Behaviour Research and Therapy 51 (2013) 31–36

Contents lists available at SciVerse ScienceDirect

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat

Shorter communication

Friendship quality predicts treatment outcome in children with anxiety disorders

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ARTICLE INFO

Article history:
Received 10 July 2012
Received in revised form
18 October 2012
Accepted 22 October 2012

Keywords:
Child anxiety
Treatment outcome
Friendship quality

ABSTRACT

It was examined whether friendship quality (FQ) and friends' anxiety predicted treatment outcome in 116 children with anxiety disorders (72.3% Australian) receiving cognitive behavioural therapy (CBT). Target children and an identified close friend aged between 7 and 13 years (50% female) completed the Friendship Quality Questionnaire (Parker & Asher, 1993) before treatment, and child diagnoses were based on the Anxiety Disorders Interview Schedule for DSM-IV-Child/Parent Version (Silverman & Albano, 1996). Children who reported higher FQ were significantly more likely to be free of their initial primary anxiety disorder and of any anxiety disorder at posttreatment and 6-month follow-up; friend report of FQ and friend's anxiety as measured by the Spence Child Anxiety Scale (Spence, 1998) did not predict treatment outcome. Children with anxiety disorders reporting higher FQ responded better to CBT than children with anxiety disorders reporting lower FQ. FQ measures could help identify anxious children at heightened risk of poor treatment response. Further, good quality friendships may be an important aid in anxious children's treatment response.

Childhood anxiety disorders eclipse both depression and externalising disorders in their frequency (Cartwright-Hatton, McNicol, & Doubleday, 2006), and are consistently linked to adverse social, emotional, academic and physical and mental health problems (Rapee, Schniering, & Hudson, 2009). Cognitive behavioural treatments (CBT) are efficacious for many anxious children; however, approximately 40% continue to experience anxiety (Hudson, 2005). Identifying predictors of treatment outcome could help better understand and improve treatment response. However, very few treatment predictors have been identified (e.g., Rapee, 2000).

One factor implicated in developmental models of child anxiety that remains relatively unexplored as a treatment predictor is peer relations (Hudson & Rapee, 2004, p. 51). One study explored the concept in 7–17 year olds with social phobia. Self-reported loneliness and observer-rated social effectiveness during a role-play task with peers negatively predicted treatment outcome in social effectiveness therapy (Alfano et al., 2009). Moreover, changes in loneliness mediated the posttreatment changes in social anxiety.

Beyond the importance of healthy peer relations, researchers testify to the unique importance of close dyadic friendships in the trajectory of anxiety (Bukowski, Laursen, & Hoza, 2010). For example, having one close friendship relative to no close friendship effectively buffered social avoidance or shyness in preadolescents from becoming associated with later depressed affect (Bukowski et al., 2010).

The perceived quality of this close friendship, or effectively how positive a child rates his or her friendship on features such as guidance, validation, intimacy or companionship is a robust predictor of child adjustment (Berndt, 2002). Controlling for overall peer acceptance and number of friends, 10–14 year olds with at least one friend who offered support, protection, and intimacy were less likely to display teacher-rated internalising, externalising and social problems than those with a lower-quality friendship (Waldrip, Malcolm, & Jensen-Campbell, 2008). Friendship quality (FQ) showed an especially strong association with adjustment when overall peer acceptance and number of friends was low (Waldrip et al., 2008). For children with anxiety disorders at greater risk of such a scenario, a high quality friendship may be especially beneficial.

There are several speculations as to how FQ might relate to treatment outcome in children with anxiety disorders. Negative processing biases have been implicated as causal factors in the development and maintenance of child anxiety (Salemink, van den Hout, & Kindt, 2010), and a primary goal of CBT is to modify negative cognitions. High quality friendships may enhance treatment response in that they engender more positive schemata and social information processing; whereas low quality friendships might hinder treatment response in that they encourage more maladaptive processing or cognitions (e.g., Sullivan, 1953).

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0005-7967/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.brat.2012.10.005

Graded exposure to feared situations is another core component of CBT. A high quality friendship may promote successful naturalistic "exposures". For example, there is evidence that individuals high in social anxiety appear more socially competent with a good friend present than when alone (Pontarri, 2009). Other standard components of CBT include social skills and assertiveness training. A high quality friendship might relate to treatment outcome, in that it provides a "safe" context in which to develop and practice these skills to use competently in broader social situations later on.

High FQ may promote treatment response; affiliation with a close friend who exhibits anxious symptoms might undermine treatment response. This could be indirect, by way of increasing the risk of aversive experiences; for example, withdrawn children and their best friends were found to be more victimized than non-withdrawn children and their best friends (Rubin, Wojslawowicz, Rose-Krasnor, Booth-LaForce, & Burgess, 2006). Having an anxious friend could also directly augment the child's anxiety via consistent modelling and verbal or vicarious reinforcement of threatening interpretations to ambiguous stimuli (e.g., Hudson & Rapee, 2004, p. 51). In a similar vein, Schwartz-Mette and Rose (2011) describe a process termed corumination whereby friends may augment each other's anxiety through extensive repetitive talk about their problems, rehashing and speculating about problems, and focussing on negative affect together.

Friendship remains unexplored as a predictor of treatment response. The present study endeavoured to instigate this exploration and expand on the currently limited number of treatment outcome predictors identified in children with anxiety disorders. The study made two distinct hypotheses. Firstly, that children with higher quality friendships (target child and friend report) would respond better to CBT than children with lower-quality friendships; and secondly that children with a high anxious close friend would respond worse to CBT than children with a low anxious close friend. Treatment response was measured categorically (change in diagnosis) and continuously (change in parent and child reported anxiety symptoms).

Method

Participants

The sample consisted of 116 children with anxiety disorders, aged 7–13 years ($M = 9.3$ years). Please see Table 1 for the demographic composition of the sample. Children presented for assessment and treatment at an emotional health clinic. The primary diagnosis of an anxiety disorder according to the DSM-IV (APA, 1994) set the criteria for participation. Participants received subsidised enrolment in the Cool Kids Program (Lyneham, Abbott, Wignal, & Rapee, 2003) in return for participating in the research.

Table 1
Demographic composition and friendship features of sample.

Demographic and friendship features	%	*n*
Gender: Female	50	56
Ethnicity: Australian	72.3	81
Family income: > $80,000	67.9	76
Family structure: Two parent	92	103
Friendship reciprocation		
Perfect	54.1	40
Close friend	37.8	28
Not reciprocated	8.1	6
Friendship quality	*M*	*SD*
Target	110.23	22.79
Friend	114.53	19.08

Treatment

Cool Kids is a cognitive behavioural program for the treatment of broad based anxiety disorders in children, which has shown positive results in several trials (Hudson et al., 2009). The manual-based program includes affect recognition, cognitive restructuring, gradual exposure, child management, social skills training, and assertiveness. Treatment is conducted in groups of around seven families (parents and child), for ten 2-hour weekly sessions; children are allocated to a group based on age. Therapists were clinical psychologists or postgraduate students, and received weekly supervision from a senior clinical psychologist.

Measures

"Your Friends" nomination questionnaire

Target child and friend friendships were identified using an established two-step nomination procedure (Parker & Asher, 1993). The first step asked children to list the "*good friends you spend time with… really like to be around, know well, spend a lot of time together, and talk to*"'. There was no restriction on number of friends and children were not limited to naming school friends. The second step asked children to review this list and indicate their single "very best friend". Instructions specified not to include adults or relatives. An additional three forced-choice items queried friendship duration, frequency of contact and place of contact between dyads.

Friendship Quality Questionnaire (FQQ; Parker & Asher, 1993)

The 40-item questionnaire asks children to indicate on a 5-point Likert scale, from "not at all true" to "really true", how true a particular quality is of their friendship with the child they nominated in the "Your Friends" questionnaire. Regardless of whom the nominated friends of the target children identified as their close friends in the "Your Friends" questionnaire, friends were asked to report on their friendship with the target child who had nominated them. The FQQ has six subscales: help and guidance ("we share things with each other"), intimate exchange ("we tell each other private things"), validation and caring ('we make each other feel important and special"), companionship and recreation ("we do fun things together a lot"), conflict resolution ("we make up easily when we have a fight") and conflict and betrayal ("we argue a lot"). Internal consistency for the six subscales (.73–.90), and test–retest reliability (.75) are very good (Parker & Asher, 1993). FQQ accounts for a substantial portion of variance in self-reports of loneliness over and above peer acceptance (Parker & Asher, 1993). For the purpose of the study, one total FQ score was computed (with the conflict and betrayal subscale reverse scored); and yielded excellent internal consistency (target child FQ $\alpha = .91$; friend FQ $\alpha = .87$).

Spence Children's Anxiety Scale (SCAS; Spence, 1998)

A 45-item Likert-type (0 = "never", 3 = "always") questionnaire designed to assess specific anxiety symptoms relating to six DSM-IV defined subscales; social phobia, separation anxiety panic attack/agoraphobia, obsessive compulsive disorder, generalised anxiety and physical injury. The *Spence Child Anxiety Scale for Parents* (SCAS-P) (Spence, 1998) corresponds with each item on the SCAS, less six positive filler items. In addition to the good internal consistency for the total scale and each subscale, and test–retest reliability, strong correlations between child and parent reports support concurrent validity of the scale (Nauta et al., 2004; Spence, 1998). Divergent and convergent validity of the measures are supported by significant correlations with negative affect and physiological hyperarousal to a greater extent than with positive affect (Whiteside & Brown, 2008), and by significant correlations between the SCAS and other child anxiety measures (Spence, 1998).