Welcome to the RAP Newsletter

Welcome to the first edition of the RAP Newsletter. We intend publishing this newsletter twice a year and hope it will be a forum for you to catch up on what is happening with RAP. The next newsletter will also have a letters page where you can share your experiences of RAP, or ask any questions or raise any issues to do with the implementation of the program.

Meet The RAP Office

Ian Shochet is the director of the program and the architect of the RAP Programs. He continues to research the effectiveness of RAP. He is the driving force behind all new developments such as the flexible delivery of RAP-P and the development of a RAP for teachers.

Astrid Wurfl is the friendly voice on the phone. She is in the office on Tuesdays and Thursdays between 9:30 am and 2:30 pm. She can help you with any queries about training, implementation or general RAP queries.

Kerry Barham is the hard worker behind the scenes. She maintains our data base, sends out orders and does a myriad of other things. Kerry leaves us shortly to have a baby and we wish her lots of joy.

Georgia Ash will take over from Kerry and we welcome her to the RAP team.

David Ham continues to co-ordinate the national trial and work on his PhD.

We have many trainers nationally and say thank you to them all.
New RAP Materials

We have a brand new Stand-Alone version of the RAP-P. This has been designed as a flexible delivery for parents unable to attend workshops.

The program has been divided into six parts, with six separate booklets.

As part of the national trial, we mailed out the booklets in two week intervals to all parents who signed up initially for RAP-P.

The initial feedback from parents has been extremely positive. A random selection of parents was phoned and asked a series of specific questions regarding the program.

77% of parents phoned had browsed or read through the program. Parents overwhelmingly enjoyed the program and found the content to be useful.

We also have a new edition of the RAP-P Participant Workbook.

Content remains the same, however the layout and graphics have changed slightly. Very pleasing on the eye!

Rapping Around Australia

We hear from Trish Travers in the Southern most reaches of Western Australia, that Albany Senior High School and North Albany Senior High school are now in their 3rd year of facilitating RAP to all their year 8 students. Both schools also conduct post program depression screening using the CESD. This assists in identifying children early.

In Tasmania, Pam Lehman and her colleagues have been running 3-day RAP camps very successfully for the past 4 years. RAP is intertwined with other fun activities which complement the underlying concepts of the program and facilitate relationship building between staff and students.

RAP camps are eagerly anticipted and enthusiastically embraced by students who promote the program using newsletter articles, poems and even songs they write.

The facilitators describe many advantages of this approach including the provision of more time and the ability to generalise skills, with facilitation, to other activities outside of the RAP

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Brand New Data Base

Coming on line this week we have a brand new data base which can answer many different questions and holds much information.

We can now easily tell you how many facilitators we have trained in RAP (over 3000 nationally), how many in each state and give you information about facilitators in your local areas.

Of course, this means we need your UPDATED DETAILS. If you have changed jobs, addresses, phone numbers etc., please let us know so we can make the necessary changes.
RAP In the Midwest

The Mid West Health Area is one of eight rural health services in NSW. The implementation of depression prevention programs like RAP was central to the School Link Project that was initiated in 2000. The importance of a universal approach to prevention programs was very apparent because a number of schools were located in smaller towns where issues of confidentiality are paramount. To date, RAP has been implemented in 11 high schools across the area and in several non-school settings. Our most successful RAP programs have occurred in schools where the whole staff have participated in the training and have agreed to reinforce the main concepts inherent in RAP throughout the curriculum. Wherever possible, we have utilised the eleven-week model because there is considerable evidence about the effectiveness of this approach.

Tracy Robinson
Area School link co-ordinator
Mid West Health Service

RAP NH & MRC TRIAL

In 2000 the RAP program secured a $300,000 grant from the NH&MRC to conduct a large 3 year Multi-site National Trial comparing RAP-A, RAP-A plus RAP-P and a control group. The trial is being conducted across a number of schools in Queensland, New South Wales, Tasmania and Western Australia and includes over 3,000 adolescents and their parents. In this trial we will assess whether we can replicate the success of the initial trial when implemented on a large scale utilising predominantly school personnel. In addition, an important feature of this trial is the assessment of the flexible delivery component of the RAP-P to ensure greater engagement of parents in the RAP-P component. This trial will give us sufficient numbers and increased engagement of parents to enable us to assess whether the RAP Parent Program (workshops plus flexible delivery) increases the effects of the RAP-A program on its own. While we have always had excellent evaluations from parents about the parent program we have not been able to conduct a trial that has been large enough to evaluate whether the parent program increases our effects on prevention of depression in teenagers. Our thanks to everyone across the country (too numerous to mention here) that have done excellent work on this trial, including the national and state coordinators and the principals, school counsellors, nurses and teachers in participating schools.
School Connectedness and Adolescent Depression

In the context of a large Multi-site NHMRC National trial of the RAP program we measured year 8 students’ sense of connectedness and belonging to the school. The questionnaire taps into the extent to which teenagers feel valued and connected to the teachers, the school and peers. Findings from preliminary analyses on this construct have surprised us. While we expected this measure to predict depression, we did not expect the magnitude of the relationship between school connectedness and depression. There was 42% co-variation (r = -.66), between school connectedness and depression. School connectedness accounted for 6% additional variance in adolescent depression even after we controlled for prior depression & self esteem. Preliminary analyses of the data are also showing that school connectedness likewise appears to be the major protective factor for teenagers that experienced negative life events. We will be examining these findings more closely but we feel they have huge implications for future program development for promoting adolescent resilience.

RAPPING AROUND AUSTRALIA

"Professionals are also spreading the word in their own communities about the value of the program.”

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classes. It appears that this approach has successfully made RAP a much more integral part of the school culture.

Shandell Blythe informs us that the RAP-P Program is being run with great success in the Hume region in Victoria. The facilitators there feel that running RAP-P in conjunction with RAP-A appears to be an important factor in their success. The service has also maintained strong links with trained facilitators who approached them initially to run RAP-P. Word-of-mouth has also made the difference, with parents talking to one another about how much they enjoyed the program. Professionals are also spreading the word in their own communities about the value of the program.

New RAP for Teachers

For a few years now we have felt that what is lacking in the RAP Programs is a specific RAP for teachers. We have a RAP for adolescents and parents, but the third and a crucial protective factor (see school connectedness above) has been missing, namely a RAP-T. Teachers and school personnel have been supportive of this idea as it reflects the whole of school approach. They have offered us invaluable advice. We are pleased to announce that RAP-T is now firmly on the drawing board. The aims of the program are fourfold:

- To alleviate teacher stress
- To help facilitate student-staff relationships and collegial relationships
- To increase recognition of the importance and value of teachers in adolescent development and behaviour
- To discuss ways of infusing the RAP concepts and language of resilience into the teachers’ subject curriculum.
Ian Shochet and Ros Montague have recently returned from a fact-finding visit to the East and West Kimberlys to ascertain how the RAP-A program has been adapted for use among Aboriginal communities. We often get requests from people about the indigenous adaptation of the RAP-A program. We have been advised not to create one version of an indigenous RAP-A, given the heterogeneity of Aboriginal communities, but to find best practice prototypes of adaptation. We were extremely impressed by the work being done in a range of schools and communities in the Kimberlys. Once again this represents a superb effort by many people working in partnership to render the materials culturally sensitive and appropriate for Aboriginal youth. With the excellent work in establishing best practice prototypes already conducted by Aboriginal communities elsewhere, we believe that we will be able to gather together many examples of the adaptation of RAP-A for indigenous adolescents that can be shared across the country. In addition, we would like to establish a National Network of facilitators that have worked in this area.

If you have contributed in this regard and we have not heard from you, please contact us.

Dissemination Survey

Last year we conducted a brief telephone survey of a small sample of people that were trained to facilitate RAP. We were pleased by the uptake of the program. The comments of people that have run the program were extremely useful both in terms of identifying benefits and difficulties. The benefits that people identified included: Improved coping (45%), Assisted in establishing early relationships (37%), Improved self esteem (30%), Improved relationships staff/students (29%), Breaking stigma (20%), Improved problem solving (16%), More cohesive class groups (12.5%), Staff more aware of student mental health issues (12.5%). Some of the difficulties identified were, Time-tabling (54%), Expense (16%), Disruptive classes (10%), Disagreements among the staff (10%). When conducting the RAP program universally all agreed that it was important to have the support of the principal and the teachers involved so that the work of implementing the program does not create divisions and difficulties within the staff.

Training Around Australia

You may be interested in knowing that RAP is now running in all states and territories in Australia. We have over 3000 people trained in RAP-A and almost 2000 trained in RAP-P. Over the last few months, RAP Training courses have been run in places as far flung as Port Moresby, PNG; Goodooga, NSW and MT Isa QLD. We have trained people in the Northern Territories and Tasmania. RAP is now being run in schools in Canada, The Netherlands and New Zealand.

“Support of the teachers and principals involved is important for the successful implementation of RAP.”
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We Want to Hear From You!!!

Do you have any tips for implementing RAP?

How did you get your school staff interested in RAP?

We want your input for the next newsletter.

Email or fax your stories and questions.


What changes have you made to RAP to suit your population group?

What success have you had in “whole school” implementation?

What ideas have you got on recruiting parents for RAP-P?

What questions do you have regarding RAP?