Department of Education, 2009). This helps offer the recipients (students) continuous high quality support and guidance. Of the 12 educators, 10 shared their own personal opinions and experiences with the implementation of the FRIENDS program. It has been suggested that quality is more important than quantity (Fixsen, 2006; Getting Results, 2007). As one of the participants (school principal) stated, “That’s the strength

of the FRIENDS program. It's the universal piece of it. They don't feel that they are weird because all the kids are getting the same training [skills]." Another participant, a classroom teacher stated, "I think I like the way the program is set up. I don't think I would change anything. I also like the way it gives you the option of home activities". Fixsen suggested that precise information on how the implementation process is progressing, through the collection and compilation of relevant information, increases the chances of a successful implementation.

The next category, *Trust, Safety and Sense of Community* under the theme Needs of Students obtained a participation rate of 92%. The 11 out of 12 educators who contributed provided statements as to why *trust, safety and sense of community* was helpful. As they shared their experiences and views, it was clear that successful implementation considers the need to connect and belong – the relationship between the implementer and the recipient needs to be filled with trust and safety especially when working with children (U.S Department of Education, 2009; Wallace et. al., 2008). If the recipient does not experience a need, there will be no desire to change. The literature on implementation emphasizes that the implementer or *change agent*, and in this case educators, have to establish a trusting relationship with the recipient – the children (Roger, 2003). The implementation of the FRIENDS program, as designed by the licensee, is explained by Barrett and Ollendick (2004); although FRIENDS has significant and resiliency outcomes for non-clinically anxious children, it is in fact a unique clinical intervention when implemented by teachers because it will return a majority of clinically anxious children to a "healthy state" without the need for speciality and expensive mental health intervention. For this reason, and other issues related to

selective intervention programs (e.g., labelling) studies have shown that FRIENDS is effective when delivered by teachers as when conducted by a trained clinical team (Barrett & Turner, 2001; Lock & Barrett, 2003; McLoone, Hudson & Rapee, 2006; Samson, 2009).

The connection or relationship that has already been developed by the classroom teacher is instrumental in implementing FRIENDS as a universal program. If educators and students feel safe in their environment and with one another, the stigma associated with mental health concerns is likely to be decreased and an open and honest communication can be developed in the process. As stated by one of the educators “This program needs to know its subjects. It’s important and teachers do and that’s where it should be taught”. Another educator who decided to participate in the delivery process because the nursing students were not connecting well with his students had this to say; “I became much more involved for the benefit of the kids to make sure that they were safe and able to share in a trusting environment”. This concern about classroom dynamics is a novel finding in this implementation study that cannot be ignored.

For educators in this study, *Educator Testimonials, Networking and Advocacy* was also helpful and important in their decisions regarding the implementation of FRIENDS. Educators suggested that discussing and communicating with other colleagues increased their familiarity and understanding of the program. The testimonies shared by other educators who have implemented the program is an encouragement for the new educators who have yet to discover the FRIENDS program. Roger (2003) in his classic book *Diffusion of Innovations* defined diffusion as “the process in which an innovation is communicated through certain channels over time among members of a

social system.” Spreading the “good word” by people who have tried and tested the dissemination of a program become role models for the new implementers. Thus, educator modelling is strategic to implementing FRIENDS and is an advocacy process in confirming the need for the program (Wallace et al., 2008).

The *Goodness of Fit with Curriculum and Easy to Implement* category is important for the decisions regarding the delivery of the FRIENDS program. Programs that are perceived as simple to use are easier to implement (Greenhalgh, Robert, Bate, Macfarlane, & Kyriakidou, 2005). The FRIENDS program would be accepted, as well as implemented as designed if educators are able to integrate the program easily with their course plans or curriculum. In this study, educators suggested that it was a fairly straightforward program which was easy to implement for the most part. The FRIENDS, a fairly “new” program on the “block” in British Columbia, has to be seen as not too difficult to implement.

Educators also discussed their experiences of *Remedial Needs* – another category with a participation rate of 75%. According to the research literature on implementation there needs to be successful implementation (Guldbrandsson, 2008; Fixsen, 2006; Wallace et al., 2008). Educators who have become aware of anxious and depressed children in their schools will more readily decide to implement the FRIENDS program because they see the need (U.S. Department of Education, 2009). When the needs are expressed explicitly, there is more chance of successful implementation (Rackham, 1995). This was reflected in an educator’s statement, “She knew I had a boy in my class at that time who did suffer from some pretty significant anxiety. So it will help him but would also help everybody else in the class. It was quite new at the time.”

Another important helping factor is *Program Marketing*. This category had a participation rate of 75%. Contacts with individual decision-makers are an important component of marketing. This can also be referred to social marketing to discuss solutions to a problem with the use of a program that has proven outcomes (Guldbrandsson, 2008). In this study, the problem anxiety has to be discussed in such a way that there is an understanding and awareness that anxiety if not treated earlier can lead to depression. Why the need of FRIENDS? Educators need to know why and how they can be active change agents in the process of combating the anxiety. Educators are more likely to engage in discussions about mental health if they can understand how their input will help produce mentally healthy kids. This will not only benefit the child personally but also spill over to the classroom environment and that will be reflected in their student's behaviours.

According to the literature categories such as *Training Content/Feedback, School and Community Support, Parent and Family Support and Flexibility to implement FRIENDS*, are key elements that influence personal motivation to implement programs (National Health and Medical Research Council [NHMRC], 2000). Overall, educators who contributed to these categories emphasized the need of interactive elements such as training workshops and the source of communication (i.e. the quality of evidence), the channel or medium of presentation (such as an expert in the field). Flexibility is important to educators who have a tight curriculum and have to find other ways to implement the program. The FRIENDS program was developed in Australia by a clinical psychologist to be implemented within the school system. Adaptations and tailoring are

necessary to meet the local conditions of the recipients without altering the central components of a program (Guldbrandsson, 2008; Butterfield & Borgen, 2005).

In the present study, only 3 educators were trained out of 12. Since *training* is a central component, the question remains “Should the educators be implementing the FRIENDS program without having received training?” According to Barrett and Ollendick (2004) the teacher training process is aimed to supplement the teacher’s competencies in pedagogy so that they can have additional competencies in mental health and be able to deliver a program that addresses children mental health. Teachers’ pedagogy of the FRIENDS program is expanded to include psychoeducation on anxiety to complement their competencies in the pedagogy of Math and English and the other subjects elementary school educators teach.

In addition, the role of *school/community support; parental and family support* was viewed by the educators as a form of encouragement that affected their decision to implement FRIENDS. For instance, the FRIENDS program includes an option of two parent sessions for all parents. It is highly recommended that parents be encouraged to take part in the program as this improves the chances of learning effective resilience (Farrell & Barrett, 2007). Also, *Program Workbook, Supportive Materials/Liaison and Educator Personal Experience* are categories developed from the major theme of Resources. These *resources* provide a direct source of aid in the implementation of FRIENDS.

Helpful incidents in the following categories, *Understanding of Mental Health and Research Involvement and Demonstration of Data*, also provide knowledge and awareness about the FRIENDS program and also increase treatment fidelity in the

dissemination of the program. Fixsen and his colleagues (2005), described treatment fidelity as the strategies that monitor and enhance the accuracy and consistency of an intervention to ensure it is implemented as planned and that each component is delivered in a comparable manner to all participants over time. Reviews of the literature in program implementation have revealed the importance of maintaining treatment fidelity in the dissemination of interventions to school-based programs (Guldbrandsson, 2008; Henggeler, Melton, Brondino, Scherer, & Hanley, 1997). Furthermore, Fixsen et al, have suggested that implementing a program as designed in a manner that is consistent with relevant theory, practices and strategies, is crucial to ensure efficacy of the program and to show positive outcomes in real life situations.

Other helpful categories with lower participation rates include *Training Schedule, Incentives, Accessibility to Program Resources, Sense of Competency, Professional/Principal Support Attendance, Training Advertisements, Importance and Validity, Time Commitment and Optional versus Mandated Program*. The helpful incidents that were extracted to form these categories are mostly systemic supports that are controlled by the administration directly or indirectly. It is important that administrators and policy makers take into consideration the helpful incidents that from these categories so that they can build upon the positive feedback received and expand upon them to aid in successful implementation of mental health promotion programs such as the FRIENDS program.

### **Hindering Factors that Affect Decisions Regarding Implementation**

This study also explored what hinders educators in their decisions regarding the implementation of FRIENDS as designed by the licensee. The unique perspectives from



12 educators were analyzed. A total of 263 hindering incidents were extracted and placed into common themes like the helping categories. Five general themes emerged that seemed to capture the essence of the categories. These were: Resources, Knowledge and Awareness, Training, Educational Attitudes and Assumptions, and Needs of the Students.

Overall, 11 out of 12 participants provided a common theme of Resources. Under Resources a common category *Time Commitment* was confirmed. This category had the largest number of hindering incidents with a participation rate of 92%. It is not surprising that the educators found that time was lacking in the implementation of FRIENDS. Educators expressed their frustrations with having to find the time needed to complete the 10 weekly sessions of the FRIENDS program in addition to the already designed academic curriculum that they are responsible to teach. As with any program implementation, the concept of time is always a factor (Fixsen, 2006; Gulbrandsson, 2008; Wallace et al., 2008). Educators try to plan ways where they can save on *time* and so a program that demands a lot of time is more easily to be put aside. For example, an educator suggested in this incident “So I decided that I would kind of like look into it but again, as busy as the school year got on, I had the best of intentions of trying to implement it but it kind of fell to the wayside; I never got the chance to do it.” Most educators concurred with this same educator. However, educators who seemed to have found value in the program, especially those who attended the training had this to say “But I found as a teacher, I really felt time constraint having it in the first term and getting it done, that term was short, getting it done by the end of the term and fitting everything in.” Another educator who also shared a hindering incident managed to

suggest in his statement somewhere that he was considering an alternative “To fit everything in is very, very difficult. And I think one of the lower levels of academic curriculum would be personal planning or health and career education as it’s called now.”

Helping educators brainstorm ideas of how to implement FRIENDS with the constraints of time is another way to discuss the problem of time and how that can be dealt with (U.S Department of Education, 2009).

Another hindering theme that emerged was in relation to Training with a high overall participation rate for *Training Schedule* (67%), *Training Content Feedback* (58%) and *Sense of Competency* (50%). These categories are worth mentioning because implementing FRIENDS as designed involves attending the training and acquiring knowledge about the essence of managing anxiety and depression amongst children. The training also helps educators acquire pedagogy in basic mental health so that they can understand the benefit of FRIENDS. Most of the FRIENDS training is offered to educators on professional development days where classes are cancelled within the school districts. However, this is not the case all the time because the school district needs to have a certain number of registered educators who will be attending the training before the trainer is sent out to teach the program. If a district has fewer registrants, the educators need to attend the training in another school district. This means conflicts with *training schedules* and *teacher-on-call costs* (another hindering category) to replace the teacher.

Educators also produced 20 hindering incidents in relation to *Sense of Competency*. It is not surprising that half of the participants developed this category. These educators feel that they are competent to teach FRIENDS without attending the

training. As a matter of fact, 9 out of the 12 participants have not yet been trained. However, 5 out of the 9 untrained educators implement the FRIENDS program. To them they are capable of teaching school-based curricular due to experience and they feel that they do not need the added FRIENDS training especially when the FRIENDS manual is well laid out and easy to implement. Educator *sense of competency* then becomes a hindrance to educator's decisions to attending the FRIENDS training. Sense of competency and refusal to attend the training becomes a threat to implementing FRIENDS as designed by the licensee because the program requires that teachers attend the training prior to implementing so as to maintain treatment fidelity and produce positive outcomes (Briesch et al. 2010). According to Barrett and Ollendick (2004) the teacher training process is aimed to supplement the teachers' competencies in pedagogy so that they can have additional competencies in mental health and delivering a program that addresses children mental health.

Another hindering category worth discussing is the *Inadequate Information of the FRIENDS program*. This involves the concrete information educators receive in understanding FRIENDS. The eight educators who developed this category showed a lack of exposure and discussion regarding the FRIENDS program. Educators also explained that they had received incorrect information and insufficient information about the program. For example an educator had this to say, "I don't think we are well informed enough [In reference to the school not been informed about the FRIENDS training]. So I think that's the piece that teachers really need to get. Like why is there a need to do this program? Why would we have this program?" According to Skinner (2003) teacher ignorance about the effectiveness and efficacy of a program leads to a lack of

confidence and experience to practice the skills involved in that program. This implies that unless teachers are informed and knowledgeable about a program, they will be less confident to teach the skills; hence the need for attending the FRIENDS training.

Knowing the benefits of the FRIENDS reinforces the implementation of the program as designed.

The other categories that have hindering incidents; *Other School/Community Support, Administrative Support, Program Workbook, Parent/Family Support, and Educator Personal Experience* as mentioned in the results have a common theme under Resources. Resources in general, have a huge impact on the successful delivery of any program (Guldbrandsson, 2008). Resources are also cost-effective and for that matter requires an organizational body that reinforces adequate support in financial and human matters. Adequate long-term resources if allocated increase the chances of successful implementation of the FRIENDS program.

*Program Feedback, Program Marketing, Understanding of Mental Health, and Educational Testimonials, Networking, and Advocacy* also had hindering incidents that affected the decisions regarding the implementation of FRIENDS. These categories represent the Knowledge and Awareness theme that educators' lacked in being familiar with FRIENDS. Greco and Eisenberg (1993) highlight that the information received about these categories are all feedback information that requires attention and change to help program delivery and implementation.

Categories like *Value, Importance and Benefit of FRIENDS, Goodness of Fit with Curriculum and Easy to Implement, and Optional versus Mandated Program* belong to the common theme Educators' Attitudes and Assumptions about FRIENDS. The

assumptions and attitudes we all have about programs influence our values about the program. The establishment through research, of programs usefulness is often only the beginning of a long process towards its everyday use (Fagan, Hanson, Hawkins, & Arthur, 2008). If educators' are able to get a "buy in" into the FRIENDS program through marketing and testimonials from other educators', and are also satisfied with the outcome or benefits, then an active dissemination of the program is said to have been taken place (Guldbrandsson, 2008).

Another major theme, Needs of the Students, also contained hindering incidents dispersed into categories; *Trust, Safety and Sense of Community* and *Remedial Needs*. If Educators feel there is no need to implement FRIENDS because their decision is based on whether there is a need in their schools, implementation of FRIENDS is less likely to happen. However, if the classroom environment is not perceived to teachers as safe enough to delve into mental health topics they will be less likely to implement FRIENDS. A negative dynamic in the classroom can also delay establishing a trusting relationship between educators and students. The Needs of the Students include unmet mental health concerns of children, the classroom environment and the relational dynamics between students and educators.

### **Recommendations for Program Implementation**

The wish list items are recommendations and suggestions from educators to help with successful future implementation of school-based mental health promotion and mental illness prevention programs.

1. Educators suggested the need for adequate understanding and knowledge about the FRIENDS program through better program marketing. For example, educators would like to see a presentation of the FRIENDS program before attending the training.

2. Educators would prefer that their views, experiences and assumptions about the FRIENDS program should be considered in the implementation process and also to help decipher their understanding of the program.

3. Educators would like their feedback about the program to be considered for some changes. For example, educators commented on having a variation to the program so that they can be flexible with the implementation process.

4. Educators would really appreciate the presence of a passionate leader who will serve as liaison for the FRIENDS program for the school district. They will love to see some educators' who will act as role models to help them implement the program in their classrooms.

5. Educators need support from their school administrators to implement the FRIENDS program.

6. Some educators believed that FRIENDS should be mandated so that all teachers in grade 4 and 5 do not have the option to teach it or not. Most of the educators believed that a given direction to implement the program is important. For example one educator (a classroom teacher) had this to say, "Unfortunately, the only way a teacher is going to for sure teach it is if it is mandatory." Another educator (classroom teacher) said, "If it was mandated, I will go to the training."

7. Educators would prefer that the training is advertised properly. This could be

done through a detailed description of what the FRIENDS program entails. Educators feel they want detailed information about the training before attending.

8. Educators' would also like to have some school support to be incorporated in the implementation process. They would prefer they are not the only ones responsible for the delivery of the program. Other community support and school support workers can provide them with some support in person or in consultation.

9. Educator's would like to have smaller size classrooms so that they can continue to nurture the trusting relationships they have with their students especially when delivering mental health promotion programs.

### **Suggestions for Future Research**

This study explored what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee. It is clear that one of the major categories that helps and hinder implementation is Training. The categories which had a common theme with Training seemed to overlap some of the other major themes like Resources, and Knowledge and Awareness. It will be interesting to explore what helps and hinders educators in attending the FRIENDS training program.

Another possibility of research will be a study focussing only on classroom teachers who have received the FRIENDS training and to explore their personal experiences with FRIENDS, an evidence-based program. It is assumed that the results from such a study will produce concrete results to aid program developers determine whether training is necessary to implement this program.

**Limitations of the Study**

This study was focussed on a specific sample of teachers from the Chilliwack School District Board, which may limit transferability of the findings to other contexts and populations. However, findings from this study will be relevant for others in similar circumstances and have heuristic value for educators throughout British Columbia. Chilliwack School District has 20 elementary schools and is representative of rural and urban settings. Therefore, these findings will be useful to others in similar situations, and practice. The Province of Alberta is just beginning the implementation of the FRIENDS program and evidence from this study may inform policy makers taking major implementation procedures.

A major limitation that is inherent in CIT is the issue of memory. This may have created a bias towards incidents that happened recently, since these are easier to recall. Since participants were educated and have time constraints, they may not have been willing to take the time to tell a complete story when describing an incident. However the credibility and trustworthiness check used by the researcher improved the validity of the results in this study.

**Implications for Practice in Counselling Psychology**

The FRIENDS program is fairly new (introduced in 2004) to the Ministry of Education and the Ministry of Children and Family Development in British Columbia, Canada. Components of a fairly new program must be well-defined (i.e. we have to know exactly what components it comprises of). The FRIENDS program is based on the following main components: a written manual, trained leaders, video clips, role plays, program workbooks, home assignments and written material for the parents.



Effectiveness studies about the FRIENDS program on recipients has been evaluated as well. The FRIENDS program enables children to acquire the necessary skills needed to manage anxiety and depression (WHO, 2004). However, like other mental health promotion programs, an evaluation of the implementation process of the FRIENDS program is important to research to help understand why some schools vary in the implementation of this universal program and what is needed for successful implementation of mental health programs.

This study was an exploration of what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee. With regards to common contributions by the participants, results showed what was helpful is a matter of values, importance and benefits of the FRIENDS program (educators' attitudes and assumptions), administrative support (resources), program feedback (knowledge and awareness) and trust, safety and sense of community (needs of the students). On the other hand, time commitment (resources), sense of competency (training), inadequate information of FRIENDS program (knowledge and awareness) and training schedule (training) were hindering in their decisions to attend the FRIENDS training therefore affected the recommended implementation process of FRIENDS as designed by the licensee.

The objective of this study was to gather information from trained and untrained educators in the FRIENDS program with the hope of providing useful feedback to teachers, school administrators and educational policy makers on what helps and hinders educators in their decisions to implement FRIENDS. On the issue of transferability, findings from this study will be relevant for others in similar circumstances and serve as a

heuristic value for educators throughout British Columbia. This research will be relevant to planning program policy for schools in British Columbia. It may also serve as a foundational stage for further research in program evaluation and staff development in school organisations. The results would be useful to others who have similar questions in implementation research.

Each participant's experience and construction of what helps and hinders in the implementation of FRIENDS as designed by the licensee is equally important and valid, as there is no ultimate "truth" in regarding to what helps or hinders. As research (Evan & Weist, 2004; Fixsen et al., 2005; Wallace et al., 2008) suggests, a critical factor in determining the efficacy, effectiveness, and successful dissemination of an educational practice is ensuring that the professionals who are responsible for its implementation deliver the intervention under study with accuracy and conformity. Treatment fidelity monitors and enhances the accuracy and consistency of an intervention to ensure it is implemented as planned and that it makes certain that each component is delivered in a comparable manner to all treatment recipients (U.S. Department of Education, 2009).

By exploring this phenomenon, it is believed that training and support could significantly improve, thereby producing more trained teachers involved in the FRIENDS program and more positive gains in the school environment (Barrett & Turner, 2001).

The ultimate purpose of most research in education is to improve the lives of children and youth. Although there are many components that constitute quality educational research design, the exploration and investigation of treatment fidelity in intervention studies helps researchers understand, as unequivocally as possible, how the intervention relates to child outcomes (Lane, Bocian, MacMillan & Gresham, 2004). The

necessary and sufficient assessment of treatment fidelity, then, helps determine whether the interventions are contributing as designed to the desirable outcomes for the recipients.

First this study assumes the perspective of evidence-based practice as the basis for the FRIENDS program. There is an ethical and professional commitment, on the part of psychotherapists to promote effective and efficacious universal school-based programs that provide psychological and psychosocial treatments (Norcross, 2001). This study will contribute to the ethical implementation of FRIENDS. Secondly, an analysis of the benefits of FRIENDS when it is implemented as a school-based prevention promotes children's mental health. This includes: 1) increasing students' self-esteem, self-awareness and self-confidence, 2) reducing fear of failure, 3) promoting attachment and developmental catch-up, 4) improving relationships and peer acceptance 5) improving educational attainment and 5) focusing attention on the needs of vulnerable children. All of these objectives align with the goals of the profession of counselling psychology and its traditions.

Thirdly, this program when implemented as designed, also supports parents and teachers in: (a) managing stress and difficult behaviour, (b) understanding children and understanding how to support their development, (c) understanding their children/students, with improved self-esteem and confidence (Pugh & Statham, 2006). These outcomes also align well with the traditions of counselling psychology.

At a policy level, there is a potential role for schools to increase their involvement in supporting children's well being (Jenson & Fraser, 2006). This study revealed concerns with educators' decisions regarding the implementation of the FRIENDS anxiety management program. These concerns are associated with resources, knowledge

and awareness, training, educators' attitudes and assumptions and needs of the students. Policy makers, program developers and school administrators are encouraged to study the process of "what worked (helpful)" and "what did not work" (hindering) instead of focussing heavily on program outcomes (Fixsen et al., 2005; Niel & Christensen, 2009; King, Morris, & Fitz-Gibbon, 1987). The findings from this study may also have heuristic value for those interested in the implementation of other school-based prevention and mental health promotion initiatives.

Finally, as part of a scientific discipline, counselling psychologists must be mindful of knowledge claims and the evidence on which these claims are based. Often they are made on the basis of efficacy studies that are far removed from typical practice conditions (Gulbrandsson, 2008; Wallace et al., 2008). This study will remind readers of the varied issues involved in transforming research to practice.

### **Conclusion**

The present study explored what helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee. An environmental scan undertaken by the Ministry of Children and Family Development in Chilliwack, British Columbia, revealed that although the program is introduced to all principals and teachers who are able to implement it, the program is delivered with limited attention to treatment fidelity and some schools choose not to implement. The critical incident technique was used to understand the dynamics behind the implementation of FRIENDS. Semi-structured interviews were conducted with 12 elementary school educators, including those who implemented FRIENDS as recommended, those who vary in implementation, and those who decide not to

implement FRIENDS. A total of 773 incidents emerged from the interviews: 441 helpful incidents, 263 hindering incidents and 69 wish list items.

The educators in this study emphasized that, what was helpful is a matter of values, and importance they placed on the benefits of the FRIENDS program administrative support, program feedback, and trust, safety and sense of community. On the other hand, time commitment, sense of competency, inadequate information of FRIENDS program, and training schedule were hindering in their decisions to attend the FRIENDS training which also affected their decisions to implement FRIENDS as designed by the licensee.

Implications for practice include the need for emphasizing self-efficacy and providing influential persons as support networks when promoting school-based mental health promotion programs. The successful implementation of the FRIENDS program as designed by the licensee is dependent on the attitude of the facilitator and whether there are influential support networks to “drive” the program. This research may serve as heuristic value for policy makers, program managers, program developers and other interested parties involved in mental health initiatives as it provides information about what works and what does not work in program implementation.

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**APPENDIX A:****LETTER FROM DISTRICT PRINCIPAL TO SCHOOL PRINCIPALS**

Dear Principals, Vice-Principals,

**Re: Research Project - FRIENDS Curriculum Implementation**

Kafui Sawyer is a graduate student in Counselling Psychology at Trinity Western University interested in conducting thesis research on the FRIENDS program. This research project would be a partial completion for her masters' degree.

This letter is to inform you about a possible recruitment in regards to this research project which has been approved by the Chilliwack School District Board. Interviews would usually last 30 minutes. This research is related to the implementation of the FRIENDS Anxiety Management curriculum designed for grades 4 and 5. The interview data which Kafui seeks would be information gleaned from conversations with you as educators in elementary schools. She is interested in interviewing principals and grade 4 and 5 teachers only. Semi-structured interviews will be conducted with elementary school educators, including those who implement FRIENDS as recommended, those who vary in implementation and those who have been unable to implement it. A Starbucks card will be provided to all participants as appreciation for their time. **There will be no children involved as subjects or any information specific to any child.**

The FRIENDS program is evidence based and a cognitive-behavioural program for children that have proven effective in anxiety prevention and resiliency building. It is an early intervention program necessary and beneficial for all children as it helps to prevent the development of anxiety and depression. In addition, the importance of early intervention programs such as FRIENDS is an opportunity to help prevent some mental health issues for individuals and their families. It is worthwhile to investigate what will encourage school professionals to implement the program and what may impede them from implementing it as designed.

Information from this study could be helpful to Chilliwack school district and other school districts throughout BC in their implementation of this curriculum. The results obtained will contribute to the program delivery by developing an awareness of need amongst administrators and frontline educators. It will support social policy potential for more funding and resources to encourage educators to seek training in mental health related programs and most importantly, provide a sense of empowerment to the students because they will build resiliency and maintain good mental health as they learn from you.

If you know now that you would like to take part in this thesis project which will take place between February 1 and will be completed by December 31, 2010, please contact

Kafui at [kafui.sawyer@mytwu.ca](mailto:kafui.sawyer@mytwu.ca) or by phone at 604-702-2311. If necessary, she will however be contacting a selection of schools until hopefully a sufficient sample is obtained. Please support this research in helping alleviate the number one diagnosed mental illness in children in B.C.

Thank you.

Sincerely,

District Principal  
Student Services

**APPENDIX B:**  
**RECRUITMENT LETTER**

Dear Educator,

**Re: Research Project - FRIENDS Curriculum Implementation**

My name is Kafui Sawyer and I am a graduate student in Counselling Psychology at Trinity Western University interested in conducting thesis research on the FRIENDS program. This research project would be a partial completion for my masters' degree.

This letter is to inform you about a possible recruitment in regards to this research project which has been approved by the Chilliwack School District Board. Interviews would usually last 30 minutes. This research is related to the implementation of the FRIENDS Anxiety Management curriculum designed for grades 4 and 5. The interview data which I seek would be information gleaned from conversations with you as educators in elementary schools. She is interested in interviewing principals and grade 4 and 5 teachers only. Semi-structured interviews will be conducted with elementary school educators, including those who implement FRIENDS as recommended, those who vary in implementation and those who have been unable to implement it. A Starbucks card will be provided to all participants as appreciation for their time. **There will be no children involved as subjects or any information specific to any child.**

The FRIENDS program is evidence based and a cognitive-behavioural program for children that have proven effective in anxiety prevention and resiliency building. It is an early intervention program necessary and beneficial for all children as it helps to prevent the development of anxiety and depression. In addition, the importance of early intervention programs such as FRIENDS is an opportunity to help prevent some mental health issues for individuals and their families. It is worthwhile to investigate what will encourage school professionals to implement the program and what may impede them from implementing it as designed.

Information from this study could be helpful to Chilliwack school district and other school districts throughout BC in their implementation of this curriculum. The results obtained will contribute to the program delivery by developing an awareness of need amongst administrators and frontline educators. It will support social policy potential for more funding and resources to encourage educators to seek training in mental health related programs and most importantly, provide a sense of empowerment to the students because they will build resiliency and maintain good mental health as they learn from you.

If you know now that you would like to take part in this thesis project which will take place between February 1 and will be completed by December 31, 2010, please contact me at [kafui.sawyer@mytwu.ca](mailto:kafui.sawyer@mytwu.ca) or by phone at 604-702-2311.

Thank you.

Sincerely,

Kafui Sawyer  
MA Student  
Trinity Western University

**APPENDIX C:****PHONE SCRIPT INCLUDING DEMOGRAPHIC QUESTIONNAIRE**

Hello may I please speak to \_\_\_\_\_ (name of participant), my name is Kafui Sawyer. I am calling you in regards to the study “what helps and hinders educators in the implementation of the FRIENDS anxiety management program as designed by the licensee”, which you were contacted about earlier by your district principal. As you already know, you provided me with your contact information via e-mail. This phone interview will take about 10-20 minutes. Is this a convenient time for you? If not, when would be convenient? I want to thank you for your willingness to participate, and I look forward to our interview together.

I would like to remind you that you are free to withdraw from this study at any time, without any obligation to myself or any other service provider. You will be offered a 10 gift certificate for Starbucks at the beginning of the interview. All information you provide will be kept confidential and no identifying information will be shared. Do you have any questions about anything I've said so far, including myself, the study, what you will be asked to do, etc?

Can we move onto the demographic/screening questionnaire?

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

How long have you been teaching \_\_\_\_\_

How long have you been a school principal \_\_\_\_\_

How long have you been implementing FRIENDS \_\_\_\_\_

Have you received the FRIENDS training for children in grades 4 and 5 \_\_\_\_\_

These questions are to see if you are eligible to participate in this study.

Thank you for providing this information. My supervisor and I will determine whether you are eligible to participate in this study. I will call you back, either way, within the next week. If you are eligible, we will set up a time for when you and I can meet for our interview, which will last from between 1-2 hours. We can do this interview at a location that is most suitable to you, it can either be in your home, providing that there is a relatively quiet room that we can sit without distraction, or we can meet at a local MCFD office, depending on your location. Also, another option could be that we could meet at a local library, where I can book a private, secure room where we can conduct the interview. Do you have any preference from these options?

Thanks again for participating today, you will hear back from me, by phone, within the next 5 days. Bye for now.



**APPENDIX D:****INFORMED CONSENT FORM****A qualitative study on the implementation of the FRIENDS anxiety management and mental health promotion program**

**Principal Researcher:** Kafui Sawyer, M.A. student in Counselling Psychology, Trinity Western University

**Faculty Advisor:** Dr. Rob Lees, R. Psych., Graduate Department of Counselling Psychology, Trinity Western University.

**Contact Information:**

If you have any questions about the research procedures, you may contact *Kafui Sawyer* by email at [kafui.sawyer@mytwu.ca](mailto:kafui.sawyer@mytwu.ca) or by phone at 604-702-2311.

Dr. Rob Lees can be reached at, [Robert.Lees@gov.bc.ca](mailto:Robert.Lees@gov.bc.ca) or by phone at 604-649-6758.

If you have any questions about ethical issues involved in this project, you may contact *Sue Funk* at the TWU Office of Research at [sue.funk@twu.ca](mailto:sue.funk@twu.ca) or by phone at 604-513-2142.

Dear Participants,

Thank you for your interest in this study. You will be asked to take part in one interview with the principal researcher, lasting approximately 1 hour. Interviews will involve open-ended questions concerning your perceptions of helping and hindering factors in regards to your involvement with the implementation of the FRIENDS program. Once you have articulated a helping or hindering incident, you will be asked to describe this incident in as full detail as possible. The interviews will be audio-recorded and analyzed for themes according to the general purpose of the study.

The principal researcher will be interviewing both principals and educators who have received the FRIENDS training and other educators who have not received the FRIENDS training. Therefore there is a possibility that other members involved in your school district may participate in the study. The researcher will not communicate any information you provide to other participants. All information that you provide in this interview will be held confidential and will not be shared with any other participants of this study.

There is the potential that you may feel uncomfortable in discussing what you have experienced in implementing the FRIENDS program as designed by the licensee. At any point during the interview, you may take a break. If any of the questions make you feel uncomfortable, you are free to not answer. If at any time you would like to

discontinue to interview, you are free to do so. If the interview brings up emotional or difficult subjects, following the interview you will be encouraged to contact counselling services available through your extended health plan, or provided with assistance to connect you with alternative professional supports.

Your participation in this study will help provide empirical evidence for what helps and hinders the implementation of FRIENDS. It will also inform and shape educators awareness of the impact of implementing the FRIENDS program as an anxiety management program and also will serve as a useful feedback for those implementing FRIENDS. This study will also be relevant to planning program policy for schools in British Columbia and further research such as program evaluation and staff development in school organisations. Also, findings from this study will be reported in Kafui Sawyer's master's thesis, which will be available in the Trinity Western University library. In addition to publication as a master's thesis, findings may be disseminated within academic journals and professional conferences. Your opinions and perspectives are valuable and greatly appreciated.

Your participation in this study is entirely voluntary and, even after you begin, you may withdraw from the interview at any time without penalty. If you choose to withdraw from the interview and do not wish to have information from your interview included in the study, the audio recording and demographic information will be destroyed. To compensate you for the time that you spend during the interviews, a \$10 gift certificate for Starbucks will be given to you at the beginning of the interview. This gift certificate will be given regardless of how long you participate in the interview. Your decision to participate in this study or not, and the information you provide will not influence or affect your employment, presently or in the future.

*Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.* Specifically, we will store all information and recordings in locked filing cabinets and password protected computer hard-drives; only the investigators will have access to the information. Transcripts (with names and other identifying information removed), and coded data will also be securely stored for potential future analysis. All data, including transcripts and demographic information will be erased or shredded five years after the completion of this study.

Your signature below indicates that you have received a copy of this consent form for your own records, and that you consent to participate in this study and that your responses may be put in anonymous form and kept for further use after the completion of this study.

---

Signature

---

Date

**APPENDIX E:**  
**PROFESSIONAL TRANSCRIPTIONIST CONFIDENTIALITY AGREEMENT**  
**FORM**

This research project is a program implementation study of what helps and hinders educators in the implementation of the FRIENDS anxiety management curriculum as required by the licensee. It seeks to discover descriptive themes and facilitating events that help and hinder educators in the implementation of the FRIENDS program.

Participants have been asked in an interview, to recall the important elements that help and hinder their ability to implement the FRIENDS anxiety management curriculum. All information submitted to you will be strictly confidential. Interviews on the audiotape are meant for you to transcribe, making sure to code each incident to ensure confidentiality. All names and locations will be changed to further ensure confidentiality upon transcription. Only myself, my supervisors and you the transcriptionist, will have access to the tapes, which will be stored in a locked cabinet and then destroyed within 5 years upon successful defence the thesis project.

Please sign below that you agree to this confidentiality agreement:

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Principal Investigator

-----

Date

**APPENDIX F:**  
**INTERVIEW PROTOCOL**

Introduction to study: \_\_\_\_\_

- 1) **Consent** – Initially I will explain to participants that I need to obtain informed consent from them prior to starting the interview. I will say, “Before we get started with the interview \_\_\_\_\_ (name of participant), I would like to go over informed consent.” I will give them a copy of the form, and I will read it aloud, and they can follow along. Involved in the explanation of informed consent are the following topics/issues.
- 2) **General aim/purpose of study:** “We would like to discover descriptive themes and facilitating events that help and hinder educators in implementing the FRIENDS anxiety management program as designed by the licensee.”
- 3) **Explanation of participant selection:** “Participants like yourself, who have experienced and those who have not experienced the FRIENDS program through training and implementation, will be most able to provide helpful and hindering factors.”
- 4) **Potential risks of participating:** “During or after the interview if you feel uncomfortable or overwhelmed (the initial way this was written looked like a suggestion, I hope I’m making it more neutral) you may at any point, say you need to take a break from the interview, you are free to do so. Also, you are free to end the interview at any point if you feel unable or uncomfortable to continue.”
- 5) **Access to professional supports for parents:** “After the interview, if you feel it is necessary because of something raised in the interview, you will be encouraged by the researcher to contact any already existing professional supports that you may have. This would include your family doctor or adult mental health worker. If you have neither of these, the researcher will connect you with a Child and Youth Mental Health psychologist, free of charge, who will provide immediate, short term intervention. They will also encourage your connection with other professional supports.”
- 6) **Benefits of study:** “We expect that the incidences that come out of our interview, as well as incidents reported by other participants, will directly inform and shape the educators awareness of the impact of implementing the FRIENDS program as an anxiety management program and also will serve as a useful feedback for those implementing FRIENDS. This study will also be relevant to planning program policy for schools in British Columbia and further research such as program evaluation and staff development in school organisations.
- 7) **Voluntary participation:** “Your participation in this study is entirely voluntary. As already mentioned, you are free to withdraw from the interview at any time without penalty.”

- 8) **Confidentiality and anonymity:** “All identifying information that you share in this interview will be kept strictly confidential. This also means that the researcher will not share anything identifying from this interview with other participants. All information from this study will be stored securely, and will be destroyed within 5 years after the study is completed.”

Semi-structured interview questions:

- 1) **Initial open-ended question:** “Please tell me the story of your experience with the FRIENDS program.” (After the participant has shared their initial story of the FRIENDS program the researcher will check-in with them to make sure they are not in any state of emotional distress). Also for those who have not experienced FRIENDS through training, I will ask “Please tell me if you have ever heard of anything in relation to the FRIENDS program and if you have, can you please tell me your story of how you were informed? If you have been informed, is there a reason why you never attended a training?”
- 2) **Follow-up questions for those who have received the FRIENDS training:**
  - a. “Please think of a time during the initial implementation of FRIENDS in which you felt the process was helped or hindered by a specific event, situation or behaviour.” For instance, when you first learned about the FRIENDS program.
  - b. “Please describe a particular incident in full detail that significantly helped or hindered in the implementation of FRIENDS as designed by the licensee.” For instance, when you were facilitating the program to your students in class
  - c. “How was this incident helpful or unhelpful?”
  - d. “What led up to this incident (antecedents)”
  - e. “What were the surrounding circumstances that affected this event or situation”
  - f. “What was the overall outcome of this event or situation”
  - g. “What did this incident mean to you personally”
  - h. “How did this specific incident make you feel?”
- 3) **Follow-up questions for those who have not received the FRIENDS program training:**
  - a. “Please think of a time when you were informed about the FRIENDS training in your school district.” What hindered you from you attending the training?”
  - b. “If nothing hindered you, could you explain why you chose not to attend the training?”
  - c. “How was this incident helpful or unhelpful”
  - d. “What led up to this incident (antecedents)”
  - e. “What were the surrounding circumstances that affected this event or situation”
  - f. “What was the overall outcome of this event or situation”

- g. “What did this incident mean to you personally?”
- h. “How did this specific incident make you feel?”

(Prior to proceeding to the termination of the interview, the researcher will ask “\_\_\_\_\_, how are you feeling after sharing these incidences and situations that were either helpful or not helpful in the implementation of the FRIENDS anxiety management program as designed by the licensee. If the participant is emotionally or psychologically distressed, the researcher will respond appropriately, either with a break from the interview, or with crisis management skills.)

Closing questions:

- 1) **Suggestions for future implementation of the FRIENDS program** “Based on your personal experience as an educator involved in teaching and also providing curricula that help improve the mental health well-being of your students, what would be your recommendation for future program managers and program developers in the implementation of the FRIENDS program.

Anything else you would like to add?

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Name (please print)

- Check this box if you give us permission to retain your audio-recordings for future data analysis, after the completion of this study. All audio-recordings will be erased five years after completion of this study.

**APPENDIX G:**  
**DEBRIEFING SCRIPT**

At the end of the interview the principal investigator will review the interview process with the participant. The researcher will summarize what the participant has discussed during the interview. The participant will be given the opportunity to ask questions or make any further comments. Also, the researcher will remind educators to connect with their already existing professional supports, if they feel this is necessary. The principal investigator will use the following debriefing script.

*"We have been engaging in semi-structured, open interviews in order to explore your perceptions and experiences of implementing the FRIENDS anxiety management program as designed by the licensee. The purpose of these interviews was two-fold; to provide information for a thesis project that will soon be defended and published, and to provide an opportunity for you to discuss your experiences of implementing the FRIENDS program as designed with the purpose of providing useful feedback to teachers, school administrators and educational policy makers on what helps and hinders educators in implementing mental health promotion programs such as FRIENDS as required by the licensee. The results of this study will inform future implementations of the FRIENDS program. The researcher also hopes to publish the results of this study in a scholarly journal so that the information you provide will help to fill a gap in the understanding of researchers and clinicians regarding what helps and hinders in the implementation of FRIENDS, an anxiety management mental health promotion program for children. That information may then be made available to school administrators, policy makers, program developers, mental health clinicians to improve upon their*

*services to school children and realize the need of mental health promotion initiatives. At this point, do you have any further questions about this study in general, this interview, or anything else?*

*If, following this interview, you feel emotionally upset by something raised in the interview, you are encouraged to contact either your family doctor or counsellor. If you have access to neither of these supports, and if you wish, you will be given prompt access to a Child and Youth Mental Health Psychologist who will provide immediate, short term interventions with you. He/She will also provide you with rapid access to other professional supports, either a family doctor or an adult mental health worker. Not sure we have to pose this question, rather than let the client take the initiative. Just my thought. Are there any further questions or concerns that you may have before we end this interview?*

*Thank you very much for your contributions to this study."*



**APPENDIX H:****LETTER TO PARTICIPANTS ABOUT REVISED RESEARCH QUESTION**

Dear Participant,

**RE: FRIENDS THESIS RESEARCH - REVISED RESEARCH QUESTION**

As part of the process in defending my thesis entitled, “A QUALITATIVE STUDY ON THE IMPLEMENTATION OF THE FRIENDS ANXIETY MANAGEMENT AND MENTAL HEALTH PROMOTION PROGRAM”, an external examiner who is a scholar in mental health promotion programs for children was given the opportunity to provide feedback on the research document, I produced. Her feedback revealed that it would be useful to make more explicit the underlying findings of my interview with you. For this reason, I wish to inform you that the research question has been revised to read: What helps and hinders educators in their decisions regarding the implementation of the FRIENDS anxiety management program as designed by the licensee?” This revision does not require another interview instead it amplifies and makes more explicit your responses to the previous question I asked during my interview with you. The previous question was “What helps and hinders educators in the implementation of the FRIENDS anxiety management program as designed by the licensee”.

Thank you for your participation in this research that sought to answer “What helps and hinders educators in their decisions regarding the implementation of the FRIENDS program.”

Please feel free to call me at 604-702-2311, if you require further information.

Yours sincerely,

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