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Australian Approaches to Understanding and Building Resilience in At Risk Populations

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This chapter describes the Western Australian implementation of *TALK*, an intervention program aimed at increasing resilience within a school community. The chapter begins by providing the reader with some context in terms of current Australian government policies at both the national and state level that are targeted at promoting resilience in children. This is followed by a description of the TALK program, its aims, implementation, outcomes, and evaluation findings. The chapter concludes with a discussion of implications for mental health professionals working in an educational context.

Context

Western Australia (WA) is one of six states and two territories in Australia. It is the largest state geographically, covering a vast area, with a population of almost two million people. Most of the population (1.5 million) are concentrated on the coastal fringe areas within 200kms of the state capital, Perth. WA is resource-rich with a long history of mining (especially for gold and iron ore) and has a large primary production sector. It is not surprising therefore, to find that WA has a very mobile population. As a result, however, families are often isolated from extended family members in the eastern states or indeed from each other. Typically, mothers and children reside in the south west coastal areas with fathers or partners working away from home in the interior or the northern areas of the state. It is suspected that these work patterns contribute to WA having the

highest per capita divorce rate in the country (Australian Bureau of Statistics, 2003).

Current Government Policies Impacting on Resilience

Australian and international evidence confirms that the early years of a child's life are critical to his or her future development (Wyman, Cross, & Barry, 2004). It is at this time that a child's brain is rapidly developing and the foundations for learning, behaviour and health over the life course are set. The path to poor outcomes often begins in early childhood with a range of associated risk factors, including poor attachment, inadequate social skills, parenting styles, family factors, school difficulties, welfare dependency, and poor physical and mental health (Nelson & Prilleltensky, 2005). Community factors include those such as socio-economic disadvantage and lack of support services (Nelson & Prilleltensky, 2005).

These risk factors, however, can be offset by protective factors such as quality prenatal care, maternal health and nutrition, parental communication, positive attention from both parents, family harmony, and participation in broader social networks (Olds, Henderson, Cole, Eckenrode, Kitzman, Luckey, et al., 1998). In line with such findings, the Australian government at both the federal and state levels has funded and implemented a series of initiatives designed to promote the health and well-being of its citizens.

Federal Level

The *Stronger Families and Communities Strategy* is an Australian Government initiative providing families, their children and communities with the opportunity to build a better future. The program was first announced in April 2000 with funding of AUD$490 million committed for the period 2004-2009, and is aimed at empowering communities to develop local solutions to local problems. Funds are intended to set the stage for positive future development of children in the earliest stages of life and in their multiple roles as youth, students, workers, and future parents. The government has prioritized early childhood initiatives and undertaken an extensive consultation process to develop a national agenda for early childhood intervention. Among these is *Communities for Children (C4C)*, a program that focuses on well-targeted early intervention approaches that bring about positive outcomes for young children and their families, providing a good grounding for future development. These interventions include a *community parks project*, aimed at promoting richer social networks among families with young children with an emphasis on breaking down cultural barriers. Regular activities are held in community parks especially for children under the age of five, to provide them with a broader range of social and developmental experiences. Another program establishes *playgroups* in partnership with local schools. The playgroups provide a learning environment and promote healthy play for children and their caregivers. Playgroup staff also work with families to identify and address the developmental needs of children.

A second federal strategy, the *National Investment for the Early Years* (NIFTeY), is the result of a meeting of academics, practitioners and government officials in 1999. Their main focus has been the promotion of development, implementation, and evaluation of strategies in the first three years of childhood to advance the health, development, and well-being of all children in Australia. *NIFTeY* is a national initiative that operates in all states and territories through the establishment of local boards. The overall goal of NIFTeY is to increase knowledge in the community and provide support for parents and their young children. *Reconnect* is a Commonwealth funded service which provides a range of community based early intervention programs aimed at family reconciliation and support for young people aged 12 to 18 years who are homeless or at risk of becoming homeless. The aim of the program is to engage the young people with family, work, education, training, and the community.

With the growing global incidence of mental illness, particularly depression, there is also awareness at the federal level of the need for the provision of initiatives, such as *MindMatters,* to address mental health. MindMatters targets students at secondary schools, acting as a support resource, promoting positive mental health, and preventing suicide by means of a holistic approach. The major goals of the program are to improve the social and emotional health and well-being of young people through producing a resource kit that is distributed to all secondary schools. Examples of the booklets available include “A Guide for School-Based Responses to Preventing Self-Harm and Suicide” and “Enhancing Resilience through Communication, Changes and

Challenges", and "Stress and Coping". Each book contains activities and worksheets that teachers may use when addressing these topics.

Similarly, the *Australian Network for Promotion, Prevention, and Early Intervention for Mental Health* (Auseinetter), funded under the national mental health strategy by the Commonwealth Department of Health and Aging, is a print and electronic (www.auseinet.com) informational resource for professionals working in the mental health area.

State Level

Programs and innovative strategies are not only the domain of the Federal government. The State Government of Western Australia plays a significant role in offering wide-ranging programs particularly in collaboration or partnership with different organizations. In this regard, the state government has consulted widely with communities and NIFTeY to develop a vision for children. This shared vision suggests that all children:

- be nurtured and treated according to their best interests, with access to quality education, healthcare, welfare, housing, and social justice;
- be valued, respected and appreciated for their diversity including that of location, culture, abilities, and aspirations;
- be free from the detrimental effects of abuse, trauma, and stress;
- live satisfying, enjoyable, fulfilling, and creative lives, with opportunities to achieve in the fields of their choosing; and

- be consulted and participate in decision making on important issues that affect them, from the time they demonstrate the ability to understand.

(NIFTeY Vision for Children in Western Australia, 2003).

With this vision guiding project development, a number of initiatives have been developed. For example, the *Making the Difference Health and Wellbeing Program* and the *Robust Sense of Self Worth Program* are provided by the West Australia Department of Education and Training (DETWA). Each project is designed to promote the development of resilience in young people from kindergarten to year 12, the final year of formal schooling. This is done by recognizing "the ability of an individual to successfully recover from or adapt to adversity and to develop social and emotional competence despite exposure to life's problems" as a prerequisite to successful academic achievement (NIFTeY Vision for Children in Western Australia, 2003). To this end DETWA has implemented policy at State and District levels that recognizes the importance of fostering resilience through adoption of preventive strategies and embedding a holistic strategy to the development of positive health and well-being outcomes for students within the curriculum framework. DETWA has also been proactive in developing a series of videos and CD-ROMs on resilience including *Deal With It.* This multimedia package aims to increase coping skills of teenagers especially with regard to issues related to stress and mental health.

The *Ministerial Council for Suicide Prevention* has also been established at the state level and is responsible for developing and coordinating suicide prevention initiatives across Western Australia. Whilst the Council's aim is to

reduce the incidence of suicide and the prevalence of self-harming behaviours amongst people of all ages in WA, it maintains a focus on youth (Ministerial Council for Suicide Prevention, 2004). One of the Council's main objectives is to reduce the impact of suicide and suicidal behaviours on individuals, families, and communities, and to enhance the capacity of individuals, families, and communities to reduce the prevalence of risk factors for suicide.

Finally, in accordance with evidence of the importance of early intervention, the *Early Years Strategy* is part of the State government's *Children First* agenda which aims to engage communities to work collaboratively with government and non-government agencies to assist in the positive development of young children. The program is inclusive of all young children, particularly indigenous children and others from culturally diverse backgrounds. New services build on the strengths and resources of children, parents, families, and communities through the use of evidence-based practices and ongoing evaluation to ensure that effective strategies are implemented.

Given this wide ranging set of policies and initiatives at both the federal and state levels, it is clear that Australia is taking a systemic approach to enhancing resilience by building social and community capacity with a focus on health and well-being, and recognizing the role of early intervention and prevention initiatives. It is against this background that we worked in collaboration with local education district officers to implement the TALK program for at-risk children in one particular school district where children's behavioural and social problems were deemed by school personnel to be most acute. This

program, an exemplar of early intervention to promote resilience, is the focus of the remainder of this chapter.

The TALK Program

The TALK program is a language enrichment and social skills enhancement program that originated in the United States. The program was based on the *Rap Groups* model that began in Oakland, California (Cherry Goodier, personal communication, June 7, 2000). The original goals of this program included,

- creating a safe environment for the children where they will have the opportunity to express their ideas without fear of prejudice;
- allowing children to experience a sympathetic adult who will listen to their ideas and value their opinions;
- improvement of communication skills of students;
- improvement of oral communication that focuses on a student's ability to communicate fluently and accurately by listening, speaking, and engaging in familiar topics such as hobbies, the environment, entertainment, sport, and friendships;
- provision of the opportunity for modeling appropriate communication patterns between adults and children and amongst the children themselves;
- the capacity to enhance the self-esteem, coping strategies, and problem solving skills of children by creating a climate of trust and caring between

young people and adults;

- provision of opportunities to increase the sense of belonging of children by involving their school and community in their lives, and where students can facilitate the development of new friendships; and
- the program is part of a whole school approach to develop a caring school community.

Western Australian Implementation

The TALK program was an initiative between a local Education District Office and a university located in the same district. Organization and implementation of the program was undertaken by the authors (academic psychologists) in conjunction with graduate psychology students who also served as group leaders.

The program was implemented in a primary school of a recently established suburb of the North Metropolitan area of Perth. The community is a low socioeconomic status area characterized by many single parent and blended families, low levels of disposable income, high levels of unemployment, low levels of completion of high school, and lack of community resources such as public transport (Australian Bureau of Statistics, 2003; Hart, Brinkman, & Blackmore, 2003). Primary school aged children in this community have been identified as being at risk in aspects of their development as a result of impoverished home backgrounds or lack of parental involvement. Earlier administration of the *Early Development Index* (Hart, Brinkman, & Blackmore,

2003) for example, identified this locality as having a significant number of children whose psychosocial development is at risk. The EDI is a teacher completed checklist that measures five developmental domains: social competence, emotional maturity, language and cognitive skills, physical health and wellbeing, and communication skills and general knowledge. As the instrument's authors note, "The EDI reflects the influence of experiences of the first five years of life. The results of the behavioural checklist are combined to develop an index for a suburb" (Hart, Brinkman & Blackmore, 2003, p. 6). Based on these findings, a decision by the local Education District Office, Edith Cowan University and the principal of a local primary school was made to implement the TALK program in this community in the hope of improving children's functioning. Specifically, TALK was implemented in order to address problems of poor verbal interaction skills and a lack of emotional expression skills.

Principles underpinning the program implementation were that (1) young children need exposure to good models of adult conversation and verbal skills if they are to engage with fellow students and school staff in a constructive way; (2) children who are ill-equipped to express themselves through verbal interactions may resort to physical violence, disruptive behaviours, or delinquent acts that are not conducive to the development of a sense of belonging to the school; and (3) fostering a sense of belonging to promote a sense of community within the school will enhance the well-being of both the children and their teachers.

Prior to initiating the TALK program, senior primary school personnel expressed increasing concern regarding the growing number of children engaged in antisocial behaviours and vandalism in and out of the classroom. Many of the children had been identified as at risk by virtue of the school's designation as a *priority school*, a term used to indicate schools operating in educational districts characterized as poor or disadvantaged. The primary school staff believed that later behavioural problems were related to the need for remediation in the oral language skills of the children across the whole school population. Teachers also believed that many of the inappropriate externalizing and acting out behaviours demonstrated by children in the classrooms and school yard were attributable to the inability of these children to verbally express themselves adequately.

Risk and Resilience

The goals of TALK fit well within a resilience paradigm. There are many definitions of resilience in the literature which examine the contributions of diverse and complex factors that ensure positive outcomes for children and young people growing up under the kinds of adversity confronting children in this Perth suburb. Ungar (2005), for example, explains that resilience “generally refers to an individual’s ability to bounce back from adverse experiences, to avoid long-term negative effects or otherwise to overcome developmental threats" (p. xi). Resilience is also often referred to as invulnerability and stress-resistance (Garmezy, 1985) and may be conceived as those qualities possessed by children that result in positive outcomes despite adversity (Kaplan, 1999). The connection

between achieving positive outcomes in the face of adversity is ameliorated by protective factors. Kumpfer and Hopkins (1993) suggest that resilience is comprised of seven personal factors, namely, optimism, empathy, insight, intellectual competence, self-esteem, direction or mission, and determination and perseverance. For our purposes here, we have conceptualized the meaning of resilience as comprising several components including a sense of belonging (SoB), self-esteem, social and emotional development, as well as coping with factors related to depression. Implementation of the TALK program was hypothesized to effect SoB most, with additional influence expected for these other factors.

Sense of Belonging

Derived from Maslow's (1968) hierarchy of needs, SoB is a construct identified as a psychological need present in most individuals. The construct has been developed and refined in terms of its application and measurement, especially in the educational domain (Goodenow, 1993). Comparisons have been drawn between SoB and related concepts of sense of community and social capital (Pooley, Cohen, & Pike, 2005) and attachment (Ron, 2004; Hagerty, 2002) in areas such as education and health.

In the educational context SoB has been defined as "The extent to which students feel personally accepted, respected, included, and supported in the school social environment" (Goodenow, 1993, p.35). An ongoing program of research into SoB in children and adolescents has demonstrated the importance

of conceptualizing the construct developmentally, linking it with the emergence of the concept of “community self” in both educational and community contexts (see Pooley, Breen, Pike, Drew, & Cohen, in press; Pooley, Pike, Drew, & Breen, 2002; Rowland, Cohen, Pooley, Pike, & Breen, 2005; Stumpers, Breen, Pooley, Cohen, & Pike, 2005).

Previous research has also identified the importance of SoB as a key ingredient for measuring children's educational resilience (Wang, Haertel, & Walberg, 1997). SoB is necessary for students for a number of reasons. First, children’s feelings of belonging within their schools, families, and communities, are correlated with good mental health outcomes (Routt, 1996). Second, students spend a substantial portion of their time at school and participate in school-related activities making their school experience highly influential in their lives (Battistich, Solomon, Watson, & Schaps, 1997; Edwards, 1995). Third, peer relationships become more important with age (Cauce, 1986), with intimacy between peers increasing markedly from middle childhood to adolescence (Berndt, 1982). Finally, common school stressors, such as personal safety (Weldy, 1995), can be minimized by a caring and responsive school environment to which a child feels attached (Schumaker, 1998).

Studies have shown that a sense of belonging in educational settings is associated with numerous positive effects. These include a positive orientation towards school and learning, liking school, respect for teachers, educational aspirations, self-esteem, a cooperative learning style, an ability to make friends, higher attendance and retention rates, greater classroom and extra-curricular

participation, and academic success (Battistich, et al., 1997; Edwards, 1995; Royal & Rossi, 1997; Schmuck & Schmuck, 1992; Zeichner, 1980). A sense of belonging then, is a key aspect of academic motivation (Weiner, 1990). Thus, we may conclude that a child's experience of membership is an integral aspect of a classroom and school, as learning occurs in a social context (Schmuck & Schmuck, 1992). Research such that of Beck and Malley (1998), supports this notion, finding that most children who fail at school do so because they feel isolated.

However, schools alone may not be to blame. Traditional forms of belonging have diminished as a result of family breakdown, increases in parental working hours, increasing rates of single parenthood (with the result being greater stress on the parent), and an increasingly mobile society (Beck & Malley, 1998). Feelings of not belonging in school may be linked to overall experiences of alienation both at home and within the child's school community, leading to decreased functioning and threats to the child's well-being (Edwards, 1995).

An examination of SoB provides insight into the mechanisms by which aspects of risk and resilience act as inhibiting and enabling factors in children's development. We have used SoB as suggested by Albert (1991) to provide a link between the educational literature and the risk and resilience literature. SoB can also be conceptualized as the link between the individual and the collective, as well as an indicator of a child's wellbeing in the academic setting. Promoting SoB is, therefore, one of the most important goals of the TALK project.

Implementation

TALK aimed first to build a relationship between primary school students and adult facilitators. The program created an environment in which students felt secure and confident to share their feelings and concerns. It then aimed to enhance verbal interaction skills and emotional expression. It was anticipated that by developing a “sense of belonging” to the school community through TALK, inappropriate externalizing and acting out behaviours within the school environment would be reduced. The program was initiated with the consent of parents; however, there was no parental involvement in the implementation of the program.

As in the original US model, primary school students were offered the opportunity to meet in small groups with an adult leader to talk about any topic of interest to their specific age group. The groups ran for eight weeks and involved 25 graduate psychology students (5 males and 20 females) who met on a weekly basis for a period of 30 minutes. There were 145 primary school students involved in these small group discussions: 67 students were in year two (average age eight) and 78 students from year seven (average age 12).

Prior to the implementation of the program, all graduate psychology student group leaders underwent comprehensive training over a period of six hours. As all these students had already completed an undergraduate psychology degree, training content focused on an orientation to working with primary school-aged groups. Topics such as the leader’s responsibility, developing and enhancing observation and listening skills, methods of opening

group discussion, problems and opportunities that may arise with the target population, and how to end a group, were all addressed. Group leaders were also informed about the possibility that children may reveal information that would need to be referred to the school psychologist for further discussion.

The program was co-facilitated by the children's classroom teachers who were available to assist with any group management issues as well as generally support the university students if required. The format of the weekly group meetings was informal so that the primary school students regarded the group as fun and a special time to share with their peers. Although the group was never intended to be therapeutic, it soon became a place where troubled children experienced a safe listening environment.

How TALK Has Evolved

TALK has now been embedded in the school program for six years. We have followed the same group of students from age seven (primary year two) through to age twelve (primary year seven) when they are in their final year of primary school. The program started with 74 participants. This school has a high transient population and 35 students have been with the program since its inception. We have gained insights as to the most effective ways to implement the program in terms of organization, training of group leaders, and the usefulness of different research measures.

Successful implementation requires a high level of organization, necessitating a program manager. This development provides opportunities for

postgraduate community psychology students through the articulation of practicum placements. Issues of organization have also extended to the composition of the group. Initially, group structure and size were determined randomly by the primary school. Currently, group size is kept to a maximum of five primary school students with careful attention paid to the composition of each group in terms of gender and other characteristics. This decision has been taken based on our experience and knowledge of the school and children and in consultation with the teachers at the primary school. Our experience indicates that both mixed and gender specific groups are equally effective. However, there needs to be careful consideration of individual behavioural characteristics.

Although teachers have always been supportive and involved with TALK, we have had to carefully define their role within the program. Teachers have a duty of care towards their students and are legally required to be present at all times. Simultaneously, however, they need to be cognizant of being minimally intrusive, particularly during group activities.

Initially, we began by being very prescriptive about group activities. In pursuit of standardization of program delivery we required each group leader to implement the same activity. Experience has now shown that activities need to be flexibly tailored to the appropriate age and interests of the children. To this end we have now developed a training program and accompanying manual that is continually updated. This manual is for use by the university students and program manager. It is structured to contain basic information about the program as well as provide the opportunity for the university students to document and

outline their proposed program on a weekly basis. In this way, the manual is flexible in that it allows for personal input each week. None of the activities are prescribed and university students are free to design their own. We also modify and alter the types of measures required in order to capture data gauging the efficacy of the program. We have learnt over the duration of the program that certain aspects of the children, such as resilience, were not being captured by the original measurements. In a longitudinal research project, the alteration of measures complicates the comparison of results across time periods. This has been an issue in that some of the results are not comparable each year. However, some of the instruments have remained constant throughout the research (the measurement of sense of belonging and depression, for example), and this has allowed us to compare these results each year. Over the course of six years we have gathered a significant amount of empirical data as to the efficacy of TALK.

TALK Outcomes and Evaluation

We have evaluated the program every year since its implementation. Evaluation has employed both quantitative and qualitative methods. Quantitative evaluation has used pre- and post-program administration of measures. These include *Harter's Self Perception Profile* (SPPC) (Harter, 1985) and Goodenow's *Psychological Sense of School Membership Scale* (PSSM) (Goodenow, 1993). In an effort to more effectively measure the impact of the program, we have refined our evaluations to also include measures of depression using the *Child*

Depression Inventory (CDI) (Kovacs, 1992) and resilience using the *Resilience Scale for Adolescents* (READ) (O. Hjemdal, personal communication, February 25, 2005). In addition, qualitative data has been collected annually. Due to the challenges encountered by changing measurements each year, and the transient nature of the cohort, it has been difficult to consistently analyze the data with accuracy. The main forms of analysis have been utilising t-tests, correlations, and analysing the qualitative information.

Outcomes

Our results have been mixed with measures demonstrating significant changes in performance by students over the years since TALK's inception. For example, the use of Goodenow's *Psychological Sense of School Membership Scale* over a five year period has shown a statistically significant increase in scores mean score of 31.5 (SD = 2.91) in 2001, to 65.8 (SD = 13.92) in 2005 ($p<.001$), with a maximum possible score of 90 ($p<.001$). Scores on the CDI by contrast were not significant, indicating no change in levels of children's level of depression during this time.

Conversely, some measures have not been used consistently during the past six years. The resilience measure (READ), for example, was not introduced until 2005 due to unavailability of an appropriate measure. Therefore, no comparisons can be made at this stage. An initial analysis indicates that the READ correlates significantly with the PSSM ($r = .072$, $p< .01$). This relationship does, however, require further investigation. Nonetheless, we have noted that

school membership (as measured here by the PSSM) has been associated with increased performance and self-esteem and decreased depression. We speculate that given these trends, resilience will be positively correlated with school membership. *SPPC* (Harter's Self Perception Profile) scores have not shown significant differences.

As the program only operates during the school term (eight weeks), it is unlikely that we would see any significant changes in competence over this period of time. This is not an intensive intervention in which one would expect to see an effect immediately and on follow-up. We are cognizant that the measure of self-esteem we have used is not ideal. However, ease of administration and availability of the instrument makes it a viable option to consider as well as being the most widely used measure of self-esteem in the literature.

This increase in the children's PSSM scores presents us with a conundrum. We would expect an increase in sense of belonging over time: the longer children attend the school the greater their attachment. However, out of all of the children participating in the program only 35 (less than 50%) children have been in the TALK program since its inception. This would suggest that the effect of an increase in PSSM scores is a combination of the context of the school and of the TALK program. The school would seem to be operating at a level where the children feel safe, and where their needs are to some extent being met.

Qualitative Findings

Qualitative data was collected from three separate participant groups: children, teachers, and graduate psychology student group leaders. Data from all three sources is consistently positive and supportive of the program. The comments provided by the children can be grouped into various themes including:

- Sense of Belonging

  "I like coming to school……..because that's where my friends are."

  "The school is terrific……we have fun here and the teachers are really nice."

  "The new principal is a great guy, he knows all of us."

- Self Esteem

  "If I do good work, [the teacher] always tells me how hard I'm trying

  "I like being in the small groups because we all get a chance to talk."

- Connection with Group leaders

  "I am happier talking with the group leader than the teacher."

  "My leader never favours any of us, she treats us all the same."

  "I wish my dad was more like [the group leader]."

- Empowerment

"I always look forward to Thursdays when we have our small groups."

"I like the way we each take turns….it makes me feel important."

Comments by the teachers were equally supportive of the program and its outcomes. They viewed TALK as having had a positive impact on the children's behaviour in the classroom and on the school playground:

- Sense of Belonging

  "The program has helped to create a sense of attachment to the school."

  "The students view the school from a different perspective."

  "They look forward to the program each week and it has become part of the curriculum….they (students) get very upset if the groups are cancelled."

- Self Esteem

  "The students feel important and have developed a confidence which I haven't seen before."

  "The groups have helped [the students] to respect each other and value the opinions of others."

- Connection with Group leaders

"It has been valuable for the students to have someone not connected to the school with whom they could talk."

"I see that the group leaders have become role models for the children…they are always saying, for example, that they were told not to interrupt when someone is talking."

- Empowerment

"The program has built language skills and communication skills for many of the children."

"The children have learnt to take responsibility for many things since the TALK program started."

Finally, the group leaders consistently comment on how much they have enjoyed the practical experience applying theoretical constructs to work with at-risk children:

- Sense of Belonging

"The kids learn to love what they are doing and that this opportunity has been provided by the school."

"Sometimes it was not so easy to get the kids to be part of the group…the school definitely helps in fostering a sense of connectedness with the kids."

- Self Esteem

  “The TALK program provides an opportunity for the students to learn and grow.”

  “From the first time we met the children, till now, they have developed such confidence in the group….it was just marvellous to watch.”

  - Connection with Group leaders

  “The best for me was when one student came up to me and said, ‘Thank you for making this such fun and for being here”, for me that has made it all worthwhile.”

  - Empowerment

  “The children learn how to participate in a group discussion.”

  “There is so much of value in this program, that it really can’t be measured by a bunch of questionnaires. The students learn social skills in a safe, secure environment; they have the opportunity to practice social skills and talking without fear of being ridiculed or shouted at; they learn how to listen to the opinions of others…where else do you have such a marvellous opportunity?”

  - Personal Reflection

"I love getting my hands 'dirty', it's a great professional experience."

"I think the school needs more of the program. It provides a different perspective for the teachers and assists them to manage some of the problems in their classrooms. "

"My one disappointment is that the program is so short. We need to find a way to run it all year."

"We need to add another dimension to the program that involves teaching the parents communication skills, and how best to interact or talk to their children."

Summary

As demonstrated above, TALK shows promise of being a low cost effective school based intervention for at-risk children. It provides children with an opportunity to develop some important communication skills that may be generalized to other aspects of their behaviour. The program has provided an opportunity for teachers to rethink their role and relationship with their students while providing graduate psychology students with some valuable training opportunities.

There are, however, important considerations for those that work in the area of mental health in an educational context with regard to the implementation of programs designed to address issues of risk and resilience. The implementation of TALK was initially meant to assist the school with students who were at risk. It was a reactive intervention. Over the years, however, the

program has become embedded in the primary school curriculum. It is now seen as a prevention program that attempts to enhance positive outcomes such as SoB which are associated with resilience. While the ultimate aim is to operate from a preventive framework, sometimes it is important to start with a reactive intervention as many programs begin with an intervention capacity.

While results to date have been far from conclusive, accounts by participants (children, teachers, and graduate students) captured through our qualitative data, seem to support continuation of the program. However, more rigorous and comprehensive research will be needed to understand the positive reactions to the program that have yet to be demonstrated conclusively through quantitative data using standardized instruments. This highlights another of the key considerations: the appropriate selection of psychometric measures at the initial implementation of the program. For us, it has become apparent that there needs to be a capacity to evaluate and revise the utility of measures for assessing behavioural change as the program develops and evolves. This suggests that intervention projects need to be more action research based, as action research more readily supports the approach required for implementing and evaluating this type of intervention in a real life setting. This clearly has implications for aspects of program design and measurement of outcomes. This in turn has implications for attracting funding as many funding bodies require evidence-based outcomes that don't often include the capacity for action research. Mental health professionals working in this type of setting need to be aware of the challenges in terms of balancing these competing needs for

flexibility in program implementation and evaluation and production of rigorous evidence based outcomes.

We can only speculate that the intrinsic qualities of the TALK program create conditions that facilitate children joining with adults and finding a sense of attachment to school. As McMillan and Chavis (1986) assert, “a healthy community system is one that can resist social, psychological, and physiological problems, in addition to enabling individuals and their collectivity to grow to their maximum potential” (p. 338). The TALK program may benefit children by creating such a system of interaction between children and adults at school and beyond. We believe our findings, though tentative, point to support for the importance of community as a protective factor (Puddifoot, 1996). An intervention such as the TALK program provides children with the opportunity to participate in small groups and to feel empowered while they develop a connection and attachment to their group and the school. Our next step needs to account for behavioural as well as psychological outcomes. Anecdotally, teachers report evidence of a decline in behavioural problems and difficulties that would be expected given related research (Ma, 2003).

TALK and other initiatives by both state and federal governments have the potential to create caring communities that foster a sense of belonging for children (Schaps & Solomon, 1997; Wehlage, 1989). This initiative suggests that to maximize the benefits of community interventions, programs based at the school level should involve informal support for children that can compensate for difficult family and personal situations (see also Luthar & Zelazo, 2003).

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