EFETIVIDADE, APLICAÇÕES E LIMITAÇÕES DO PROGRAMA FRIENDS EM CRIANÇAS PRÉ-ESCOLARES: UMA REVISÃO INTEGRATIVA

EFFECTIVENESS, APPLICATIONS AND LIMITATIONS OF THE PROGRAM FRIENDS IN PRE-SCHOOL CHILDREN: AN INTEGRATIVE REVISION

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Resumo

O interesse em intervenções preventivas precoces baseadas em evidencia científica como é o FRIENDS Program, tem crescido nos últimos anos dado a que pesquisas tem alertado o surgimento de sintomas ansiosos em crianças menores de 5 anos, portanto, a detecção e intervenção precoce reduz e/ou previne os prejuízos causados pelos transtornos de ansiedade. O presente artigo teve como objetivo realizar uma revisão integrativa sobre efetividade, aplicações e limitações da utilização do FRIENDS Program em crianças pré-escolares. O levantamento bibliográfico incluiu publicações, no período de 2000 a 2016. Foram verificadas as bases de dados do Google Acadêmico, PubMed, PsycInfo e na própria plataforma do programa FRIENDS. Foram selecionados nove artigos. Os resultados e a análise mostraram que a prevenção é o foco da maioria dos estudos analisados e para sua efetividade na busca de benefícios para os participantes, deve haver uma seleção crítica dos instrumentos aplicados. A escola mostrou-se o espaço privilegiado para aplicação de projetos de prevenção, mas a formação dos professores deve ser fator indispensável para a aplicabilidade e reprodutibilidade do protocolo. Para que haja a universalização da utilização do FRIENDS Program em crianças pré-escolares mais estudos são necessários.

Palavras-chave: FRIENDS Program; Prevenção; Pré-escola; Habilidades Socioemocionais.

Abstract

The interest in early preventive interventions based on scientific evidence, such as the FRIENDS Program, has grown in recent years as research has shown the emergence of anxiety symptoms in children under 5 years, and additionally that early detection and intervention reduces and/or prevents the damage caused by anxiety disorders. This article focuses on carrying out an integrative review on the effectiveness, applications and limitations of the use of the FRIENDS Program in preschool children. Sources utilized included publications from 2000 to 2016. The databases of Google Scholar, PubMed, Psycinfo and the FRIENDS platform were verified. Nine articles were selected. The results and analysis showed that, for most of the studies analyzed, prevention is the focus and that to achieve effectiveness for participants, there should be a critical selection of the instruments applied. The school system was the preferred place for the application of prevention projects, but the training of teachers is a key factor for the applicability and reproduction of the protocol. In order for the use of the FRIENDS Program to be universalized for preschool children, more studies are needed.

Key-words: FRIENDS Program; Prevention; Preschool; Socioemotional Skills.

INTRODUCTION

The view of interventions in mental health has shifted in the last decades, mainly due to the publication of the Ottawa Letter in 1986 that promoted the perception of health as "a state of well-being physical, mental and social and not just as an absence of diseases" as proposed by the OMS (WHO, 1946). In this sense, the periods of childhood and adolescence are important for the prevention of problems in mental health, because it is in these periods that several psychopathologies can come. Specifically, in relation to children, those that present larger difficulty in the socio-emotional competencies are the most vulnerable for the development of problems in the classroom, affecting their learning processes and relationships with their peers. In that context, a series of protocols have been developed or adapted in several countries with the objective of promoting and strengthening the social and emotional abilities for students of different ages. According to a report from the National Research Council (2009), the objectives of these protocols include the advancement of individual abilities for the appropriate resolution of tasks, development (competences), in addition to promoting self-control, well-being and a positive self-esteem. Furthermore, several studies indicate that the development of socio-emotional abilities during childhood act as a protection factor for some mental disorders, especially mood disorders and anxiety (BLACK et al., 2017; FLOOK *et al.*, 2015; KIND, 2011).

Among the existing protocols, the program FRIENDS began in the 1990's with the objective of developing socio-emotional competencies and healthy life habits through cognitive-behavioral techniques applied in children's groups and young people (BARRETT, 2007; PAHL). The program began as a result of parents' comments and the results of children who participated in the initial study of Barrett treatment group (1998). The Acronym FRIENDS describes the skills taught in the program, with the goal being to aid the children's learning in a playful manner, and it stands for: F – Feelings; R – Relax; I – I can try; E – Encourage; N – Nurture; D – Don't forget; S – Stay brave.

The protocol initially was developed for children between 7 and 14 years old but, due to growing concern around early prevention, some authors evaluated the program's effectiveness in pre-school children (SHORTT; BARRETT; FOX, 2001; BARRETT; SONDEREGGER; XENOS, 2003; FARRELL; BARRETT; CLAASSENS, 2005).

As early as 2007, some adaptations were utilized in FRIENDS, starting with the development of more playful activities and language adaptation for children 4 to 7 years old. Subsequently, a secondary program was created, referred to as FunFRIENDS, that possesses the same objectives as the original, adding methods that utilize toys, histories, puppets, games and music (BARRETT, 2007).

Although there are several evidences of the FRIENDS program's effectiveness, the variation adapted for pre-school children is still new in literature. The proposal of this work, therefore, it is to produce a systematic review of the literature with the objective of evaluating the Fun FRIENDS program effectiveness. It also discusses the main characteristics and limitations of each study, as well as some difficulties in carrying out the protocols that can serve as support for the development and implementation of Fun FRIENDS for researchers in Brazil.

METHOD

The elaboration of the revision had the following stages: Theme identification and determination of guiding subjects; determination of inclusion criteria and exclusion of articles (selection of the sample); definition of the information to be extracted of the selected articles; analysis of the results; discussion and presentation of the results (MENDES; SILVEIRA; GALVÃO, 2008)

For the first stage, it was defined as research subjects: 1) Which intervention levels in mental health (treatment, prevention and promotion of health) were studied with the Friends protocol application? 2) What measures (instruments) were used in those different intervention levels and which of them obtained results? 3) Which implementation variables can affect the application effectiveness of the FRIENDS protocol, such as application atmosphere, applicator's proffession, time of training, etc.?

For the second stage, the searches were accomplished in different data bases, like Google Scholar, PubMed, Psycinfo and in the own FRIENDS program platform, that possesses several publications regarding the protocol. The used key words were "Fun friends" OR "Friends program" AND "Anxiety" OR "Socio-emotional skills".

The inclusion criteria used were: manuscripts written in Portuguese, English or Spanish starting from the year 2000 until 2016. Also researches were considered using the FRIENDS protocol starting from experimental designs or almost-experimental with sample s constituted by children with age between 4 and 7 years. Studies the had altered aspects of the FRIENDS protocol were excluded, like literature revisions, works no indexed, reviews and chapters of books.

They were recovered 63 studies and the selection of these works was accomplished from reading the title, summary and finally trough reading the complete text. In this revision, 9 studies were included, being three of them with experimental design (SHORTT; BARRETT; FOX, 2001; PAHL; BARRETT, 2010; ANTICICH *et al.*, 2013); and six with almost-experimental design (FARRELL; BARRETT; CLAASSENS 2005; BARRETT; SONDEREGGER; XENOS 2003; ZERTUCHE, 2012; DOHL, 2013; BARRETT; FISAK; COOPER, 2015; GALLEGOS-GUAJARDO *et al.*, 2015).

Table 1. Main studies evaluated.

Author	Instruments	Objective	Type of intervention	Main Results
E1. SHORTT; BARRETT; FOX, 2001	RCMAS; CBCL; DISCAP	Evaluate the effectiveness of the Friends program as cognitive behavioral treatment based on the family by changing the diagnosis status.	Treatment	Anxiety reduction in GI, which was maintained at follow-up (RCMAS; CBCL); 9% of the GI was free of diagnosis (DISCAP)
E2. BARRETT, SONDERENGGER; XENOS, 2003	SEI; RSES; RCMAS; TSCL; KHS; BHS	Evaluated Friends' ability to reduce psychic distress and build emotional resilience in young migrants.	Selective Prevention	Increased self-esteem in GI (SEI and RSES); reduction of anxiety symptoms (RCMAS), trauma (TSCL), feeling of hopelessness (KHS; BHS) in GI. All the changes have been kept up.
E3. FARRELL; BARRETT; CLAASSENS, 2005	CDI; SDQ; SCAS; ADISC	Examined the effectiveness of the Friends program in a community setting	Treatment	Reduction of anxiety symptoms (SCAS) and depression (CDI); without difference between groups in SDQ; 73% of children were diagnosed free. (ADISC)
E4. PAHL; BARRETT, 2010	PAS; BIQ; BERS; BIRS	Examined the effectiveness of the Fun Friends program in reducing anxiety symptoms and inhibited behaviors, along with increased socioemotional strength	Universal Prevention	GI and GC had a reduction in anxiety symptoms (PAS) and inhibition behaviors (BIQ) (except boys!) Increase in emotional strength (BIRS and BERS) for girls in both groups (boys not) No Follow-up results continued to improve in the GI.
E5. ZERTUCHE, 2012	BERS; BIQ; SHS; PAS	Evaluated the effectiveness of the Fun Friends program in the development of resilience in pre-school children	Universal Prevention	Increased social and emotional skills (BERS), subjective happiness (SHS) Anxiety symptoms (PAS) and inhibitory behaviors (BIQ) have decreased
E6. DOHL, 2013	PAS; SDQ	Examined the effectiveness of the Fun Friends program in reducing anxiety symptoms and inhibited behaviors, along with increased socioemotional	Universal Prevention	GI and GC had /reduction in anxiety symptoms (PAS) and inhibitory behaviors (BIQ) (except boys GI) Increase in emotional strengths (BIRS and

		strength		BERS) for girls in both groups (no boys) No Follow-up results continued to improve in the GI.
E7. ANTICICH et al., 2013	PAS; BIQ; SDQ; DECA-C; DASS-21; HADS; PSI-SF	Evaluated the effectiveness of the Fun Friends program in reducing anxiety and behavioral inhibition as well as improving social and emotional competence in children	Universal Prevention	GI had a reduction in anxiety symptoms (PAS) and inhibited behaviors (BIQ); there was an improvement in the pro-social behavior (SDQ); Intervention with Friends had a protective effect on the stress of parents (DASS-21; HADS; PSI-SF) and teachers (DECA-C). Friends was more effective than the other GC program
E8. BARRET; FISAK; COOPER, 2015	PAS; BIQ, BERS; SDQ; HADS; PSI-SF; ADISC	Examined the effectiveness of the Fun Friends Program in the treatment of preschool children diagnosed with anxiety disorder	Treatment	Significant decreases in anxiety (PAS) and shyness (BIQ); decrease in the number of diagnosed anxiety disorders (ADISC). Improvement in the social skills (resilience) (BERS; SDQ)

RCMAS: The Revised Children's Manifest Anxiety Scale; **CBCL:** The Child Behavior Checklist; **DISCAP:** Diagnostic Interview Schedule for Children, Adolescents and Parents; **SEI:** Self-Esteem Inventory; **RSES:** Rosenberg Self-Esteem Scale; **TSCL:** Trauma Symptom Checklist for Children; **KHS e BHS:** Hopelessness Scales; **CDI:** Child Depression Inventory; **SDQ:** Strengths and Difficulties Questionnaire; **SCAS:** Spence Children's Anxiety Scale; **ADISC:** The Anxiety Disorder Interview Schedule for Children; **PAS:** The Preschool Anxiety Scale; **BIQ:** The Behavioral Inhibition Questionnaire; **BERS:** Behavioral and Emotional Rating Scale; **BIRS:** The Behavioral Inhibition Questionnaire; **SHS:** Subjective Happiness Scale; **DECA-C:** Devereux Early Childhood Assessment; **DASS-21:** Depression Anxiety and Stress Scale; **HADS:** Hospital Anxiety and Depression Scale; **PSI-SF:** Parenting Stress Index-Short Form; **CCS:** Piers-Harris Children's Self-Concept Scale; **CHS:** The Children's Hope Scale; **CSQ:** Coping Skills Questionnaire; **SVQ-C:** Social Validity Questionnaire for Children and Adolescents; **SVQ-P:** Social Validity Questionnaire for Parents/Caregivers

RESULTS AND DISCUSSION

In relation to this revision objective, in other words, to describe and to analyze the effectiveness, applications and limitations of the FRIENDS Program protocol for pre-school children, the results and discussions will be presented in three topics: intervention levels in mental health used in the program; obtained results of the measures and instruments used to evaluate the protocol effectiveness and variables of the protocol implementation.

Intervention levels in mental health used in the program

It is known that the prevention and treatment strategies are different, but they are complementary in the goal of reducing the burden of emotional and behavioral problems, and they also help with the individuals' healthy development. While in the treatment the intervention should be offered to reduce or to bring relief to an individual's suffering that already presents a clinical diagnosis, the prevention has for objective to reduce the development probability of a future mental disorder (NATIONAL RESEARCH COUNCIL, 2009). Among the nine analyzed articles, six framed the intervention with the program at prevention level (PAHL; BARRETT, 2010; ZERTUCHE, 2012; DOHL, 2013; ANTICICH *et al.*, 2013; BARRETT; SONDEREGGER; XENOS, 2003; GALLEGOS-GUAJARDO *et al.*, 2015) and the other three as treatment (SHORTT; BARRETT; FOX, 2001; FARRELL; BARRETT; CLAASSENS, 2005; BARRETT; FISAK; COOPER, 2015).

The National Research Council (2009) uses the term "prevention" for services received by those people that still don't suffer of any discomfort or deficiency to be forewarned. Proposing a prevention classification based on the costs, benefits of the intervention and targeted population. Therefore, the first level is the Universal Prevention, where the intervention strategies are offered to the whole population, since that the intervention is susceptible of providing a benefit to all (or to reduce the probability of a mental disorder development), independently of the risk level that the individual is exposed, reducing their possibility of being stigmatized.

Four of the nine analyzed articles framed the intervention as universal prevention (PAHL; BARRETT, 2010; ZERTUCHE, 2012; DOHL, 2013; ANTICICH *et al.*, 2013). The Selective Prevention, refers to the strategies that are addressed to a group that was identified with high risk factors to develop some mental, emotional or behavioral problems. Such factors can be biological, psychological or social, in that the subject can be imminent exposed or to elapse along the life. In the revised articles, two researches can be found that are framed in this level of selective intervention (BARRETT; SONDEREGGER; XENOS, 2003; GALLEGOS-GUAJARDO *et al.*, 2015). And lastly, the suitable prevention that are strategies focused in individuals identified as high risk of developing a disorder, since they present signs and minimum symptoms detected in some individual evaluation, but they don't fill out the criteria diagnoses (National Research Council, 2009), of the analyzed articles none of them is framed in this prevention type. It is known that the mental problems are a burden for the individuals and for their families and researches indicate that the clinical signs appears from tender age (KLITZING *et al.*, 2014), as in the case of a research accomplished in adults with mental diseases, their half identified that the disease had begun before they were 14 years old (KESSLER *et al.*, 2005). Therefore, the early development of mental diseases can be a risk factor for the low school income (National Research Council, 2009), besides increasing the chances of psychiatric problems and substance-abuse during adolescence (LAY; CLEARY; SITHARTHAN, 2015).

On the other hand, the treatment can involve more intense interventions and that can involve larger cost for the participants. Therefore the prevention seems to be a great bet, especially with children in preschool age, since older children are more exposed to risk factors that allow the development of a series of disorders as a consequence of anxiety, including the rejection of the peers, low self-control sensation or precarious social abilities (RAPEE *et al.*, 2005).

In articles in which the level of preventive intervention was the universal type (PAHL; BARRETT, 2010; ZERTUCHE, 2012; DOHL, 2013; ANTICICH *et al.*, 2013) the anxiety symptoms reduction can be observed in the intervention group, but those reductions were not statistically significant in the researches of Pahl and Barrett (2010); Zertuche (2012) and Dohl (2013). In the case of the study of Anticich *et al.* (2013), where in spite of the preventive intervention be in an universal level, they accomplished the participants' division for those that presented larger/smaller anxiety symptoms, observing that those individuals that presented more anxiety symptoms were the ones that the intervention benefited more. In this same reasoning line, the studies which

the prevention level was selective presented significant statistical differences among the groups that received the intervention with FRIENDS Program and the Control Group, showing that those who received the intervention presented a statistically significant reduction of anxiety.

These discoveries match with the reported by National Research Council (2009), in which is discussed that populations with high risk of suffering internalizing disorders benefit in larger degree of interventions focused in the prevention. In that scenario, is easy to imagine that individuals would be more sensitive in showing changes in the internalizing problems profile, in several ways compared to what happens in the universal strategies, since those can present a relatively low dosage of intervention and not offer enough exposure to impact the children already with high risk of a specific disorder (National Research Council, 2009).

Obtained results from the measures and instruments used to evaluate the protocol effectiveness

To evaluate the FRIENDS Program effectiveness, the studies used several instruments, which had: internalizing symptoms, self-esteem, hope, optimism, coping ability, emotional and behavioral forces. Knowing that the FRIENDS Program was developed in order to prevent internalizing symptoms, specifically anxiety, and all studies evaluated this measure, the reduction of internalizing symptoms (anxiety, depression and behavioral inhibition) was chosen as a measure of effectiveness. We also analyzed the measure of pro-social behavior and emotional forces.

All the studies evaluated the reduction of anxiety symptoms, using the following instruments: The Preschool Anxiety Scale - PAS (PAHL; BARRETT, 2010; ZERTUCHE, 2012; DOHL, 2013; ANTICICH *et al.*, 2013; BARRET, FISAK, COOPER, 2015); The Revised Children's Manifest Anxiety Scale - RCMAS (SHORTT; BARRETT; FOX, 2001; BARRETT; SONDEREGGER; XENOS, 2003; GALLEGOS-GUAJARDO *et al.*, 2015). In addition, three articles evaluated the change from clinical to non-clinical anxiety diagnosis through the following standardized clinical interviews: The Anxiety Disorder Interview Schedule for Children (FARRELL; BARRETT; CLAASSENS, 2005; BARRETT; FISAK; COOPER *et al.* 2015); Diagnostic Interview Schedule for Children, Adolescents and Parents-DISCAP (SHORTT; BARRETT; FOX, 2001). In addition to the anxiety scales, in the study of Barrett, Sonderegger and Xenos (2003) the anxiety measure was also used in the instrument Trauma Symptom Checklist for Children (TSCL).

Five articles had an intervention group (GI) and control group (GC) (SHORTT; BARRETT; FOX, 2001; BARRETT; SONDEREGGER; XENOS, 2003; PAHL; BARRETT, 2010; DOHL, 2013; ANTICICH *et al.*, 2013); and the others (ZERTUCHE, 2012; BARRETT; FISAK; COOPER, 2015; GALLEGOS-GUAJARDO *et al.*, 2015) only intervention group.

In the studies that used the PAS scale to assess anxiety, only one of them had significant results in reducing symptoms using this instrument (BARRET, FISAK, COOPER, 2015), but it is important to highlight one of the limitations of this study since it only counted with a single group.

In the study by Anticich *et al.* (2013), the PAS scale was also implemented, but the researchers created the behavioral inhibition factor, which included the SBP social phobia subscale and the social and situational novelty sub scales of the BIQ and the BIQ physical challenges subscale, for this reason we can not say whether the PAS scale was sensitive in the measurement of anxiety symptoms in this study.

When using the RCMAS scale, the diagnostic interviews (ADISC; DISCAP) and the TSCL subscale, changes were found in the intervention groups after application of the FRIENDS Program. These results may indicate that PAS is not a sensitive instrument for evaluating anxiety symptoms in preschool children, especially when interventions are of the universal type (PAHL; BARRETT, 2010; ZERTUCHE, 2012; DOHL, 2013). It is seen

that the reduction of anxious symptoms after the use of FRIENDS has been observed with measures of another instrument (ie: RCMAS; TSCL). The studies that used the diagnostic interviews (SHORTT; BARRETT; FOZ, 2001; FARRELL, BARRETT; CLAASSENS, 2005; BARRETT; FISAK; COOPER, 2015) showed that FRIENDS intervention in preschool children can change the diagnosis of clinical anxiety to non-clinical.

In the evaluation of depressive symptoms, two studies evaluated their reduction by intervention with the FRIENDS Program. (1) Trauma Symptom Checklist for Children - TSCL (BARRETT; SONDEREGGER; XENOS, 2003); (2) The Children's Depression Inventory - CDI (FARRELL; BARRETT; CLAASSENS, 2005). The two studies that evaluated depression showed significant reductions from preintervention to postintervention. But because only two studies have analyzed the effectiveness in reducing depressive symptoms, it is necessary that future studies include this measure.

Another evaluated internalizing symptom was behavioral inhibition through the Behavioral Inhibition Questionnaire (BIQ), since behavioral inhibition (shyness and withdrawal) is considered a risk factor for the later development of anxiety disorders (KAGAN, 1997; PRIOR; SMART; SANSON; OBERKLID, 2000; SCHWARTZ; SNIDMAN; KAGAN, 1999). Four articles evaluated the reduction of behavioral inhibition in children age 4 to 7 years (PAHL; Barrett, 2010; Zertuche, 2012; ANTICICH *et al*, 2013;. BARRETT; FISAK and Cooper, 2015)

In three articles were detected significant ($p < 0.05$) in the inhibition of pre-intervention behaviors to post-intervention (Zerke, 2012; ANTICICH *et al*, 2013, BARRETT, FISAK and COOPER, 2015). Pahl and Barrett (2010), found a significant decrease ($p = 0.06$). It can be said that the evaluation of inhibition of behaviors such as shyness and withdrawal is an important measure to evaluate in preschoolers, since it is often the behavior that parents recognize with greater ease in children, especially since this behavior is a risk factor for the development of an anxiety disorder in childhood or later in adult life, especially Social Phobia (ASBAHR, 2004).

In addition to indicators that directly assess the probability of illness, such as anxiety and internalizing symptoms, behavior has been used as a positive measure to evaluate prevention and promotion of mental health. Pro-social behaviors are considered voluntary behaviors intended to benefit the other without seeking external or material rewards, fostered by empathy, generosity and solidarity. (EISENBERG, SPINRAD, TAYLOR, 2017, FERNANDES, OLIVIERA, 2017).

Six studies evaluated pro-social behavior through two scales: Strengths and Difficulties Questionnaire - SDQ (DOHL, 2013; BARRETT; FISAK; COOPER, 2015; GALLEGOS-GUAJARDO, 2015); Behavioral and Emotional Rating Scale- BERS (PAHL; BARRETT, 2010; ZERTUCHE, 2012; ANTICICH *et al*, 2013; BARRETT; FISAK; COOPER, 2015).

When using the SDQ scale, it is observed that only one of the studies presents a significant increase in preintervention post-intervention (BARRETT; FISAK; COOPER, 2015), but it should be emphasized again that this study does not present GC, therefore its outcomes have a limitation, which does not allow generalization of the results. Indicating, probably that the SDQ instrument, is not very sensitive or the most appropriate to evaluate prosocial behavior. On the other hand, when using the BERS instrument, it is observed that post-intervention changes in the experimental groups, being this significant change in three of the four studies (PAHL; BARRETT, 2010; ZERTUCHE, 2012; ANTICICH *et al*, 2013) that for the evaluation of pro-social behavior and personal strength, this instrument is more appropriate.

Implementation of the FRIENDS program variables

In order to elucidate the various factors involved in the implementation of the FRIENDS program, Table 2 shows the main variables of each selected study.

Table 2. Main studies evaluated.

Study	Environment	Facilitator	Training type	Duration	Duration of session	Follow-up
E1	Clinic	Psychologist	Training Workshop; Ongoing support (supervision)	10 sessions	50 minutes	12 months
E2	School	Health Professionals	NI; Ongoing support (supervision)	10 sessions	60 minutes	6 months
E3	Clinic	Psychologist	NI	10 sessions	90 minutes	NO

From the 9 articles analyzed, five (BARRET; SONDERGGER; XENOS, 2003; PAHL; BARRETT, 2010; ZERTUCHE, 2012; DOHL, 2013; ANTICICH et al., 2013) accomplished the intervention in the school environment, three articles (SHORTT; SONDEREGGER; FOX, 2001; FARRELL; BARRETT; CLAASSENS, 2005; BARRETT; FISAK; COOPER, 2015) applied the program in psychological clinics, and the last study (GALLEGOS-GUAJARDO *et al.*, 2015) carried out the intervention in a host institution.

It is noticed that most articles (5; 55.5%) carry out the intervention in the school environment, this refers to the results presented in a systematic review on prevention groups for children and adolescents by Kulic, Horne and Dagley (2004), in which they reviewed 94 articles and found that most of the studies were implemented in the school setting (75, 79.8%), this is not out of the question, since children and adolescents spend much of their time in school (PAHL, Barrett, 2007), which can be considered a great advantage because it allows interventions to be carried out for a large number of children, in addition the school environment allows the identification of children who need specific interventions.

It is the ideal place to implement preventive intervention programs aimed at promoting socio-emotional competence in the first years of school (PAHL, Barrett 2007). It can be observed that most of the studies carried out at school have a universal prevention intervention level, so it is not expected that many studies at this level of prevention will be carried out in settings such as clinics, since these spaces usually deal with subjects who already present subclinical or clinical levels (KULIC, HORNE and DAGLEY, 2004), this can be observed in the reviewed articles, where three of them were performed in the clinic and the level of intervention was treatment.

Continuing the analysis of the different configurations that may interfere with the effectiveness of the intervention of the FRIENDS protocol, it was found that for the most part the interventions were applied by mental health professionals, specifically psychologists. It can be said that mental health professionals have a better understanding of the relationship between the environmental and internal characteristics of emotional illness, so they are better equipped to develop programs for the prevention and treatment of children and young people (BARRETT, SONDEGGER, XENOS 2003).

However, the growing interest in universal interventions carried out at school has brought about the fact that they are carried out by school professionals (teachers), since they have greater daily contact with children, playing a central role in their lives, being seen as trustworthy by both children and parents, and thus potentiate their intervention (WOLMER *et al.*, 2005). Thus, one of the researchers' main concerns is the effect that the intervention may have depending on the type of facilitator who performs the intervention. In 2011, Fizak, Richard and Mann, conducted a meta-analysis, in which they discussed the effectiveness of preventive anxiety programs in children and adolescents, one of the variables studied was the influence of the facilitator's profession on the effectiveness of the intervention, comparing professionals health, with other types of professionals, as educators; concluding that when interventions are made by mental health professionals these have a greater effect.

In 2014, a group of researchers conducted the first large pragmatic randomized trial comparing the results of FRIENDS intervention when it is implemented by teachers or mental health professionals (STALLARD *et al.*, 2014), obtaining a similar result that Fizak (2011). In other words, health professionals are expected to take preventive interventions, since they have more training and knowledge of most prevention programs (FIZAK; RICHARD; MANN., 2011; STALLARD *et al.*, 2014).

CONCLUSIONS

With the increasing incidence of mental illness in childhood and adolescence, it is necessary to invest in early interventions that prevent the emergence of mental health problems, since prevention seeks to reach a large number of subjects in a short period of time, reducing or avoiding a high level of suffering in both children and their families, as well as reducing the large financial costs for the community as a whole.

It was observed that in order to achieve the main benefits with the application of the FRIENDS protocol, such as the reduction of internalizing symptoms and the improvement of socio-emotional behaviors, a critical selection of the research instruments is required to evaluate pre and post intervention.

Among the intervention spaces, the school was the privileged space for the application of prevention programs, but it is a fact that the training of the teachers involved should be a priority so that the results and objectives of the intervention program are valid and potentially significant. Therefore, the data indicate that, teachers should have specialized training and constant supervision in subjects that they have less knowledge, not fail to recognize that they have more training in class management and different skills that allow children to engage more easily in the intervention process.

However, further study using the FRIENDS Program is needed, and in addition to pre-school children, the different age groups in childhood and adolescence and different contexts should be involved, so that the effectiveness of the protocol can be universalized.

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