Trial of Resilience

Triple P

Detailed Report of Results for Families and Schools:

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Brief Overview

Being bullied at school can have serious consequences on children’s ongoing mental health. Yet international research shows that the most common intervention, whole-school programs, make little difference to children who are victims of bullying. There is evidence that involving families might help. We trialled a cognitive behavioural family intervention with children reported by parents as bullied by peers at school. The program, Resilience Triple P, includes social and emotional skills training for children and parenting strategies to promote children’s peer skills and relationships. 111 families of primary school children who were bullied at school were randomly assigned to either receiving the program straight away or to an active control condition. Families in the active control condition were free to address bullying by other means, and were offered Resilience Triple P after all assessments were completed. We informed all schools and teachers that there was a parental concern about bullying. Children’s progress was assessed 3 times over 9 months by multiple informants including children themselves, parents, teachers, and observational assessments. Progress of families who received Resilience Triple P was compared to progress of families in the active control condition over the 9 months.

Overall children who received Resilience Triple P had much better outcomes than children in the active control condition. Children from both the Resilience Triple P and active control conditions had substantial reductions in bullying over the 9 months, but children who received Resilience Triple P had greater reductions. Children who received Resilience Triple P also showed much greater reductions in their distress about peer behaviour, and depressive symptoms than active control children. At the final 9-month assessment, despite improvements, there were still residual symptoms of depression for some children who had received Resilience Triple P and for most active control children. Teachers reported children who did Resilience Triple P became better accepted by peers and reduced their aggression towards other children. Children who did Resilience Triple P reported liking school more. It was concluded that the active involvement of families in supporting children who are bullied can greatly enhance outcomes for children bullied at school.
Purpose of Study

This study examined the effectiveness of a family intervention, *Resilience Triple P*, for reducing bullying and emotional distress of primary school children.

Background

Bullying is negative hurtful behaviour which is typically repeated (Olweus, 1993). It can take physical, verbal and relational forms (e.g. deliberate exclusion) and can be carried out in person or through technology. Some children get bullied a lot more than others, with around 10% of children in Australia and other Western counties experiencing bullying on most days at school (Cross, 2007; Kochenderfer & Ladd, 1996; Olweus, 1978; Perry, Kusel & Perry, 1988).

Bullying can cause serious mental health consequences for victims. Being bullied at primary school increases the risks for depression and anxiety two years later (Arseneault et al., 2008), self-harm and psychotic problems by 12 years of age (Fisher et al., 2012; Schreier et al., 2009) and the incidence of depression and psychiatric problems into adulthood (Sourander et al. 2007; Farrington, Loeber, Stallings, & Ttofi, 2011). Being bullied also has detrimental impacts on children’s academic results (Bowes et al, 2013), increases the incidence of health problems (Fekkes, Pijpers, Fredriks, Vogels & Verloove-Vanhorick, 2006) and behaviour problems over time (Schwartz, McFadyen-Ketchum, Dodge, Pettit, & Bates, 1998).

Most current programs to address bullying are whole-school interventions. A great deal of international research examining the effectiveness of whole-school programs has reported only modest improvements to children’s bullying and victimization at school (Merrell, Gueldner, Ross, & Isava, 2008; Ttofi & Farrington (2010). Whole school programs have also been criticized for providing insufficient support for victims (Nation, 2007).

A frequently overlooked feature in school programs is the role parents could play in supporting children and working with schools to address bullying. Two recent reviews found that school programs achieve greater reductions in victimization if they include some parent education (Ttofi & Farrington, 2011; Barbero & Hernandez, 2012). A supportive family environment can also
help protect children against emotional consequences of bullying (Bowes, Maughan, Caspi, Moffitt & Arseneault, 2010).

Children who are bullied tend to have fewer friends than other children (Bollmer, Milich, Harris, & Maras, 2005), and to react emotionally when other children provoke them (Reijntjes, Kamphuis, Prinzie, & Telch, 2010). Being bullied increases children’s emotional distress which, in turn, tends to attract even more bullying and distress over time (Hodges & Perry, 1999). Therefore learning to manage negative emotions is an important skill for children who are bullied to develop.

Parenting affects children’s ability to regulate negative emotions (Graziano, Keane & Calkins, 2010). Parents also influence the development of children’s social skills and peer relationships (McDowell & Parke, 2009). The program we trialled, Resilience Triple P, is a family intervention combining parenting training with social and emotional skills training for children. To our knowledge, this is the first controlled trial of a family intervention for children bullied by peers.

**Research Hypothesis**

We hypothesized that, compared with children in an active control condition, children whose families received the Resilience Triple P program would show greater improvements over 9 months on primary and secondary aims. Primary aims were to reduce bullying of children and emotional distress associated with bullying. Secondary aims were to improve children’s social competence with peers, and their relationships with peers and siblings.

**Resilience Triple P Program**

The intervention, Resilience Triple P, combines facilitative parenting training and social and emotional skills training for children. Facilitative parenting is parenting which supports the development of children’s peer relationship skills. The intervention was designed to moderate the downward spiral of being bullied and emotionally distressed by utilising facilitative parenting to help children develop effective friendships, better manage their emotional responses and respond effectively to conflict and bullying.
Recruitment

Families were informed about the trial through school newsletters. When families made contact they were checked for eligibility. To be eligible to participate, the target child needed to be 1) aged between 6 and 12 years, 2) living at home, 3) attending a regular primary school, and 4) bullied at school according to the parent. Bullying was defined as “hurtful behaviour which was typically repeated and could be physical or verbal or indirect social and carried out in person or through technology”. To participate, the parent needed to verify that the child had experienced either a) ongoing bullying for at least the past month and/ or b) a recurrent problem with being bullied over more than one year.

The 111 families were recruited between September 2010 and March 2012. To participate, families needed to attend the Parenting and Family Support Centre at The University of Queensland. Participating children included 61% boys and 39% girls ranging from 6 to 12 years with a mean age of 8.72 years. Almost one quarter (24%) of the children had a pre-existing diagnosis affecting behaviour or mental health with the most common being ASD (8%). Most primary caregivers (95%) were mothers and consisted of 73% born in Australia and 9% who spoke a language other than English at home. Just over half the primary caregivers (54%) had completed a university degree, 34% an adult certificate or diploma, and the remaining 12% Grade 10 or 12 of school. Most parents had enough money after paying essential expenses to purchase most (44%) or some (47%) things they really wanted, with 9% reporting insufficient income to purchase anything beyond essentials.

Data from a general population sample described by Healy, Sanders and Iyer (2013) was used to provide a comparison of how children who were not necessarily bullied would score on the same measures. This general sample included 215 elementary school children and their parents from the same geographical area as the trial.

Research Method
A randomized controlled trial was conducted involving the 111 families who met criteria and attended initial assessments. Assessments were conducted at 0 (pre), 3 (post) and 9 months follow-up. After the initial assessment, families were randomly allocated to either an immediate start on Resilience Triple P or to an active control condition. Families allocated to the Resilience Triple P condition were offered a start on the program within a few weeks of completing the initial assessment. The program was delivered by the first author to groups of between three and eight families, which included between eight and fifteen children aged 6 to 16 years (including siblings). Most families attended or made up all group sessions, resulting in mean attendance of 7.6 of 8 sessions.

Families randomized to the active control condition were free to access other help during the nine months of assessment, and visited the clinic for three occasions to participate in assessments. Families in distress were referred to school Guidance Counsellors. We informed all schools that the families were concerned about bullying and involved in the trial, and teachers were asked to complete questionnaires at the 3 assessment points across the 9 months of assessment. Many schools reported they had not previously been aware of the parental concern about bullying. Families in the active control condition were offered the Resilience Triple P program after completing all 3 assessments, 9 months after the initial assessment.

**Measurement of Progress**

Children’s progress was monitored by multiple informants at 0, 3 and 9 months from making contact. Families visited the Parenting and Family Support Centre at the University of Queensland for assessments. Children were interviewed by research assistants while parents completed questionnaires. Children also participated in a role-play assessment with an actor, and children and parents participated in discussions. Role-plays and discussions were recorded and viewed and coded later by research assistants. Research assistants and actors were kept blind to whether children had received the Resilience Triple P program or not (i.e. which condition the family had been assigned to). Children’s teachers were also asked to complete questionnaires at 0, 3
and 9 months from the family’s initial assessment. We informed schools that some children would receive the program straight away and others after all assessments were completed – but did not inform teachers or schools whether the particular child they were reporting on had received the program as yet.

**Results**

Overall families in both the Resilience Triple P condition and the active control condition showed considerable reductions in bullying, but children who did the Resilience Triple P program showed greater reductions in bullying. Children who did the Resilience Triple P program showed much greater reductions in distress and depression than children in the active control condition. Children who did Resilience Triple P also reported greater improvements in liking school, peer acceptance and reduced aggressive behaviour towards other children.

**Effects on bullying by peers.**

For children’s reports on how much they were being bullied compared to their initial assessments, children who did Resilience Triple P reported significantly greater reductions in bullying than active control children at 3 and 9 months assessments. Figure 1 below shows a greater proportion of Resilience Triple P than active control children reported being bullied less by the final assessment.

*Figure 1: Children reports of bullying at final assessment compared with first assessment*
Similarly, parents who did Resilience Triple P reported greater reductions in how much their children were bullied compared to parents in the active control condition. Figure 2 below shows that a much greater proportion of Resilience Triple P parents reported their child was bullied much less.

**Figure 2: Parent reports of bullying at final assessment compared with first assessment**

Children’s reports of bullying in the previous week at school showed significant large reductions across both Resilience Triple P and active control conditions, as shown below.

**Figure 3: Children reports of bullying by peers in the previous week**

Figure 3 shows that, at the initial assessment both Resilience Triple P and active control groups were much higher than the general population sample, but by the final assessment at 9 months, both Resilience Triple P and active control groups were indistinguishable from the general
sample in how much bullying children reported. For children who reported high levels of bullying at the initial assessment, 74% of children who did Resilience Triple P and 57% of children in the active control conditions had moved out of the high range by the final assessment.

**Figure 4: Teacher reports of overt bullying by peers**

In Figure 4 above, teacher ratings of overt bullying by peers (including physical and verbal bullying) showed significantly greater reductions for Resilience Triple P than active control children, with active control children showing no reductions over time.

**Figure 5: Teacher reports of social bullying by peers**
For teachers’ reports of social bullying by peers (e.g. leaving child out), there were significant reductions over time for both Resilience Triple P and active control groups, but non-significant differences in improvement between groups, as shown in Figure 5 (previous page).

To summarize, children in both the Resilience Triple P and active control conditions showed significant reductions in being bullied over the 9 months monitored. Children’s reports of bullying in the previous week were reduced to equivalent to the general population of children for both Resilience Triple P and active control families. Children’s and parents’ reports of overall reductions in bullying were greater for families who had received Resilience Triple P. According to teachers, there were greater reductions in levels of verbal and physical bullying for children whose families had received Resilience Triple P.

**Effects on children’s emotional distress.**

On a range of measures of children’s emotional distress, children who received Resilience Triple P showed much greater reductions in distress over time than active control children.

*Figure 6: How children felt about the way other children were acting towards them*

At 3 months and 9 months assessments, children who had received Resilience Triple P reported greater improvements in how they were feeling about behaviour of other children than did active control children. Figure 6 shows that a greater proportion of children from the Resilience
Triple P than the active control condition were feeling better about peer behaviour by the final assessment.

Similarly parents of children who did Resilience Triple P reported significantly greater improvements in how their children were coping with behaviour of peers, than did parents of active control children. Figure 7 shows a much higher proportion of Resilience Triple P than active control parents reported their children were coping “better” or “much better” with peer behaviour at the final 9-month assessment.

Figure 7: Parent reports of how children were coping with other children’s behaviour

For children’s reports of how upset they felt by peer behaviour in the previous week at school, Figure 8 (over the page) shows very large reductions for both Resilience Triple P and active control children. At the initial assessment both Resilience Triple P and active control groups were significantly more upset than the general sample, but by the final assessment, active control children were no more upset than the general sample and Resilience Triple P children were marginally less upset than the general sample. For children who were initially very upset, significantly more Resilience Triple P (79%) than active control (50%) children moved out of the high range by the final assessment.
For children’s reports of how upset they would feel in hypothetical difficult situations with peers, children in both Resilience Triple P and active control conditions reported significant reductions in upset, but children who did Resilience Triple P reported significantly greater improvements than active control children, as shown in Figure 9 below.

**Figure 9: Children reports of how upset they would feel in difficult situations with peers**

Figure 9 shows that at the initial assessment, both Resilience Triple P and active control children scored much higher on how upset they would feel than the general sample of children, but by the final assessment, active control children were equivalent to the general sample, and Resilience Triple P children reported they would be significantly less upset than the general
sample. For those children who reported a high level of upset at the initial assessment, significantly more Resilience Triple P (79%) than active control (53%) children had moved out of the high range by the final assessment.

For children’s negative thinking in situations with peers, there were significant improvements for both Resilience Triple P and active control children over time. Figure 10 shows that at the initial assessment, both Resilience Triple P and active control groups reported significantly more negative thinking than the general sample, but by the final assessment, there were no significant differences. For children with initially high scores in negative thinking, significantly more Resilience Triple P children (86%) than active control children (56%) had moved out of the high range by the second and third assessments.

*Figure 10: Children reports of negative thinking in situations with peers*

![Bar chart showing children's reports of negative thinking over time for Resilience Triple P and Active Control groups compared to the mean of the general population sample.]

Figure 11 (over the page) shows parents’ reports of children’s depressive symptoms over time for Resilience Triple P and active control children compared to the mean of children from the general population sample. Parents of active control children reported significant reductions in children’s symptoms of depression over time, but parents of Resilience Triple P children reported much greater reductions. At the initial assessment, both Resilience Triple P and active control groups reported much higher depression than the general sample, and at the final assessment both Resilience Triple P and active control groups still scored higher levels of depressive symptoms than
the general sample of children. For those children who had initially high levels of depressive symptoms, significantly more Resilience Triple P (65%) than active control (21%) children had moved out of the high range by the final assessment.

**Figure 11: Children's symptoms of depression**

Effects on children’s social behaviour.

Figure 12 shows teacher reports of the children’s direct aggression towards peers (including verbal and physical aggression). Teachers reported significantly greater reductions for Resilience Triple P than for active control children. In contrast, for active control children, teachers’ reports of aggressive behaviour towards peers increased over time.

**Figure 12: Teacher reports of children’s direct aggression towards peers**
Figure 13, below, shows teachers’ reports of children’s social aggression towards peers (e.g. leaving other children out) over time for Resilience Triple P compared with active control children. Differences between conditions over time on this measure were not statistically significant.

**Figure 13: Teacher reports of children’s social aggression towards peers**

![Graph showing teacher reports of children's social aggression towards peers over time for Resilience Triple P and active control conditions. The graph shows that differences over time on this measure were not statistically significant.]

Figure 14, below, shows children’s endorsement of aggressive reactions to peer problems. Progress of children in Resilience Triple P and active control groups over time are compared with the mean of children from the general population sample.

**Figure 14: Children’s endorsement of aggressive reactions to peer behaviour**

![Graph showing children's endorsement of aggressive reactions to peer problems over time for Resilience Triple P and active control conditions. The graph shows that the mean of general population sample.

Overall, children in both Resilience Triple P and active control conditions showed decreasing endorsement of aggressive reactions to peers over time. At the initial assessment, active
control group children on average endorsed more aggressive reactions than for the general population sample. By the final assessment children who had received Resilience Triple P endorsed less aggressive reactions than either children from the general population sample or children in the active control group. Most children in the trial (65%) did not endorse any aggressive responses in response to difficult peer behaviour at the initial assessment. Of the 35% who did endorse some aggressive behaviour, 71% of children in the Resilience Triple P condition and 37% of children in the active control were no longer endorsing aggressive behaviour by the final assessment.

**Figure 14: Actor assessments of how much children in role-plays encouraged bullying**

Children participated in role-plays with actors to demonstrate how they would respond to three playground scenarios including 1) another child takes your handball, 2) a child calls you a mean name, and 3) a child says you can’t play here. Actors rated how much they felt encouraged to continue bullying based on the child’s behaviour. Figure 14 above shows the actor’s assessment of how much children’s behaviour in role-plays encouraged further bullying. There was a significant improvement over both conditions over time but a greater improvement for children who had received Resilience Triple P.

Children also reported how they would usually deal with the three role-play situations if they occurred at school, and research assistants coded the number of times children reported they would “use words” and the number of times they reported they would “tell the teacher”.
Figure 15: How often children would use words in response to peer problems

Figure 15 shows how often children would use words in response to problems with peers. Children who had received Resilience Triple P reported greater increases in using words than children in the active control condition.

Figure 16: How often children would tell a teacher in response to peer problems

Figure 16, above shows how often children reported they would tell a teacher about a problem with peer behaviour. The differences between conditions failed to reach significance, but it is clear that participation in Resilience Triple did not increase children’s reporting to teachers about peer problems. (The program did not discourage telling but encouraged children to deal with most issues themselves first).
Effects on children’s friendships and peer acceptance.

Figure 17 below shows children’s reports on “friendedness” (e.g. “I can find a friend when I need one”). There were significant improvements in children’s friendedness for children in both Resilience Triple P and active control groups. At the initial assessment children from both Resilience Triple P and active control groups scored significantly lower than the mean of children from the general population sample, but by the final assessment, children who had received Resilience Triple P were comparable on friendedness to the general population sample.

Figure 17: Children’s reports on friendedness

Teachers rated how well children were liked by peers of the same and opposite sex.

Figure 18: Acceptance by peers of the same sex
Teachers reported significantly greater improvements in peer acceptance for children who had received Resilience Triple P, with peers of the same sex as well as peers of the opposite sex. Figure 18 (on the previous page) shows teacher reports of children’s acceptance by peers of same sex peers. Figure 19, below, shows teachers’ reports of children’s acceptance by peers of the opposite sex.

**Figure 19: Acceptance by peers of the opposite sex**

![Bar chart showing acceptance by peers of the opposite sex](image)

**Effects on how much children liked school.**

Children rated how much they liked school at the three assessment points. Figure 20, over the page, shows progress of children in the Resilience Triple P and active control conditions over the 9 months compared with children from the general population sample. Children who had received Resilience Triple P reported greater improvements in liking school than active control children. At the initial assessment, both Resilience Triple P and active control children reported liking school less than children from the general population sample, but by the final assessment, there was no difference between how much the Resilience Triple P group and children from the general population sample liked school. For children who had very low liking of school at the initial assessment, a greater proportion of Resilience Triple P (63%) than active control children (14%) had moved out of the low range by the final assessment.
**Effects on sibling relationships and parenting.**

Parents of families who received Resilience Triple P reported significantly greater frequency of displays of warmth, and less problems of conflict between siblings. Parents reported greater increases in facilitative parenting.

**Family satisfaction with program.**

After completing the program all families completed anonymous evaluations. Parents gave a mean rating of 6.46 out of 7 for their overall satisfaction with their participation in the program. All children who participated in the program, including siblings aged 6 to 16 years, rated how helpful the program was on a scale from “not at all” (0), to “extremely” (4). The mean rating was 3.10, between “very helpful” (3) and “extremely helpful” (4).

**Other changes over period of monitoring.**

To track any changes in child circumstances not under the researchers’ control, at the end of the 9 months of assessment, parents were asked if any of the following changes had occurred: change of school, class or teacher, change of friendships, bully leaving school, change of medication, involvement in another program, or seeing psychologist or psychiatrist. There was one significant difference between conditions reported: significantly more active control families (22%) than Resilience Triple P families (6%) reported that “the child who was bullying left the school”.

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**Figure 20: Children’s reports on liking school**

[Bar chart showing children's reports on liking school over time for Resilience TP and Active Control conditions.]

- **Mean of general population sample**
- **0 months**
- **3 months**
- **9 months**

Bar chart legend:
- Blue: 0 months
- Red: 3 months
- Green: 9 months

The chart demonstrates the trend of increased liking over time for both conditions, with Resilience TP showing a consistently higher mean across all time points.
Discussion of Results

This trial examined the effectiveness of Resilience Triple P compared to an active control condition in improving outcomes for children bullied by peers. The main outcomes of interest were bullying of children by peers and child distress. Families were randomly allocating to receiving Resilience Triple P and to an active control condition and monitored over 9 months. Results showed that both Resilience Triple P and active control children reported significant reductions in bullying over time, with children’s reports of bullying in the previous week reduced to near nil and indistinguishable from the general population sample. However children who received Resilience Triple P achieved greater reductions on parent and child reports of overall reductions in bullying and teacher reports of direct bullying.

For child distress, children who received Resilience Triple P had significantly greater reductions than children in the active control condition. In the final assessment, children who had received Resilience Triple P had comparable results to children from the population sample on most measures of distress. On two child report measure of distress (how upset they were in the previous week, and how upset they would feel by peer behaviour), children who had received Resilience Triple P reported less distress by the final assessment than children from the general population sample. For all measures of distress, a higher proportion of Resilience Triple P children than active control children with high scores at the initial assessment had moved out of the high range by the final assessment. In summary then, these results indicate that a) Resilience Triple P reduced bullying beyond significant results achieved by schools and families who were aware of a concern, and, b) Resilience Triple P was highly effective in reducing child distress associated with bullying.

The parent reports of child depressive symptoms was the one outcome measure on which children involved in the trial remained different from the general population sample at the end of the monitoring. Despite a substantial reduction in depressive symptoms, and a higher proportion of children who received Resilience Triple P (65%) than active control children (21%) moving outside the high range by the final assessment, at the final assessment the means of both the Resilience
Triple P and active control groups remained high compared to the general population sample. It is not known whether the 35% of children who received Resilience Triple P whose parents reported ongoing depressive symptoms at the final assessment continued to improve over time. Depression is a risk factor for being bullied so this trial may have attracted more children prone to depression. Depressive symptoms are also a consequence of bullying and previous research has found that children who have been bullied may continue to experience depression months and years after being bullied (Arseneault et al., 2008). It is not known how targeted interventions like Resilience Triple P might continue to positively impact on depression over time. Further research might investigate the impacts of cognitive behavioural family interventions on depressive symptoms over a longer time.

Children who received Resilience Triple P showed significantly greater improvements than active control children on a broad spectrum of secondary outcomes including teacher reports of overt aggression, acceptance by same and opposite sex peers, sibling relationships, using words to address peer problems, and evaluations of role-played bullying scenarios by actors blind to children’s experimental condition. By the final assessment, children who received Resilience Triple P (but not the active control children), liked school as much as children from the general population sample. There were anecdotal reports that Resilience Triple P children started improving their school work. Future research might monitor impact of the program on academic outcomes.

The finding that more than three times the proportion of active control families (22%) than Resilience Triple P families (6%) reported that over the 9 months of monitoring that the child who was bullying left the school, may have benefited active control more than Resilience Triple P outcomes. Perhaps the ongoing distress of children and families in the active control families prompted schools to take further action which, in some cases, may have resulted in children alleged to be bullying changing schools.

In summary, this was the first controlled trial of a family intervention for children bullied by peers. We used an active control condition to examine whether Resilience Triple P could impact beyond the efforts of informed schools and families. Resilience Triple P achieved better outcomes
than the improvements that active control families and schools made in addressing bullying, and was much more effective in reducing child distress associated with bullying. Treatment effect sizes for Resilience Triple P compared favourably to outcomes reported for victims by previous research on whole-school interventions to address bullying. Given the better outcomes for families who participated in Resilience Triple P, further research might investigate the possible combination of this family intervention with effective school interventions to address bullying. The blending of family and school interventions has the potential to maximize impact on bullying and to provide effective support for children who are bullied at school.

**Conclusions.**

In summary then, this trial found that:

a) Resilience Triple P reduced bullying, and was highly effective in reducing child distress associated with bullying, beyond what schools and families could otherwise achieve.

b) Secondary benefits of the Resilience Triple P intervention included less aggressive behaviour towards other children, better acceptance by peers, and children liking school more.

c) The reductions for active control children on most measures of bullying shows that, when families and schools are aware of parental concerns of a child being bullied, they can make a positive impact on bullying.

d) Parents of a significant minority of children who received Resilience Triple P continued to reported residual symptoms of depression in their children after the final assessment, and it is now known whether this continued to reduce beyond the 9 months of monitoring. Further research could examine the impacts of cognitive behavioural family interventions on child depressive symptoms over a longer time-frame.

e) Further research could investigate the potential of combining Resilience Triple P with effective school interventions to maximize impact on bullying and support available to children who are bullied at school.
References


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