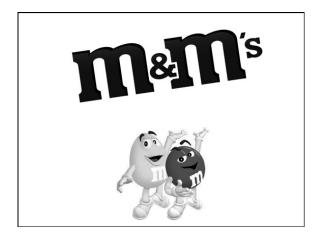


OBJECTIVES

- 1. Provide overview of evidence-based Fourth R program and how mental health has been embedded
- 2. Provide overview and practise some of the session activities.
- 3. Highlight emerging research and adaptations.



Fourth R National Team



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RELATIONSHIPS





WHAT IS THE FOURTH R?

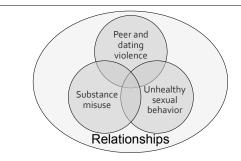
- A relationship-based approach to prevent adolescent violence and related risk behaviours
- School based comprehensive prevention approach. Units include:
 - Personal Safety & Injury Prevention
 - Substance Use, Addictions & Related Behaviours
 - · Human Development and Sexual Health
 - · Healthy Eating

WHY RELATIONSHIPS?





THE ADOLESCENT RISK TRIAD: THE RELATIONSHIP CONNECTION



POSITIVE YOUTH DEVELOPMENT

- Want to help teens go beyond not drinking, not being violent. etc.
- What do they WANT their relationships to look like, not merely what to avoid
- Build resilience for future stressful situations
- Universal intervention
 - No stigma for being involved
- All teens will end up in difficult interpersonal situations
- Increase capacity of bystanders

SKILL DEVELOPMENT

- Focus on helping teens keep themselves safe in potentially dangerous situations
- Recognize that some of these behaviours are normative
- Relationship skills are highly complex and need to be broken down when taught

FOURTH R EVIDENCE BASE

Compared to students receiving the usual health class in their schools, students in the Fourth R reported:

- Decreased rates of physical dating violence perpetration
- Increased condom use among sexually active youth

Wolfe, D.A., Crooks, C.V., Jaffe, P.G., Chiodo, D., Hughes, R., Ellis, W., Stitt, I. & Donner, A. (2009). A universal school-based program to prevent adolescent dating violence: A cluster randomized trial. Archives of Pediatric and Adolesce Medicine, 163, 693-699.

FOURTH RYOUTH DEMONSTRATED **INCREASED SKILLS**

Negotiation Skills

Fourth R students were 2.2 times more likely than controls students to show at least one negotiation skill during role-play interaction

• Delay Skills

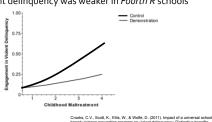
Fourth R female students were 4.8 times more likely to show at least one delay skill during role-play interaction

Yielding to Pressure

Control students were 2.0 times more likely than Fourth R students to yield to pressure

PROTECTIVE EFFECT IN FOURTH R **SCHOOLS**

• The relationship between multiple forms of child abuse and violent delinquency was weaker in Fourth R schools



FOURTH R EXTENSIONS

- •Program for Aboriginal youth increases youth engagement, relationships skills, leadership, and academic success
- ·Aboriginal mentoring program increases mental wellbeing and cultural connectedness
- ·Grade 8 program increases knowledge, awareness of impact of violence on others, and healthy coping strategies

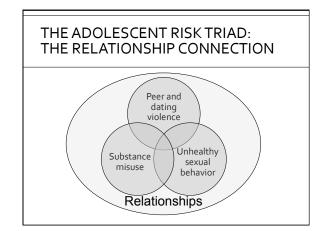
Oroda, C.V., Burleigh, D. Lapp, A. Srovishoe, A., Hughes, P. & Sisco, A. (2015). A case study of cultum school-based programming for First Nations youth: improved restrictionships, confidence and leadership. *J. Hughest A. (2016)*, A control of Control

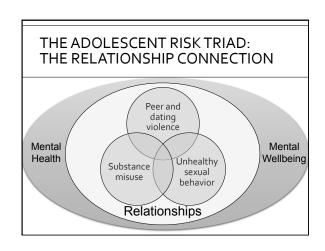
PROGRAM REGISTRIES

· Canada

- · Ontario Bullying Prevention Data Base
- Canadian National Crime Prevention Registry
- Curriculum Services Canada
- Public Health Agency of Canada Promising and Best Practices Portal
- · Public Health Agency of Canada Promising and Model Crime Prevention Programs
- National School-Based Mental Health and Substance Abuse Consortium

- · SAMHSA's National Registry of Evidence-Based Programs and Practices
- US Department of Justice Programs Crime Solutions
- · Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide
- · Find Youth Info Government Evaluated Program Directory





MENTAL HEALTH

- Many mental health issues surface during adolescence or young adulthood
- Depression and anxiety are common among high school aged youth
- Suicide is the second leading cause of death among young people next to car accidents



RELATIONSHIPS AND MENTAL HEALTH: WHAT'S THE CONNECTION?

- Healthy relationships can contribute to a person's mental wellbeing. A young person who feels meaningfully connected and who has healthy relationships in their life is in a much better position to access help when needed.
- <u>Unhealthy</u> relationships can contribute to mental health issues and challenges.
- A person's mental health can affect how they interact with the people in their life: Parents, peers, partners, teachers, co-workers, etc.

THE LINKS BETWEEN SUBSTANCE USE AND EMOTIONAL WELL-BEING

- Adolescents use substances for a range of reasons
- In some cases, substance use is a response to emotional distress:
- Depression
- Trauma
- Anxiety

SUBSTANCE USE AND RELATIONSHIPS

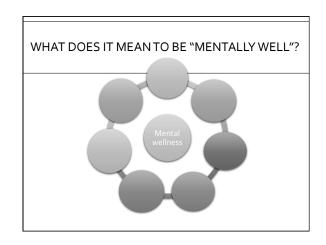
- Substance use can emerge in the context of peer and dating relationships
- $\boldsymbol{\cdot}$ It can also be used to cope with relationship-based difficulties:
- Loneliness
- Peer pressure
- Family violence
- Bullying
- Dating violence

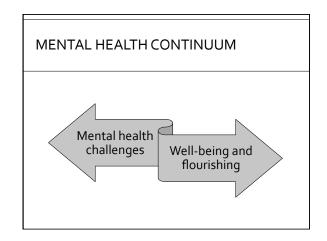
HEALTHY RELATIONSHIPS PLUS

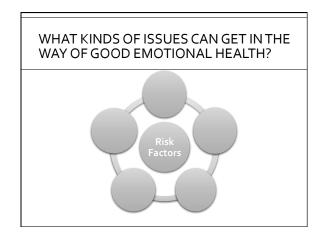
- ·Small group format
- · Not tied to curriculum expectations
- •14 sessions
- Flexibility around delivery
- · Potential for youth co-facilitator

QUESTIONS ABOUT MENTAL WELLNESS

- · What does it mean to be mentally well?
- What kinds of issues can get in the way of good emotional health?
- What can cause or trigger a mental health issue or mental illness?



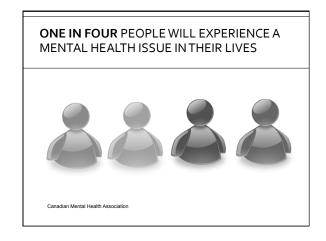




WHAT CAN CAUSE OR TRIGGER A MENTAL HEALTH ISSUE OR MENTAL ILLNESS?

- Genetic factors
- \bullet Psychological factors (low self esteem, inability to deal with anger or stress)
- · Hormonal/chemical imbalance
- Traumatic or stressful life events (An assault, being bullied, abusive situations, a death of a loved one, etc.)
- · Unhealthy or abusive relationships
- Drug and alcohol abuse

Any of these factors, alone or in combination, can cause or trigger a mental health issue.

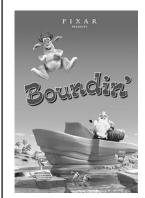




YOUNG PEOPLE, ARMED WITH THE RIGHT INFORMATION, CAN BE IN A GREAT POSITION TO HELP THEMSELVES OR A FRIEND IN TROUBLE.



- Young people often turn to their friends first when they are struggling.
- 8 out of 10 young people who attempt suicide mention their plans to someone before the attempt. Often this person is a friend.







OUR JOB:

What we are trying to do and how we are going to do it!



WHAT WE ARE TRYING TO DO...

 Promote discussion about mental health challenges in a safe, accepting environment.



WHAT WE ARE TRYING TO DO...

2. Get youth to think about how they manage their stress level and emotional wellbeing.



WHAT WE ARE TRYING TO DO...



g. Get youth to think about how their relationships contribute to their emotional wellbeing.

4. Arm them with some information about how they might help themselves or a friend who is struggling.

5. Help students to know when they need to seek professional

assistance, either for themselves or a friend, and how to

do that.

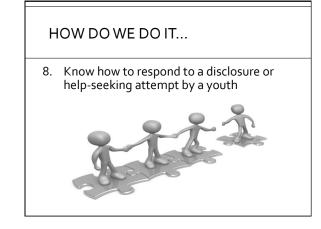


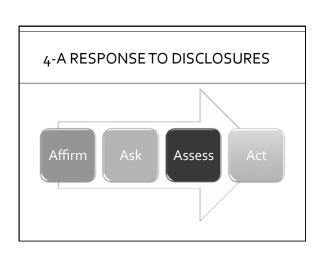
6. Model nonjudgmental, calm

6. Model nonjudgmental, calm communication around difficult mental health topics such as suicide.









AFFIRM

- Affirm the student's feelings
- Support the student for coming forward (e.g., "You did the right thing", "I'm really glad you came to talk about this")
- Reflect their emotions (e.g., "I can tell this is scary for you")



ASK



- Ask questions
- Aim for a non-judgmental tone
- · Gather information about who, what, when and where
- How long a situation has been going on

ASSESS

- If it is a disclosure about bullying safety may differ depending on role
- If it is a disclosure about potential harm, get a sense of thoughts versus plans
- Pay special attention to threats
- · Help safety plan



ACT



- No quick fix, but a step by step plan
- Most important is the next step (e.g., speak with principal, parents, students involved)
- If there are threats of self-harm, ask youth to commit to staying safe until next day/meeting, etc.
- Tell the student what will happen next
- Follow your protocol for reporting or consulting with others

HOW DO WE DO IT...

 Engage in selfreflection to examine our own beliefs and attitudes about mental health challenges and suicide.



HOW DO WE DO IT ...

 Be aware of the need for self-care and develop a plan to help maintain balance.



MENTAL HEALTH AND WELLBEING

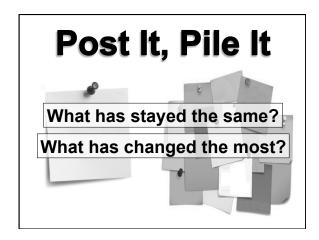
- Exploring what emotional wellness "looks" likehaving support, self esteem, positive outlook, knowledge etc.
- **Key messages** about mental health issues- *They are common, nobody's fault, and usually treatable.*
- Identifying supports Giving students resources they can access should they need them.

HELPING OUR FRIENDS

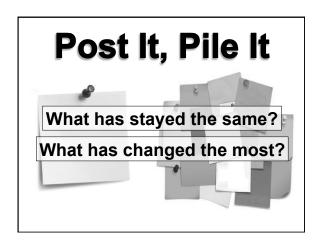
- Mental health issues are **complicated**. If your friends are showing signs it may or may not be indicative that there is a serious problem.
- Regardless, it is important to make yourself available to a friend, even by just listening, if they are having a tough time
- Some scenarios are out of your control, and it may be necessary to **access professional help** if someone is at risk of harming themselves.

CULTURAL INFLUENCES: A CLOSER LOOK AT THE FISHBOWL

- · Concerns with violence in media
- New forms of technology → new opportunities for relationship violence
- Pervasiveness of media









OVERVIEW: HEALTHY RELATIONSHIPS PLUS

- Background
- Participants
- Implementation
- Prior Experience





OVERVIEW

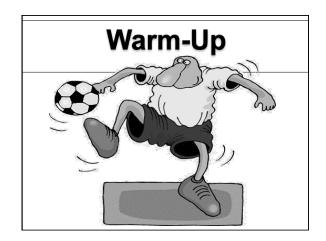
- Document Overview
- · Lesson Overview
- Options
- Additional Resources

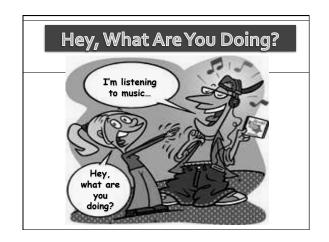


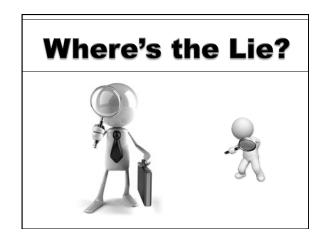


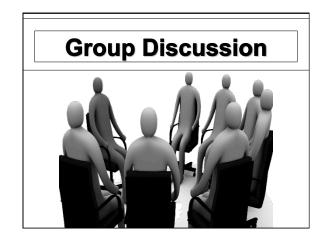


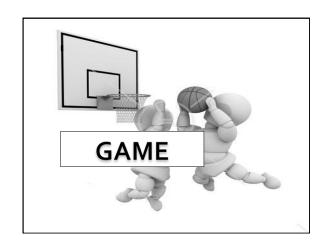


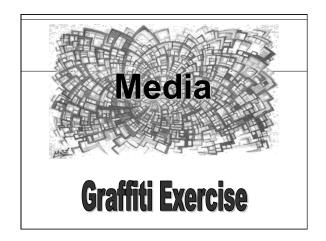




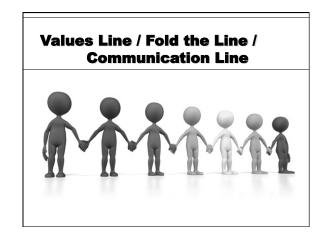




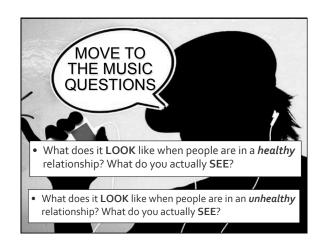




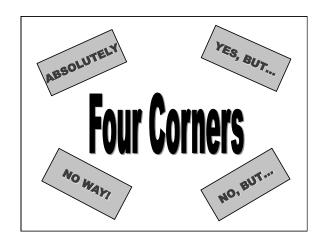


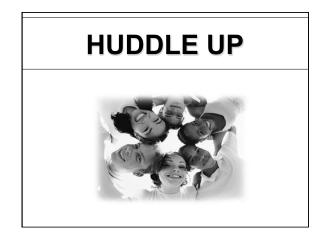


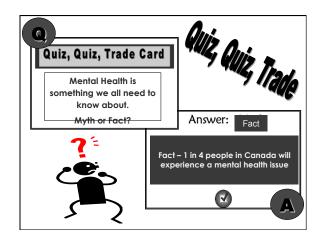








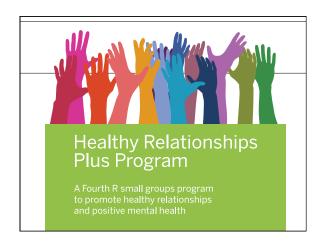












SKILLS PRACTICE





FOURTH R SKILLS

- Active Listening
- Assertive Communication
- Delay, Refusal, Negotiation
- · Help Seeking
- Providing Support
- Apologizing
- Ending a Relationship



BACKGROUND INFORMATION FOR SKILLS PRACTICE

- Opportunities to practise skills
- •Reason for in-service on skills practice
- Importance of skills practice
- Skills practice revisions

STEPS FOR SUCCESSFUL SKILLS PRACTICE

- Give clear directions
- Provide a model
- Focus on skills
- · Monitor and coach as necessary
- Keep the responses short
- Debrief completely

GUIDELINES FOR RESPONDENT | F | EELINGS: | Have I said how I feel?

	EELINGS:	Have I said how I feel?
0	PTIONS:	Have I offered a win-win option?
U	NDER CONTROL:	Am I staying calm?
R	IGHTS:	Am I respecting my rights and the rights of others?
	ALKING:	Am I talking assertively?
H	APPEN:	Have I said what I want to happen?
R	EALISTIC:	Is my response realistic?

VIDEO RESOURCES: SKILLS FOR EFFECTIVE RELATIONSHIPS PART I – ASSERTIVE, PASSIVE, AGGRESSIVE



ASSERTIVE COMMUNICATION

- Step I presenting a written model
- · Step II practising written responses
- Step III demonstrating a verbal response
- · Step IV practise verbal responses



GUIDELINES FOR MAKING AN APOLOGY

- Be sincere
- •Tell the person why you are sorry
- Tell the person how you will correct the situation (if possible)
- Use a serious tone of voice



- ·Step I presenting a written model
- Step II practising written responses
- Step III demonstrating a verbal response
- Step IV practising verbal responses

VIDEO RESOURCES: SKILLS FOR EFFECTIVE RELATIONSHIPS PART II - DELAY, REFUSAL AND NEGOTIATION



DELAY / NEGOTIATION / REFUSAL SKILLS

- Step 1 Show clips from DVD
 Skills for Effective Relationships
- Step 2 written response
- Step 3 demonstrating a verbal response
- Step 4 practise verbal responses

VIDEO RESOURCES: SKILLS FOR EFFECTIVE RELATIONSHIPS PART III - COMBINATION OF SKILLS



THE IMPORTANCE OF FIDELITY

Fidelity is the extent to which a program or set of procedures is implemented as it was supposed to have been.

Fidelity is usually comprised of:

- Adherence to implementation guidelines
 Completeness and dosage of implementation
- Quality of program delivery
- Degree of participant engagement

FIDELITY: WHY DO WE ASSESS?

Fidelity criteria are used to ensure programs are implemented with quality

Higher fidelity is associated with better outcomes

Programs that monitor implementation can obtain **much** better outcomes for their participants than programs that are not monitored

FIDELITY: WHY DO WE ASSESS?

Want to ensure that program implementers make as few changes as possible to retain the success of the original program

Helps us to understand if...

- Observed outcomes can be attributed to the program
- Why the program might be succeeding, or not working as well as it should
- Anything has changed in the program during that implementation cycle
- The program is feasible in that setting

RESEARCH AND ADAPTATIONS

NATIONAL IMPLEMENTATION STUDY

- HRP currently being implemented in more than 80 sites across 4 provinces and territories
- Significant variability across sites
- · Look at how the program is actually used formats, modifications
- · Identify necessary adaptations



NATIONAL IMPLEMENTATION STUDY: **DESIGN**

- Pre-post surveys with youth
- Implementation surveys with facilitators
- Group and setting characteristics
- Facilitator characteristics
- Successes and challenges
- Modifications
- Perceived benefits
- Perceived support and accountability

FACTORS THAT AFFECT IMPLEMENTATION QUALITY

· Within group design to look at impact of different levels on implementation quality and pre-post change Group characteristics

Setting characteristics

Facilitator characteristics

EMERGING FINDINGS

- Facilitators report high levels of satisfaction
 95% report being likely or very likely to implement in the future
- 95% would recommend it to colleagues
 100% say benefits for youth

It is an amazing and rewarding program to facilitate! Plan ahead by pre-reading sessions and if you need to make modifications do it-every group is different and come from different environments- make HRPP relevant to them!

I really enjoyed how relevant it appeared to be to the students. Some students experienced a lot of the situations and they stepped up spoke to the importance of practicality of some of the lessons, leading the way in discussions for less "mature" (for lack of a better term) students.

STUDENT REPORTS: **RELATIONSHIPS**

· Similar to other Fourth R research – see evidence of relationship vocabulary and new skill acquisition:

I enjoyed participating in each session and I think the sessions did contribute to learning relationship skills (like communication skills, what to do and what not do to in break-up; etc)

I learned to be respectful and assertive when apologizing, ending relationships/friendships, and when not agreeing with peer pressure. I also learned how to be a good listener.

STUDENT REPORTS: MENTAL HEALTH

• Evidence of learning mental health related concepts and skills in the same way:

I learned how to approach someone who may have a mental health illness and what to say to them.

I learned what to do for a friend in suicidal situations.

I learned lots! but what I learned mostly was the signs to mental health illnesses

LOOKING AT MAIN EFFECTS WITHIN CONTEXT

- · Overall main effect for depression but not anxiety
- · Looked at many group level variables
- Group size
- · School versus community
- · Group age
- · Risk status of group
- · No significant group-level predictors
- Suggests program is robust across settings

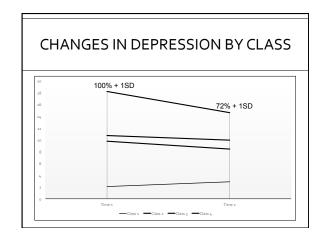
WHAT WORKS FOR WHOM?

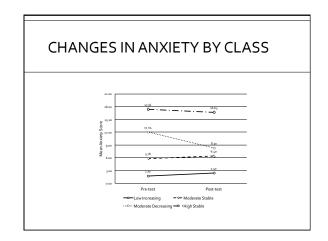
- Also conducted a LCGA to look at patterns of change from pre to post
- Saw improvements in both depression and anxiety for some groups

PRE- AND POST- DEPRESSION SCORES

- · Main effect for time (i.e., decrease from pre- to post-)
- · Within group analysis indicates four latent classes
- Class 1 (n=438) low depression
- · Class 2 (n = 92) moderate depression
- · Class 3 (n=150) moderate depression
- · Class 4 (n=130) high depression

CHANGES IN DEPRESSION BY CLASS 20 18 16 14 12 10 8 6 6 4 2 0 Time 2 Class 2 Class 2 Class 3 Class 4





RESEARCH: NEXT STEPS • Further focus on mental health promotion: • Evidence of increased help-seeking and improved help-seeking attitudes • Coping skills, cooperative behaviour, positive well-being

ADAPTATIONS







Next... Youth corrections pilot

SUMMARY

- Extending evidence-based healthy relationships programming to have strengthened focus on mental health is a natural next step
- Facilitators love the program and see significant and specific changes in youth
- Youth are engaged and find the program beneficial
- Evidence that this Tier I intervention has impacts for Tier II or even Tier III youth
- Main effect on lowering depression, with greater benefits for those who need it more
- In addition, those with moderate-high anxiety showed improvement from pre to post

HEALTHY RELATIONSHIPS PLUS PROGRAM

Thank You!



- Feedback Form
- Questions email thefourthr@uwo.ca

