Evidence-based programming for vulnerable youth: Successes and challenges of implementing healthy relationships programs in diverse settings

Rachelle M. Graham, The University of Western Ontario

Supervisor: Crooks, Claire, The University of Western Ontario
A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education
© Rachelle M. Graham 2021

Follow this and additional works at: https://ir.lib.uwo.ca/etd

Part of the Development Studies Commons, and the School Psychology Commons

Recommended Citation
https://ir.lib.uwo.ca/etd/8156

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact wlsadmin@uwo.ca.
Abstract

In recent years a variety of evidence-based programs have been developed to promote mental health and reduce violence among youth, including those considered to be the most at risk. However, simply providing evidence-based programming to settings that serve vulnerable youth does not ensure the efficacy of these programs because of the unique contextual factors, strengths, and needs of those youth and settings. There is often a disparity between the efficacy of a program identified in a research context and the effectiveness of a program in its application in real world settings. The purpose of this study was to explore this gap through investigating the successes and challenges of implementing healthy relationships programs (the HRP and HRP-E) in a variety of contexts where vulnerable youth receive support. These contexts included school systems, community mental health, the youth justice sector, and child welfare. Semi-structured interviews and implementation surveys were used. Thematic analysis was used to analyse qualitative data, and descriptive statistics were used for quantitative data. Through using a mixed-methods approach, the goal was to explore the experiences and perspectives of the communities in which the HRP and HRP-E were being implemented, with the ultimate goal of facilitating more effective programming and research in the future. The results of this study found that there are a variety of successes and challenges that are universal across contexts, as well as numerous outcomes unique to specific contexts. To organize the results of this study and embed the findings within implementation research, the Consolidated Framework for Advancing Implementation Science (CFIR) was used.

Keywords: interventions, implementation research, healthy relationships, vulnerable youth, high-risk youth, youth justice, child welfare, community mental health, school
Summary for Lay Audience

To support vulnerable youth, promote mental health, and reduce violence, a variety of intervention programs have been developed throughout the years. Currently, there has been a push for evidence-based intervention programs, which are now considered part of best practice when working with vulnerable youth. However, to ensure the efficacy of evidence-based programs, they are typically researched in controlled settings. Because of this, simply providing evidence-based programming to settings that support vulnerable youth does not ensure the effectiveness of these programs because of the unique contextual factors, strengths, and needs of those youth and settings. Therefore, there is often a disparity between the efficacy of a program identified in a research context and the effectiveness of a program in its application in the real world. The purpose of this study was to explore this gap through investigating the successes and challenges of implementing healthy relationships programs (the HRP and HRP-E) in a variety of contexts where vulnerable youth receive support. These contexts included school systems, community mental health, the youth justice sector, and child welfare. To this end, a variety of methods were used, including interviewing facilitators and administrators implementing the HRP/HRP-E and using implementation surveys to collect additional data. The interviews allowed us to delve deeply into the experiences of those running the program in the real world, and the surveys allowed us to reach a wide variety of participants. As such, both qualitative and quantitative data was obtained for this study. Thematic analysis was used to analyse qualitative data, and descriptive statistics were used for quantitative data. The goal of this study was to explore the experiences and perspectives of the communities in which the HRP and HRP-E were being implemented, with the ultimate goal of facilitating more effective programming and research in the future. The results of this study found that there are a variety of successes and
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

challenges that are universal across contexts, as well as numerous outcomes unique to specific contexts.
Acknowledgements

I would like to express my gratitude to my supervisor Dr. Claire Crooks, who inspired my research interests before I had even applied to become a master’s student. The incredible work that she leads at the Centre for School Mental Health (CSMH), and Innovation and Scale Up Lab (ISU Lab), at the University of Western Ontario (UWO), is the type of innovative and applicable research that truly makes a difference in the lives of many. I would also like to acknowledge Dr. Eli Cwinn, Postdoctoral Associate and my Second Reader, for the incredible support and guidance that he has provided me. I have learned a lot from him and sincerely appreciate the teachings he has given. In addition, I would like to thank the entire team at the CSMH. Thank you to my peers for making me feel welcome at UWO, and my colleagues for your collegiate support and guidance. I would also like to extend my thanks to my thesis committee; thank you in advance for your thought and effort. Lastly, I would like to thank my friends and family for all the incredible support they have given me throughout my master’s studies. In particular, my mother for her love and unwavering belief in me, my partner for the patience and kindness he has shown me, and my friend Stephanie Doherty for always being there when I needed it and proofreading copious amounts of my work.
# Table of Contents

Abstract ........................................................................................................................................... ii

Summary for Lay Audience .............................................................................................................. iii

Acknowledgements .......................................................................................................................... v

Table of Contents ............................................................................................................................. vi

List of Tables ..................................................................................................................................... xi

List of Figures ...................................................................................................................................... xii

List of Appendices ........................................................................................................................... xiii

Introduction ....................................................................................................................................... 1

Literature Review ............................................................................................................................. 3

Vulnerable Youth .............................................................................................................................. 3

Negative Health Trajectories ......................................................................................................... 5

Youth Mental Health and Violence as Public Health and Societal Concerns .............................. 7

Interventions, Theoretical Frameworks, and Principles for Effective Programming ................ 9

Social Emotional Learning ............................................................................................................... 9

Positive Youth Development ......................................................................................................... 10

Trauma-informed Practice ............................................................................................................. 11

Healthy Relationships Plus Program (HRP) and Healthy Relationships Plus Program -
Enhanced (HRP-E) .......................................................................................................................... 12

Present Study ..................................................................................................................................... 16

Methods ........................................................................................................................................... 17

Design .............................................................................................................................................. 17

Community Sectors/Contexts .......................................................................................................... 17
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>18</td>
</tr>
<tr>
<td>Interview Participants</td>
<td>18</td>
</tr>
<tr>
<td>Survey Participants</td>
<td>21</td>
</tr>
<tr>
<td>Materials</td>
<td>22</td>
</tr>
<tr>
<td>Interviews</td>
<td>22</td>
</tr>
<tr>
<td>Implementation Surveys</td>
<td>23</td>
</tr>
<tr>
<td>Procedure</td>
<td>25</td>
</tr>
<tr>
<td>Interviews</td>
<td>25</td>
</tr>
<tr>
<td>Implementation surveys</td>
<td>26</td>
</tr>
<tr>
<td>Trustworthiness</td>
<td>27</td>
</tr>
<tr>
<td>Triangulation</td>
<td>27</td>
</tr>
<tr>
<td>Member Checking</td>
<td>27</td>
</tr>
<tr>
<td>Peer consultation</td>
<td>28</td>
</tr>
<tr>
<td>Journal</td>
<td>28</td>
</tr>
<tr>
<td>Data Analyses</td>
<td>29</td>
</tr>
<tr>
<td>Qualitative Data</td>
<td>29</td>
</tr>
<tr>
<td>Step 1 and 2 - Familiarization and Generation of Initial Codes.</td>
<td>30</td>
</tr>
<tr>
<td>Step 3 – Searching for Themes</td>
<td>32</td>
</tr>
<tr>
<td>Step 4 and 5 – Reviewing, Defining, and Naming Themes.</td>
<td>32</td>
</tr>
<tr>
<td>The Consolidated Framework for Implementation Research (CFIR).</td>
<td>33</td>
</tr>
<tr>
<td>Step 6 – Producing the Report</td>
<td>34</td>
</tr>
<tr>
<td>Quantitative Data</td>
<td>35</td>
</tr>
<tr>
<td>Results</td>
<td>35</td>
</tr>
</tbody>
</table>
# SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

**Inner Setting Domain**
- Compatibility .................................................. 39
- Relative Priority .................................................. 39
- Leadership Engagement & Available Resources .................. 40
- Culture ................................................................. 42
- Structural Characteristics ........................................ 43

**Outer Setting Domain** ............................................... 46
- Program Fit ......................................................... 48
- Youths’ Level of Need/Level of Risk Across Contexts ........... 49
  - Youth Supported within the School Sector ................... 51
  - Youth Supported within the Community Mental Health Sector ... 53
  - Youth Supported within the Youth Justice Sector .......... 54
  - Youth Supported with the Child Welfare Sector ............ 55
- Successes and Challenges in Youth Engagement ................. 57
  - Before Group Engagement ....................................... 58
  - Engagement During Group ........................................ 60
- Flexibility & Creativity ........................................... 61
- Overcoming Engagement Challenges Through Trauma-informed Practice ........................................ 64
- General Strategies for Overcoming Youth Engagement Challenges ......................................................... 67

**Intervention Characteristics Domain** ................................................. 68
- Relative Advantage ............................................... 69
- Design Quality and Packaging ....................................... 71
- Manual ................................................................. 71
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Content ............................................................................................................................................... 72
Structure of Delivery .......................................................................................................................... 73
Group Format ....................................................................................................................................... 74
Complexity .......................................................................................................................................... 74
Adaptability ......................................................................................................................................... 76
Evidence Strength & Quality ............................................................................................................... 78

Characteristics of the Individual Domain ......................................................................................... 82
Knowledge and Beliefs about the Intervention .................................................................................... 83
Other Personal Attributes ................................................................................................................... 84

Cross-Cutting Themes ....................................................................................................................... 85
Theme 1: Multi-level Buy-in is Crucial Across Contexts ................................................................. 85
Theme 2: Youths’ Level of Need Varied Across Contexts ............................................................... 86
Theme 3: Successes and Challenges in Youth Engagement are both Unique and Similar
Across Sectors .................................................................................................................................... 87
Theme 4: Trauma-informed Practice Needs to be Considered in Every Aspect of
Implementation .................................................................................................................................... 88
Theme 5: Flexibility and Creativity Promote Successful Implementation ........................................ 89
Theme 6: Evidence-based Practice & Research Involvement Were Beneficial and Valued by
Multiple Stakeholders ....................................................................................................................... 90

Discussion .......................................................................................................................................... 91
Theme 1: Multi-level Buy-in is Crucial Across Contexts ................................................................. 92
Theme 2: Youths’ Level of Need Varied Across Contexts ............................................................... 94
Theme 3: Successes and Challenges in Youth Engagement are both Unique and Similar

Across Sectors............................................................................................................. 96

Theme 4: Trauma-informed Practice Needs to be Considered in Every Aspect of

Implementation ........................................................................................................... 97

Theme 5: Flexibility and Creativity Promote Successful Implementation .................. 98

Theme 6: Evidence-based Practice & Research Involvement Were Valued by Multiple

Stakeholders ............................................................................................................... 100

Limitations .................................................................................................................. 102

Conclusion .................................................................................................................. 104

References ................................................................................................................... 106

Appendices ................................................................................................................... 116

Curriculum Vitae ......................................................................................................... 202
List of Tables

Table 1: Overview of the HRP and HRP-E ................................................................. 15
Table 2: Community Sectors/Contexts ................................................................... 18
Table 3: Interview Participant Demographics ......................................................... 20
Table 4: Group Composition of Surveys with Identified Facilitators ..................... 22
Table 5: Implementation Surveys – Area of Focus .................................................... 24
Table 6: Steps for Thematic Analysis ..................................................................... 30
Table 7: CFIR Domains and Constructs used within this Study ............................. 36
Table 8: Common and Distinctive Factors Across Contexts – Outer Setting – Youths’ Need and Resources .................................................................................. 48
Table 9: Level of Risk as Described by Interview Participants .................................. 50
Table 10: Level of Risk Served Across Contexts ...................................................... 51
Table 11: Summary of Before Group Engagement Challenges .............................. 59
Table 12: Summary of During Group Engagement Challenges ............................. 61
Table 13: Summary of Engagement Strategies Shared by Participants .................. 67
List of Figures

Figure 1: Common and Distinctive Constructs Across Contexts – Inner Setting Domain........... 38
Figure 2: Summary of Research Findings in Inner Setting Domain........................................ 46
Figure 3: Youths’ Level of Need/Risk Across Contexts ........................................................... 57
Figure 4: Common and Distinctive Constructs Across Contexts ............................................. 69
Figure 5: Common Factors Across Contexts: Intervention Characteristics............................. 81
Figure 6: Distinctive Factors Across Contexts: Intervention Characteristics............................ 82
Figure 7: Theme 1 - CFIR Domains and Constructs ................................................................. 86
Figure 8: Theme 2 – CFIR Domains and Constructs ................................................................. 87
Figure 9: Theme 3 – CFIR Domains and Constructs ................................................................. 88
Figure 10: Theme 4 – CFIR Domains ...................................................................................... 89
Figure 11: Theme 5 – CFIR Domains ...................................................................................... 90
Figure 12: Theme 6 – CFIR Domains and Constructs ............................................................... 91
### List of Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A</td>
<td>Facilitator Interview Guide</td>
<td>116</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Administrator Interview Guide</td>
<td>121</td>
</tr>
<tr>
<td>Appendix C</td>
<td>Implementation Survey – Version 1</td>
<td>125</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Implementation Survey – Version 2</td>
<td>149</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Letter of Information (LOI) and Consent Form</td>
<td>176</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Ethics Approval A</td>
<td>181</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Ethics Approval B</td>
<td>184</td>
</tr>
<tr>
<td>Appendix H</td>
<td>Candidate Themes from Step 3</td>
<td>186</td>
</tr>
<tr>
<td>Appendix I</td>
<td>CFIR Domains and Constructs – Original CFIR Model</td>
<td>187</td>
</tr>
<tr>
<td>Appendix J</td>
<td>Codebook</td>
<td>191</td>
</tr>
<tr>
<td>Appendix K</td>
<td>Example of Thematic Map used in Data Analysis</td>
<td>200</td>
</tr>
<tr>
<td>Appendix L</td>
<td>Candidate Themes from Step 4</td>
<td>201</td>
</tr>
</tbody>
</table>
**Introduction**

In recent years there has been a push to provide evidence-based programs, interventions, and practice models within mental health communities. Evidence-based practice is increasingly considered the gold standard (e.g., Gannon & Ward, 2014), and is intended to ensure that the effectiveness of psychological programs has been empirically verified (e.g., through randomized control trials) (see Stoiber, 2011). However, establishing the efficacy of a program in one setting is not sufficient to ensure the program has meaningful impacts in other settings, especially when initial program evaluation occurs within a controlled research context instead of the real world (Crooks et al., 2019).

There is growing recognition that manualized programs are almost always adapted to fit the intended population and context when being delivered in diverse settings (e.g., Anyon et al., 2019). However, there is a lack of research regarding what truly works for the communities researchers are trying to support (e.g., Crooks et al., 2019; Ringeisen et al., 2003). Researchers do not regularly consider the opinions of those who the programs are intended for, or those running them. This often results in a disparity between research and its application, reducing the effectiveness of evidence-based programming (Crooks et al., 2019). Kerner et al. (2005) note that one of the biggest challenges in health promotion is translating research findings into practice.

In recent decades the importance of addressing the research-to-practice gap has gained momentum with the development of implementation science. Implementation science can be defined as “the scientific study of methods to promote the systematic uptake of research findings, and other evidence-based practices into routine practice, and hence, to improve the quality and effectiveness of health services” (as cited in Bauer et al., 2015, p. 3). Considering the
implementation of a program or intervention is a multi-faceted and complex process. As such, several implementation theories, models, and frameworks have been developed to guide implementation research, leading to substantial and meaningful outcomes (Bauer et al., 2015).

The disparity between what works in a research context and the administration of the program in a real-world setting is of particular importance when it comes to providing programming for vulnerable youth populations. Individuals who face adversity in their youth (e.g., neglect, witnessing violence, discrimination) are more likely to experience negative outcomes in adulthood, such as low employability, increased severity of mental health problems, and criminality (Logan-Greene et al., 2011; Xie et al., 2014). The prevalence of mental health problems within high-risk populations, such as youth in the justice system, are disproportionately high (Garland et al., 2003; Schubert et al., 2011). In recent years, youth mental health and violence have been conceptualized as public health issues (Crooks et al., 2018; Logan-Greene et al., 2011; Waddell & Sheperd, 2002). It is critical for public health professionals to provide vulnerable youth populations with meaningful and effective programming to mitigate these risks. Challenges include the complexity of vulnerable youths’ needs and their potential inaccessibility (e.g., youth without a permanent residence).

The purpose of the current study is to reduce the gap between evidence-based programming and its application within target communities by exploring implementation successes and challenges that are common between practice contexts and those that are distinctive and unique to each context. To do this, the implementation of two versions of a healthy relationships program - the Healthy Relationships Plus Program (HRP) and the Healthy Relationships Plus Program – Enhanced (HRP-E) - are investigated. The HRP and HRP-E are
evidence-informed programs created specifically for vulnerable youth aged 12-24\(^1\) (see Exner-Cortens et al., 2019.; Kerry et al., 2019; Townsley et al., 2015; Townsley et al., 2017). As part of a broader project run by the Centre of School Mental Health (CSMH) at the University of Western Ontario (UWO), the HRP and HRP-E are currently being implemented in a variety of contexts in which vulnerable youth receive support, including the education system, community outreach, youth justice system, and child welfare system. It is within these contexts that this research takes place. This study explores the successes and challenges of implementing the HRP and HRP-E with unique and diverse vulnerable youth populations. To organize research findings and imbed findings within the current literature and implementation science, this study uses a comprehensive and widely researched implementation framework: the Consolidated Framework for Implementation Research (CFIR).

**Literature Review**

**Vulnerable Youth**

Adolescence is an important developmental period, characterized by a variety of changes (e.g., puberty) and an increase in risky behaviour seeking (e.g., underage alcohol consumption) (Leather, 2009). Further, adolescence may be a particularly turbulent time for those considered vulnerable or high-risk. For this research, the terms vulnerable and high-risk youth will be used interchangeably and broadly to encompass a wide range of experiences that may put emotional, physical, and psychological strain on youth. These experiences may include a variety of adverse childhood experiences (ACEs), such as exposure to domestic violence or experiencing neglect; other stressors, such as being a member of an ethnic minority and facing discrimination; as well as a variety of other experiences that may affect youth’s ability to develop and behave in

\(^1\) Age varies across context, research publications, and manuals
proactive ways (e.g., Bethell et al., 2014; Logan-Greene et al., 2011; Oral et al., 2016; Xie et al., 2014).

ACEs are defined as potentially traumatic events experienced before the age of 18 (Carsley & Oei, 2020). These events may include exposure to violence; emotional, physical, or sexual abuse; deprivation and neglect; family discord and/or divorce; parental mental health problems; parental death or incarceration; social discrimination; and growing up in poverty (Bethell et al., 2014; Oral et al., 2016). A common definition of trauma present in the literature is that of the American Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA define individual trauma as resulting “from an event or series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals’ functioning and mental, physical, social, emotional, or spiritual well-being” (as cited in Chafouleas et al., 2016, p. 146).

Unfortunately, ACEs and subsequent trauma among youth are common phenomenon (Bethell et al., 2014; Carsley & Oei, 2020; Wiest-Stevenson & Lee, 2016) with a recent literature review suggesting that “approximately half to two-thirds of participants in population-based studies report at least one ACE” (Carsley & Oei, 2020, p. 2). Canadian research regarding ACEs in Alberta demonstrated that 55.8% of participants experienced one or more ACEs, while 20% reported three or more (as cited in Carsley & Oei, 2020). In respect to unique vulnerable youth populations, Baglivio et al. (2014) reported “disturbingly high” (p.1) rates of ACEs among young offenders in an American sample. Canadian data has seen a prevalent “cluster of ACEs” (p. 188) in child welfare settings (Tonmyr et al., 2020). In Ontario Canada, a study regarding trauma-related symptoms among youth involved in the child welfare system reported that 28,900 youth are investigated by child welfare agencies each year due to suspected maltreatment; latent
profile analysis identified that of the 479 youth included in the study, 59% experienced minimal trauma symptoms, 30% moderate trauma symptoms, and 11% severe trauma symptoms (Gallitto et al., 2017).

**Negative Health Trajectories**

Research regarding ACEs first started with retroactive analyses of the negative effects of childhood trauma in adult populations (Bethell et al., 2014; Butler et al., 2011). Through this research came an understanding that ACEs may have detrimental and long-lasting effects throughout the lifespan in multiple domains of health, including developmental, physical, and mental health. (Butler et al., 2011; Oral et al., 2016). Oral et al. (2016) has identified four domains of negative health outcomes that ACEs influence: health risk behaviours (e.g., substance abuse and unintended pregnancy), leading causes of death and other chronic health problems (e.g., heart disease and liver disease), poor mental health (e.g., learning and behavioural problems among children and adolescents; depression; suicide attempts), and other impacts (e.g., unemployment). Although the severity of traumatic experiences is considered subjective in nature, the presence of ACEs incurs dose effects nonetheless – as exposure to ACEs increase, so does the risk of adverse health outcomes and risk behaviours (Bethell et al., 2014; Chafouleas et al., 2016; Wiest-Stevenson & Lee, 2016). For example, Oral et al. (2016) note that individuals who have experienced four or more ACEs are 2.2 times more likely to smoke, 7.4 times more likely to abuse alcohol, and 11.3 times more likely to engage in illicit intravenous substance abuse.

ACEs research suggest negative outcomes across the lifespan. Moreover, research has shown that these negative outcomes may similarly have long lasting detrimental results. For example, studies have demonstrated that mental health problems, violence, and delinquent
behaviour tend to have negative trajectories into adulthood (De Vries et al., 2015; Johnson et al.,
2009; Logan-Greene et al., 2011). For example, a longitudinal study that followed 755
individuals through adolescence to adulthood found that those who experienced minor
depressive symptoms in their youth are at higher risk for developing and experiencing more
severe depressive symptoms in adulthood. Further, these individuals were more likely to
experience other adverse mental health outcomes in adulthood, such as anxiety (Johnson et al.,
2009). Logan-Green et al. (2011) noted in their research regarding risk and protective factor
predictors of violent behaviours among at-risk youth, that violent behaviour in adolescence is
related to a variety of “deleterious outcomes in adulthood, including criminality” (p. 1).

Peer and intimate partner relationships are a crucial context for adolescent development.
Although adolescent romantic relationships have been trivialized by researchers and practitioners
in the past, studies have shown that relationships, both romantic and otherwise, have significant
impacts on adolescent behaviour, coping, and development (Cui et al., 2013; Logan-Greene et
al., 2011). Individuals who have experienced intimate partner violence (IPV) in adolescence are
more likely to be involved in such violence in adulthood (Cui et al., 2013; see also Exner-
Cortens et al., 2013; Exner-Cortens et al., 2017). This finding is from a study conducted by Cui
et al. (2013), which used data from the National Longitudinal Study of Adolescent Health (ADD
Health). ADD Health contained a large representative sample of American adolescents in the
1990s and included data regarding a comprehensive set of variables. Cui et al.’s (2013) research
found that not only are those who have been victimized in adolescence more likely to be the
victim of IPV in adulthood, they are also more likely to become perpetrators of IPV later in life.
These findings hold after controlling for factors such as race, family structure, and age, as well as
aggressive tendencies, which demonstrates specificity within the domain of relationship violence
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

(Cui et al., 2013). Similar to the prevalence of ACEs, IPV is common among young people. A 2004 review of dating violence among American adolescents found that between 8-57% of females reported being victim to physical IPV (as cited in De Koker et al., 2014). Note that this estimate only accounts for physical IPV and does not include other forms of IPV such as sexual or psychological violence.

Provided these findings, evidence suggests continuity in development; ACEs increase the likelihood of problems occurring both in childhood and across the lifespan. As problems occur, such as mental health difficulties or increased violent behaviour, these problems subsequently predict future challenges. In addition to negative trajectories, research suggests significant overlap in adverse experiences and outcomes more generally. For example, bullying is associated with several adverse mental health outcomes, including substance abuse and suicidal ideation (as cited in Exner-Cortens et al., 2019). The negative trajectory of development and overlap in adverse outcomes therefore speaks to the need for effective prevention and early intervention to combat detrimental outcomes throughout adolescents and into adulthood.

Youth Mental Health and Violence as Public Health and Societal Concerns

Due to the adverse effects of ACEs and the negative trajectories outlined above, youth mental health problems and violence have been conceptualized as public health issues (Crooks et al., 2018; Krohn et al., 2014; Leather, 2009; Logan-Greene et al., 2011; Waddell & Shepherd, 2002). A report completed by Waddell and Shepherd (2002) regarding the prevalence of mental health disorders in British Columbia, Canada, highlighted the need for universal programs addressing and promoting health for all children, including those at risk. Waddell and Shepherd (2002) noted that there was a strain on mental health resources due to the high prevalence of mental health problems within youth populations specifically. Although this report was written
20 years ago, access to resources has not improved over the past two decades, and if anything, has worsened.

The prevalence of mental health issues within vulnerable populations is disproportionately high; within the youth justice context, these findings hold across settings and irrespective of methods used for diagnoses. In addition, youth offenders tend to have higher rates of comorbid disorders than the general public (Schubert et al., 2011). More recently, in Xie et al.’s (2014) chapter regarding vulnerable youth and their transition into adulthood, it was noted that youth who have lived through foster care are at greater risk for developing a mental health disorder and experiencing symptoms of post-traumatic stress disorder (PTSD), such as depression, anxiety, and aggression.

Similar to youth mental health, de Vries et al. (2015) have identified juvenile delinquency as an important societal problem, as it is accompanied by a variety of negative emotional, economic, developmental, and physical consequences. Kim et al. (2016) noted the significant financial cost that delinquent behaviour accrues due to death, injury, and the need for government support facilities, such as juvenile detention centres and health care centres. In 2009, this was reported at a cost upwards of $16 billion USD (as cited in Kim et al., 2016, p.2). A 2011 Canadian report estimated this cost to be between $229,236 and $244,056 CAD annually per individual for children between the ages of 4 and 14 (Craig et al., 2011). Given the widespread and diverse societal, health, and mental health outcomes associated with emotional and relationship difficulties in childhood, it is important to discover how evidence-based programs are delivered in settings that serve vulnerable youth to improve their effectiveness in real-world settings.
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Interventions, Theoretical Frameworks, and Principles for Effective Programming

There remains a need for youth intervention programs overall, but specifically for vulnerable youth populations. An array of research (e.g., intervention research, Social Emotional Learning research, Positive Youth Development research, Trauma-informed Care research, and youth justice literature) has produced a variety of features and considerations regarding the development and application of interventions for vulnerable youth. Research has indicated that programs targeting high-risk youth need to address both risk and preventative factors, as well as multiple risk factors to increase effectiveness (e.g., Knight et al., 2017). Exner-Cortens et al. (2019) note that “although adolescence is a period with increased vulnerability in risk behaviours, it is also a time for building positive assets and skills” (p.5). In addition, programs that take on a therapeutic approach, rather than a punitive or controlling approach, tend to be more effective with juvenile offenders, as well as youth more generally (Lipsey et al., 2010; Stoiber, 2011). There are multiple theories and principles that can help shape programming for vulnerable youth. With regard to the healthy relationships programs explored in this study (the HRP and HRP-E), three approaches in particular have had significant impacts on development: Social Emotional Learning (SEL), Positive Youth Development (PYD), and Trauma-informed Care (TIC).

Social Emotional Learning

SEL theory postulates that the mastery of social and emotional skills and competencies may lead to greater well-being among youth (Durlak et al., 2011; Stoiber, 2011). In adolescence, the influence of peers becomes increasingly important (Levendosky et al., 2003), as adolescents are engaging in new risky behaviours within relational contexts such as drinking and/or engaging in intimate relationships (Cui et al., 2013; Leather, 2009). The literature has demonstrated that
adolescents are heavily influenced by their peers and that the inability to maintain healthy and successful relationships may act as a risk factor, thus, making social and emotional skills crucial to healthy development (Stoiber, 2011). A meta-analysis consisting of 213 school-based intervention studies found that well-implemented programs that utilize an SEL approach, thereby focusing on aspects of self-awareness, social awareness, self-management, relationship skills, and responsible decision-making (Collaborative for Academic, Social, and Emotional Learning (CASEL), n.d.), have produced positive effects on adolescents’ emotional development and academic performance (Durlak et al., 2011). Such programs have also reduced negative behaviours, including aggression and noncompliance, and increased prosocial behaviours among youth within school contexts (Durlak et al., 2011).

Positive Youth Development

Research regarding interventions to help vulnerable youth has historically focused on deficits rather than youths’ resilience or strengths (Krohn et al., 2014). Through the emergence of positive psychology and strengths-based approaches, PYD theory shifted the focus of vulnerable youth from a population that was problematic to one that has the potential for growth (Sanders & Munford, 2014). Similar to SEL theory, PYD emphasises the importance of relationship development among youth, highlighting that healthy relationships promote positive development (Sanders & Munford, 2014). Moreover, PYD theory adopts an ecological approach emphasizing the importance of the social and cultural contexts in which vulnerable youth reside (Sanders & Munford, 2014). With SEL and PYD theories in mind, the literature suggests targeting relational contexts as a key component of interventions for vulnerable youth populations. As risk taking behaviours are imbedded in the relational context, Wolfe et al. (2006)
argues that focusing on healthy relationships may allow interventions to target multiple risk behaviours simultaneously (as cited in Exner-Cortens et al. 2019).

**Trauma-informed Practice**

Trauma-informed approaches note and attend to the prevalence of trauma among high-risk youth receiving support, as well as the effects of those experiences (American Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a). Acknowledging the prevalence of trauma in high-risk youth populations allows for more compassion and awareness when dealing with vulnerable youth so that challenges may be addressed appropriately and in a manner that is safe for adolescents (Purkey et al., 2018; SAMHSA, 2014a).

Ensuring physical, psychological, and emotional safety, as well as minimizing risk of re-traumatization are key tenets of TIC prevalent in the literature (see Bath, 2008; Butler et al., 2011; Purkey et al., 2018; SAMHSA, 2014a; American Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b). Safety has been identified as a basic human need in psychological research (e.g., Bath, 2008). Due to the influence that stress and trauma may have on cognitive functioning, safety plays a key role in our ability to absorb material and learn effectively (Bath, 2008; Dorado et al., 2016), making establishing safety essential when providing programming to vulnerable youth. To promote safety, consistency, predictability, choice, and collaboration are key features identified in TIC research (e.g., Bath, 2008; Hopper et al., 2009; Purkey et al., 2018). Similar to PYD theory, TIC emphasizes the importance of focusing on youths’ strength and skill building to facilitate resilience and empowerment (Hopper et al., 2009; Sanders & Munford, 2014). TIC similarly places importance on intersectionality - considering individuals’ multi-faceted experiences, histories, and contexts (Purkey et al., 2018).
Implementing TIC within the school context has demonstrated encouraging results with respect to promoting an array of positive social, behavioural, and mental health outcomes (e.g., Dorado et al., 2016; Shamblin et al., 2016). For example, in Dorado et al.’s (2016) study of the Healthy Environments and Response to Trauma in Schools (HEARTS) program (a TIC program from the University of California), students displayed significant reductions in behavioural problems, such as incidences that involved physical aggression, as well as a reduction of trauma symptoms, compared to results prior to involvement in the program. Preliminary research has shown that trauma-informed schools may help children develop resiliency, increase emotion-regulation skills and students’ ability to develop healthy relationships (e.g., Dorado et al., 2016; Shamblin et al., 2016). Research therefore suggests that incorporating TIC into programming for vulnerable youth may lead to promising results. Given the widespread impact of ACEs and trauma in society, trauma-informed approaches may be beneficial for all youth receiving programming, but particularly for youth more likely to have experienced trauma. The terms trauma-informed practice(s) (TIP), trauma-informed approach(es), and trauma-informed care (TIC) will be used interchangeably throughout this research.

**Healthy Relationships Plus Program (HRP) and Healthy Relationships Plus Program - Enhanced (HRP-E)**

The HRP and HRP-E are evidence informed preventive programs designed for youth ages 12-24 (see Exner-Cortens et al., 2019.; Kerry et al., 2019; Townsley et al., 2015; Townsley et al., 2017). The programs were developed with significant consideration to the above-mentioned factors, specifically SEL and PYD theories, and principles of TIC. The HRP and HRP-E are based on the Fourth R Program (Fourth R), a school-based program developed to reduce risky behaviours such as bullying, unsafe sex, and substance use (Exner-Cortens et al.,
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

2019; Kerry et al., 2019; Wolfe et al., 2009). The Fourth R is an evidence-based program, which focuses on the development of relationship knowledge and skills (Wolfe et al., 2009). As many vulnerable youth have lower attendance at school, it became apparent throughout the implementation and research of the Fourth R that there was a need to adapt the program to be more flexible. Increasing the flexibility of the program would allow it to be implemented outside the classroom setting. Such modifications would better suit the needs of high-risk populations (Crooks et al., 2018).

To address the need of increased flexibility, the HRP was created and tested in real-world settings with promising results. Rather than being part of a school’s curriculum, the HRP consisted of 14 one-hour sessions designed for smaller groups (Exner-Cortens et al., 2019; Kerry et al., 2019). The HRP has an additional emphasis on mental health, suicide prevention, and addiction prevention (Townsley et al, 2017). A study conducted by Lapshina et al., (2018) measured pre- and post-interventions scores of depression among youth who had participated in the HRP. A latent class growth analysis was utilized to identify meaningful depression trajectories among these youth. The study found that individuals who reported high depression in pre-test measures had a significant decline in depression scores after the HRP was completed (Lapshina et al., 2018). A randomized control trial (RCT) of the HRP similarly found that youth who had participated in the HRP were less likely to experience physical bullying victimization at one year post-intervention, compared to adolescents in the control group. This study also found that youth who had experienced significant trauma reported less marijuana use one year post-implementation compared to trauma-exposed youth in the control groups (Exner-Cortens et al., 2019).
Considering the need to adapt preventative programs to fit the needs of their intended population, the HRP was piloted with youth in secure detention facilities (Crooks et al., 2018; Kerry et al., 2019). A primary purpose of that research was to gather feedback from the youth themselves as well as facilitators and administrators to better adapt the HRP. With this feedback, pilot research, and attention to existing literature, the HRP-E was created (Kerry et al., 2019). The HRP-E consists of 16 one-hour sessions (Townsley et al., 2017). Adoptions were made to the original 14 sessions of the HRP including making them more trauma-informed, adding additional coping strategies, adding more high-risk scenarios for skill building practice, adding scenarios targeting cognitive problem solving, including literacy supported options, and including activities targeting harm reduction (Kerry et al., 2019). The two additional sessions comprise of Safety and Unhealthy Relationships (which explores topics such as sexual exploitation) and Rights and Responsibilities in Relationships (which explores topics such as power and control) (Exner-Cortens et al., 2019; Kerry et al., 2019). Table 1 provides an overview of the HRP and HRP-E sessions, including session outcomes.

The HRP and HRP-E maintain the same contention as the Fourth R Program, that relationship skill-building and knowledge may promote mental health and reduce violence. The HRP and HRP-E are universal programs and therefore target a wide variety of the ubiquitous vulnerabilities present in high-risk youth populations (Kerry et al., 2019). Accordingly, the HRP and HRP-E have the potential to be successful in a variety of settings in which vulnerable youth receive support.
Table 1

Overview of the HRP and HRP-E (Townsley et al., 2015; Townsley et al., 2017)

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Title</th>
<th>Session Outcomes</th>
</tr>
</thead>
</table>
| 1       | Getting to Know You              | Meet group members and the facilitator  
Understand the program outcomes  
Develop group discussion guidelines  
Identify stressors/pressures that impact youth  
**Review healthy coping strategies**  
**Review strength and resilience** |
| 2       | It’s Your Choice:                 | Identify ways in which youth choose friends and dating partners  
Consider how others choose them  
Discuss whether these are realistic ways to choose friends/partners  
Understand that gender-based stereotypes may impact relationships  
Understand how these stereotypes affect our relationships  
Identify qualities of a supportive friend |
| 3       | Shaping our Views                 | Identify influences that affect how we think about people, relationships, and friends  
Consider how influences impact our decisions about relationships |
| 4       | Influences on Relationships      | Identify negative media messages  
Critically deconstruct media messages  
Understand how power imbalances affect relationships  
Understand the outcomes of misusing power  
Understand how substance use influences relationships |
| 5       | Impact of Substance Use and Abuse| Understand the different levels of substance use  
Understand the impact of substance use on oneself and others  
**Understand harm reduction**  
Consider how to help a friend who is struggling with substance use |
| 6       | Healthy Relationships             | Identify the difference between healthy and unhealthy relationships  
Understand the role of active listening  
Practice the skills of active listening |
| 7       | Early Warning Signs of Dating Violence | Dispel myths related to dating violence  
Identify reasons why someone might be abusive  
Identify early warning signs of dating violence  
Understand how to talk to a friend who is in an abusive relationship  
Gain awareness of resources for support related to dating violence |
| 8       | Safety and Unhealthy Relationships| Understand why people stay in abusive relationships  
Gain awareness about sexual exploitation  
**Understand how to keep yourself safe – safety planning** |
| 9       | Rights and Responsibilities in Relationships | Identify power and control in relationships  
Identify equality and respect in relationships  
Understand your rights in relationships |
| 10      | Boundaries and Assertive Communication | Understand the importance of knowing your values and boundaries  
**Understand consent and respecting others’ boundaries**  
Understand that many influences challenge our boundaries  
Understand the difference between assertive, passive, and aggressive communication styles  
Practice assertive communication  
Analyze messages communicated from body language  
Identify communication barriers with caregivers |
### SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 11 | Taking Responsibility for Emotions | Understand signs of anger/stress  
Practice behaviour modification to manage stress/anger  
Understand that we need to own our actions  
Recognize the need to learn how to apologize  
Practice giving an apology  
Identify support systems for themselves  
Practice and gain an understanding of mindfulness |
| 12 | Standing Up for What is Right | Understand the difference between delay, refusal, and negotiation skills  
Practice skills (delay, refuse, negotiate) to handle situations when our boundaries are being challenged |
| 13 | When Friendships and Relationships End | Identify ways to help a friend  
Practice skills to help a friend  
Understand reasons why a friendship/relationship should end  
Practice ending a friendship/relationship in a healthy way  
Identify rights and responsibilities of a healthy relationship |
| 14 | Mental Health and Well-being | Understand emotional/mental health  
Identify some issues that can impact emotional/mental health  
Identify some signs/symptoms of mental health issues  
Identify their responsibility to themselves, their friends, and their partners should they be experiencing a mental health issue  
Assess their own level of wellness  
Set goals for wellness  
Understand the connection between healthy relationships and good mental health  
Identify resources to access help and information about mental health issues |
| 15 | Helping our Friends | Identify signs/symptoms of mental health challenges and suicide  
Identify their responsibility to themselves, their friend, and their partners should they be experiencing thoughts of suicide  
Understand the role of active listening and other strategies for helping friends with mental health issues  
Practice skills for active listening  
Practice skills for seeking help  
Identify community resources that they could access for themselves or a friend in a crisis situation |
| 16 | Sharing and Celebrating | Discuss what they have learned from this group  
Celebrate the completion of this group |

*Note.* Items in bold indicate additional sessions and outcomes of the HRP-E (compared to the original HRP).

### Present Study

To examine the feasibility of implementing the HRP and HRP-E with different vulnerable youth populations, researchers and community partners have started piloting the programs at various locations around Canada. These partners include organizations that are involved in education systems, community mental health, the youth justice system, and child
welfare. To ensure that evidence-based programs can be transported to novel settings, the experience of the communities receiving programming needs to be explored and considered. It is currently unknown what is required to successfully implement the HRP/HRP-E in settings that support unique and diverse vulnerable youth populations. Each site has a slightly different demographic, different personnel, and different resources, resulting in tremendous variability within the targeted settings. The goal of this study is to utilize the perspectives of the organizations we are working with to identify successes and challenges of implementing the HRP/HRP-E in a variety of contexts where vulnerable youth receive support, with the broader goal of improving future implementation and research.

**Methods**

**Design**

To collect data regarding the successes and challenges of the HRP/HRP-E, a mixed-methods approach was used; both qualitative and quantitative data were collected using interviews and implementation surveys. As a goal of this study was to gain a rich understanding of our community partners’ experiences in an array of contexts where vulnerable youth received support, the present study was exploratory in nature. Furthermore, we sought to identify successes and challenges that appeared more universal across contexts, as well as those that might be more unique to specific contexts.

**Community Sectors/Contexts**

We classified community settings in which vulnerable youth receive the HRP/HRP-E into four sectors/contexts for this study: school systems, community mental health, youth justice, and child welfare (see Table 2).
Table 2

Community Sectors/Contexts

<table>
<thead>
<tr>
<th>Sector/Context</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Systems</td>
<td>Includes all schools, and their respective school boards, providing the HRP or HRP-E</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>Includes public health agencies, registered charitable agencies, and community mental health agencies providing mental health and community supports to youth between the ages of 12-25 within the broader community</td>
</tr>
<tr>
<td>Youth Justice</td>
<td>Includes organizations which provide support to youth between the ages of 12 – 25 involved with the youth justice system or criminal justice system of Canada</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>Includes child welfare agencies providing support to youth in Canada</td>
</tr>
</tbody>
</table>

Participants

Interview Participants

Interview participants were selected using purposive and convenience sampling. The sample is considered a convenience sample as not all community partners are obligated to participate in research. Interview participants were identified in collaboration with Dr. Claire Crooks, the Director of the CSMH at UWO and the supervisor of this study, as well as the Research Project Coordinator for the Resilience and Inclusion through Strengthening and Enhancing Relationships (RISE-R) project at the CSMH. Both Dr. Crooks and the Research Project Coordinator had established rapport with the community partners.

Interview participants included both facilitators and administrators of the HRP and HRP-E within the four sectors in which the programs were being implemented. Facilitators were defined as individuals who delivered the program to their respective youth. Administrators were defined as community organizers, coordinators, or managers that took part in organizing the
implementation process in their respective contexts. Administrator duties included, but were not limited to correspondence with the CSMH, identifying youth participants for the HRP or HRP-E, and scheduling activities. It is possible that the same individual could have both administrator and facilitator roles at certain sites. A total of 14 potential participants were contacted. Additional participants were identified for the study, however, the COVID-19 pandemic restricted recruitment efforts. Of the 14 potential participants contacted, 11 expressed interest in participating in the interviews. The final sample of interview participants (n = 11) consisted of six facilitators, three administrators, and two individuals who employed both roles.

Two of the interview participants worked in the school context, three within community mental health, four within the youth justice sector, and two within child welfare. It is important to note that participants were categorized into their sectors according to the organization in which they worked. However, many participants are employed in roles that extend across sectors as they support youth populations outside of their designated sector in this study. For example, interview participant 07 is classified under community mental health, as they are associated with a local health unit. However, this participant’s experiences speak to implementation efforts within school systems, as their involvement with the HRP/HRP-E took place across Ontario high-schools (i.e., the health unit partnered with Ontario high-schools to provide the HRP/HRP-E to students). Similarly, interview participant 04 is designated as representing the youth justice sector. However, as part of their role within this sector, they have supported youth across contexts, included youth involved in community mental health, as well as students in secondary schools. In analysing the data, consideration was given to both participants’ designated sector and the populations of youth whom they supported through HRP/HRP-E implementation.

Of the eleven participants, three had experience implementing the HRP, seven had
experience implementing the HRP-E, and one had experience working with both the HRP and the HRP-E. Table 3 outlines interview participants’ demographics, including which sector each participant represents and the population of youth they have provided the HRP/HRP-E to.

**Table 3**

*Interview Participant Demographics*

<table>
<thead>
<tr>
<th>Interview Participant ID</th>
<th>Facilitator/ Administrator/ Both</th>
<th>HRP or HRP-E</th>
<th>Sector</th>
<th>Youth Population</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Facilitator</td>
<td>HRP</td>
<td>School</td>
<td>High-school students</td>
<td>School Social Worker</td>
</tr>
<tr>
<td>02</td>
<td>Facilitator</td>
<td>HRP-E</td>
<td>Child Welfare</td>
<td>Youth involved with the Children’s Aid Society (CAS)</td>
<td>Child and Family Support Worker</td>
</tr>
<tr>
<td>03</td>
<td>Facilitator</td>
<td>HRP-E</td>
<td>Child Welfare</td>
<td>Youth involved with the Children’s Aid Society (CAS)</td>
<td>Western Graduate Student</td>
</tr>
<tr>
<td>04</td>
<td>Both</td>
<td>Both</td>
<td>Youth Justice</td>
<td>Justice-involved youth, youth involved in community mental health, elementary and high-school students</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>05</td>
<td>Administrator</td>
<td>HRP-E</td>
<td>Community Mental Health</td>
<td>Youth in residential care, youth involved in community mental health, justice-involved youth</td>
<td>Director of Children and Youth Mental Health Services</td>
</tr>
<tr>
<td>06</td>
<td>Administrator</td>
<td>HRP</td>
<td>School</td>
<td>High-school students</td>
<td>Mental Health Lead &amp; Supervisor of Social Work</td>
</tr>
<tr>
<td>07</td>
<td>Administrator</td>
<td>HRP</td>
<td>Community Mental Health</td>
<td>High-school students</td>
<td>School Health Manager</td>
</tr>
<tr>
<td>08</td>
<td>Facilitator</td>
<td>HRP-E</td>
<td>Youth Justice</td>
<td>Justice-involved youth, high-school students</td>
<td>Youth Justice Services Coordinator</td>
</tr>
<tr>
<td>09</td>
<td>Facilitator</td>
<td>HRP-E</td>
<td>Youth Justice</td>
<td>Justice-involved youth, youth involved in community mental health, high-school students</td>
<td>Youth Justice Services Coordinator</td>
</tr>
<tr>
<td>10</td>
<td>Facilitator</td>
<td>HRP-E</td>
<td>Youth Justice</td>
<td>Justice-involved youth, youth involved in community mental health, high-school students</td>
<td>Youth Justice Services Coordinator</td>
</tr>
<tr>
<td>11</td>
<td>Both</td>
<td>HRP-E</td>
<td>Community Mental Health</td>
<td>Youth in residential care</td>
<td>Shift Coordinator</td>
</tr>
</tbody>
</table>
Survey Participants

Convenience sampling was used to select participants to complete implementation surveys. All individuals who completed an implementation survey have facilitated either the HRP or HRP-E between June 2019 and June 2020 in one of the four sectors included in this study. For every HRP or HRP-E group ran, facilitators were invited to complete an implementation survey. In some cases, a facilitator within this study may have completed multiple implementation surveys if they ran the HRP/HRP-E with more than one group of youth. However, one survey could not encapsulate the experience of multiple groups run by the same facilitator. Participants were identified by the Research Project Coordinator for inclusion in this study. Participants were individuals who had previously expressed interest in participating in research.

A total of 43 completed surveys were obtained, thereby capturing the experiences of 43 individual HRP/HRP-E groups with youth ages 12-25. Both the HRP and the HRP-E had been designed for youth aged 12-24, however, surveys that included youth aged 12-25 were used in this study as they were representative of the populations that received the programs in the real world. Of the 43 surveys, the identity of twelve respondents was known. The respondents of the remaining 31 surveys were anonymous. Therefore, the total number of survey participants was unclear. Although it was not possible to discern the number of individual survey participants, through analysis of group demographics (e.g., age of youth, sector, gender composition) it was determined that 36 of the 43 groups were different in their characteristics, demonstrating uniqueness. Three of the remaining groups were missing demographic data rendering their group composition indiscernible. Although the number of individual survey participants is unknown, it was determined that there was sufficient variability between groups to include all 43 of the
implementation surveys in the current study. All respondents, whether identified or anonymous, were facilitators of the HRP/HRP-E. No administrators completed the implementation surveys.

Of the 12 known survey respondents, facilitator 01 completed four implementation surveys with groups of varying composition in both the youth justice and school sectors. Facilitator 02 completed two groups of varying composition in the child welfare sector, and facilitator 03 completed two groups of varying composition in the youth justice sector. All other facilitators completed one survey only (see Table 4).

Table 4

<table>
<thead>
<tr>
<th>Facilitator ID</th>
<th>Sector</th>
<th>Age Range</th>
<th>Gender Composition</th>
<th>HRP or HRP-E</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Youth Justice</td>
<td>12-16</td>
<td>Male only</td>
<td>HRP-E</td>
</tr>
<tr>
<td>01</td>
<td>School</td>
<td>13-15</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>01</td>
<td>Youth Justice</td>
<td>15-18</td>
<td>Female only</td>
<td>HRP-E</td>
</tr>
<tr>
<td>01</td>
<td>Youth Justice</td>
<td>13-15</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>02</td>
<td>Child Welfare</td>
<td>12-15</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>02</td>
<td>Child Welfare</td>
<td>14-17</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>03</td>
<td>Youth Justice</td>
<td>13-22</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>03</td>
<td>Youth Justice</td>
<td>13-21</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>04</td>
<td>Child Welfare</td>
<td>12-15</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>05</td>
<td>Youth Justice</td>
<td>14-15</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>06</td>
<td>Youth Justice</td>
<td>13-15</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>07</td>
<td>School</td>
<td>~14-17</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>08</td>
<td>School</td>
<td>15-17</td>
<td>Other</td>
<td>HRP-E</td>
</tr>
<tr>
<td>09</td>
<td>Youth Justice</td>
<td>13-18</td>
<td>Female only</td>
<td>HRP-E</td>
</tr>
<tr>
<td>10</td>
<td>Community Mental Health</td>
<td>14-19</td>
<td>Female only</td>
<td>HRP-E</td>
</tr>
<tr>
<td>11</td>
<td>Youth Justice</td>
<td>~13-22</td>
<td>Male and Female</td>
<td>HRP-E</td>
</tr>
<tr>
<td>12</td>
<td>Community Mental Health</td>
<td>13-17</td>
<td>Female only</td>
<td>HRP-E</td>
</tr>
</tbody>
</table>

Materials

Interviews

Semi-structured interviews were conducted with facilitators and administrators using two interview guides. One interview guide was created for facilitators (see Appendix A) and another for administrators (see Appendix B). A portion of the interview questions were informed by the
responses of approximately ten implementation surveys collected by the CSMH for a different research project. Preliminary themes were identified in these implementation surveys to determine areas that warranted more focus in the interviews. Interview questions were also guided by a review of implementation research, with a focus on research by the National Implementation Research Network (e.g., Metz & Louison, 2019), and research regarding semi-structured interviews (e.g., Whiting, 2008). The creation of the interview guide was an iterative process. Revisions were made through consultation with research colleagues and approved by Dr. Crooks.

The interview guides consisted of questions and prompts that were originally organized into four categories of interest: participants’ overall experience with the HRP/HRP-E, successes and challenges of implementing the program, the fit of the HRP/HRP-E, and available supports. The facilitators’ guide included a fifth category regarding modifications and facilitators’ ability to run the HRP/HRP-E as intended. As the interviews took place during the COVID-19 pandemic, an additional category was added to both guides to ensure that interviews fully captured the experiences of facilitators and administrators in their current context. The additional category consisted of questions pertaining to programming in a virtual environment. Data pertaining to this category were not included in this study and will be written up separately. Interview guides also included an introduction section and a conclusion.

Implementation Surveys

The implementation surveys used in this study were online surveys created by the CSMH. Two versions of the implementation survey were used in the current study. Modifications to version 1 of the survey were conducted by the CSMH as part of a broader research project funded by the Public Health Agency of Canada (PHAC). Modifications were
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

minor and did not impact the results of this study (e.g., adding “other” to multiple choice questions). As such, it was determined that both version 1 (see Appendix C) and version 2 (see Appendix D) of the implementation surveys could be included in the data set. Both versions of the survey have been used in previous and ongoing research conducted by the CSMH.

The surveys consisted of questions regarding seven focus areas (see Table 5). The surveys collected both qualitative and quantitative data, using a variety of question types. Some questions were open-ended (e.g., was there anything about the composition of this particular group that had an impact on your ability to deliver the program as intended?), while others were close-ended (e.g., did you have a co-facilitator for this group?). Other question formats included Likert scale questions, multiple-choice questions, and demographic questions.

**Table 5**

*Implementation Surveys: Areas of Focus*

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Example Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Group characteristics</td>
<td>What was the gender composition of this group?</td>
</tr>
<tr>
<td>2. Group format and logistics</td>
<td>Did you have a co-facilitator for this group?</td>
</tr>
<tr>
<td>3. Identifying and recruiting participants</td>
<td>Were there any challenges with identifying and/or recruiting youth?</td>
</tr>
<tr>
<td>4. Implementation experience</td>
<td>Was there a specific session or activity that was problematic?</td>
</tr>
<tr>
<td>5. Impact of the HRP-E</td>
<td>In your opinion, to what extent did participants enjoy the program?</td>
</tr>
<tr>
<td>6. Organization involvement in the HRP-E</td>
<td>Has your organization or school implemented other Fourth R programs in the past?</td>
</tr>
<tr>
<td>7. Facilitator characteristics</td>
<td>Overall, how many times have you delivered the HRP/HRP-E?</td>
</tr>
</tbody>
</table>
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Procedure

Interviews

Semi-structured interviews were conducted with facilitators and administrators. The goal of the interviews was to gain a deep understanding of the implementation process and the unique needs of the communities in which the HRP/HRP-E was being implemented. Participants were invited to participate in the study via email by the Research Project Coordinator. Consent to participate was acquired using Qualtrics software. A unique link was sent to each participant. Through this link participants received a letter of information (LOI) and virtual consent form (see Appendix E). The LOI outlined the purpose of the study and study procedures. A copy of this documentation was also sent to participants via email for their records. Once consent to participate was obtained, an online interview was scheduled with the researcher. All interviews were conducted online, due to the restrictions of the pandemic. Interviews took place on Zoom (Version 5.6.6 (950)), a video communications software provided by UWO. Ethical approval was obtained to conduct this study online by the Non-Medical Research Ethics Board and from the organizations involved in the study (see Appendix F and Appendix G). All interviews were recorded using Zoom technology. Audio recordings were transcribed verbatim using Trint (Version 2021.32.97042), a cloud-based automated transcription service. Once the transcripts were checked for accuracy by the researcher, the files were downloaded for further review and coding procedures. The final copies were then uploaded to Dedoose (Version 9.0) for additional coding and analyses. Dedoose is an online application providing mixed-methods analytic software.

Each interview lasted approximately 30-60 minutes and was completed by a single researcher. Participants were compensated with a $20 gift card. Prior to commencing interviews,
the researcher discussed the interview process with participants in detail. As the interviews were semi-structured, it was stressed to participants that although the intention was to discuss the topics outlined in the guides, the interview may extend past the agreed upon subject matter. Discussing this prior to the interview ensured that participants understood in advance the organic nature of the interview process. This procedure also promoted informed consent. Prompts and follow-up questions were used to ensure that interviews remained focused on the research question of this study (i.e., what are the successes and challenges of implementing the HRP/HRP-E in contexts where vulnerable youth receive support?).

Interview data (e.g., audio recordings, transcriptions) were saved using an alphanumeric code to promote anonymity. To allow the researcher to report demographic qualities and evaluate diversity and proportional representation in the final data set, the alphanumeric codes were stored on a list that corresponded with the identity of the participants. This list was stored in a separate location from the interview data and no identifying information was attached directly to the interview data. All participant documentation, information, and data were and remains confidential. All data were stored using password protected devices, applications, and a secure database.

**Implementation surveys**

Implementation surveys were administered online using Qualtrics. Once facilitators completed the HRP or HRP-E with a group of youth in their respective community, they were invited to complete an implementation survey by the Research Project Coordinator. After consent to participate was received, they were sent a personalized link to the survey via email.

All data from the implementation surveys were reviewed by the researcher. Qualitative data from each survey pertaining to the present study were consolidated into a document - one
document was created per survey. This data was reviewed for coding purposes, then uploaded to Dedoose for further coding and analyses. All quantitative data were uploaded into IBM SPSS (Version 27). Only quantitative data related to this study/pertaining to the research question was analysed.

**Trustworthiness**

Ensuring trustworthiness and limiting one’s biases are crucial components of conducting mixed-methods research and addressing the limitations of qualitative work. To achieve this, the researcher followed the techniques and methods outlined below.

**Triangulation**

Triangulation has three core components: 1) using a variety of methods and asking the same questions through differing means, 2) using a wide range of participants, and 3) conducting research in diverse settings (Shenton, 2004). There are two primary ways in which triangulation was achieved in the current study. Using a mixed-methods approach addressed the first component of asking the same questions through different means. This study used interviews and implementation surveys with overlapping areas of inquiry. Second, the diversity of participants and the settings in which this study took place addressed the two remaining components of triangulation. Accordingly, the methods increased the credibility and confirmability of this study (Shenton, 2004).

**Member Checking**

To minimize bias and increase credibility, the researcher engaged in member checking at the end of each interview. Member checking involves following up with participants to ensure that your interpretations of their contributions were correct. It is a means of verifying “that the findings reflect the participants’ intended meaning” and establishing accurate reporting
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

(Kornbluh, 2015, p. 397; Shenton, 2004). At the end of every interview, the researcher summarized the overarching themes and content of the interview in their own words to confirm with participants that their interpretations were correct. Prompts for this procedure were included in the interview guides.

**Peer consultation**

Shenton (2004) highlights the importance of peer consultation in qualitative work. Peer consultation may help in a variety of ways to reduce the subjectivity of qualitative analysis right from a study’s inception to its completion. As such, the researcher used peer consultation throughout the entirety of this study. A primary resource was the supervision of Dr. Crooks. Additionally, the researcher regularly consulted with colleagues and peers at the CSMH through informal conversations, meetings, and formal presentations. Peer consultation was most frequently used throughout data analysis.

**Journal**

Lastly, to maintain accountability and increase confirmability, the researcher kept a journal containing detailed reports of changes made to the study and/or procedures, i.e., an audit trail (Shenton, 2004). In addition, this journal was used to keep track of the data collection process, as well as feedback received from supervisors, peers, and colleagues. The journal was used to track evolving themes and the researcher’s thought process throughout the study’s duration and throughout the data analysis process. Shenton (2004) notes that maintaining reflective commentary may serve to increase credibility.
Data Analyses

Qualitative Data

Thematic analysis was used for all qualitative data, including data from the interviews and implementation surveys. The guidelines of Braun and Clarke (2006) and Braun and Clarke (2012) were followed for this process (see Table 6 for Steps of Thematic Analysis). A semantic approach was used for analysis. Using a semantic approach meant that coding focused on the explicit meanings and descriptors found in the data rather than potential underlying meanings. The researcher did not delve under the surface of participant responses to look for any hidden ideas, assumptions, or conceptualizations beyond what participants outwardly expressed (Braun & Clarke, 2006). A combination of inductive and deductive approaches was also used. Inductive analysis is described by Braun and Clarke (2006) as a bottom-up approach – analysis is “driven by what is in the data” (Braun & Clarke, 2012, p. 58). An inductive approach was used primarily during the initial stages of data analysis to allow the researcher to look for what the data was presenting. Throughout the final stages of analysis, a deductive approach was used. Deductive analysis is a top-down approach (Braun & Clarke, 2006). The researcher “brings to the data a series of concepts, ideas, or topics that they can use to…interpret the data” (Braun & Clarke, 2012, p. 58). In this sense, the first half of analysis was data-driven rather than theory-driven, while the second half incorporated the use of an implementation framework to organize and interpret the data in a meaningful way. The combination of inductive and deductive approaches was intentional. The implementation framework used in this study was purposefully introduced in the mid-stages of data analysis to avoid directing data collection and initial analyses. Delayed integration of a framework allowed for a more rigorous and open-ended exploratory study. In the
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

later stages of analysis, the framework helped organized the data in a cohesive manner and imbed the study findings within implementation literature and research.

**Table 6**

*Steps for Thematic Analysis (Braun & Clarke, 2006)*

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Familiarizing yourself with the data</td>
</tr>
<tr>
<td>2.</td>
<td>Generating initial codes</td>
</tr>
<tr>
<td>3.</td>
<td>Searching for themes</td>
</tr>
<tr>
<td>4.</td>
<td>Reviewing themes</td>
</tr>
<tr>
<td>5.</td>
<td>Defining and naming themes</td>
</tr>
<tr>
<td>6.</td>
<td>Producing the report</td>
</tr>
</tbody>
</table>

**Step 1 and 2 - Familiarization and Generation of Initial Codes.** The first and second steps of thematic analysis are to familiarize yourself with the data and generate initial codes respectively (Braun & Clarke, 2006). The researcher was quite familiar with the interview data to begin with as they were the sole interviewer for this study. They also completed the transcription process independently, furthering their familiarity with the data. During the data collection and transcription process, the researcher noted initial thoughts regarding potential codes and noteworthy statements in their journal. Notes were taken on the data set as a whole, as well as individual transcripts, as suggested by Braun and Clarke (2012).

The researcher was also fairly familiar with the survey data as they had reviewed the entirety of the surveys to isolate the qualitative data and organize it for coding and analyses. To
further familiarize themselves with the survey data, all qualitative questions from the surveys were reread. During this process the researcher took notes on initial thoughts regarding interesting excerpts and the survey data’s relevance to the research question.

With an open mind the researcher actively reread all data from the interviews and surveys a second time. During this reading the researcher started to identify preliminary codes using the comments feature in Microsoft Word. A total of 323 potential codes were generated. The researcher collated all codes into a single document and reviewed the codes in search of key concepts. The data was then organized into 10 sections. The researcher focused on the three sections that were most related to the research question. These three sections included 241 codes relating to the successes of running the HRP/HRP-E, challenges of running the HRP/HRP-E, and the role of COVID-19 in the implementation process. Within these three sections, the codes were further organized into 15 categories. At this point in the analysis, the researcher had not identified which sectors the data belonged to, to harbour a universal review of the data before evaluating for differences across sectors.

The 241 initial codes provided the foundation of the codebook. The creation of the codebook was iterative. Once the codebook had been created, the data were uploaded into Dedoose for further coding and analysis. Throughout the first round of applying codes in Dedoose, additional potential codes were identified. During this initial coding process, it was determined that only two of the three sections should be analysed further: the successes section, and the challenges section. All other sections were deemed outside the purview of this study and will be written up separately. Codes from the eight original sections pertaining to the research question were absorbed into the remaining two sections, accumulating to 287 codes. All coding in step two was done semantically and inductively.
**Step 3 – Searching for Themes.** The 287 codes were then reviewed in Dedoose using the qualitative charts feature. The researcher started to refine codes through eliminating redundant codes and combining commonly co-occurring codes. At this stage many of the codes were linked to specific examples and excerpts within the data. Related excerpts were therefore combined to formulate a single representative code and noteworthy examples were highlighted using the memo function in Dedoose. As new codes developed and previous codes were revised, the researcher recoded previous transcripts to ensure that modified or additional codes were captured throughout the entirety of dataset. After these revisions, the codebook consisted of 226 individually defined codes.

The coded data were reviewed again – this time, the researcher looked for similarities between codes, and topics that codes seemed to cluster around, more actively searching for themes. During this step the researcher also started looking into similarities and differences in the data across contexts using mixed-methods charts in Dedoose. Throughout this review, the codes were organized into five candidate primary themes, with one subtheme, and 3 candidate secondary themes (see Appendix H). Step 3 was completed using a semantic and inductive approach.

**Step 4 and 5 – Reviewing, Defining, and Naming Themes.** The fourth and fifth steps in thematic analysis are reviewing, defining, and naming themes (Braun and Clarke, 2006). Upon consultation, the Consolidated Framework for Implementation Research (CFIR) was suggested as a tool to organize the data due to the enormity of the data set and coding scheme. Upon review of the CFIR alongside the data, it was determined that the CFIR would be a good fit. It was an appropriate tool to support further analysis in steps four and five, making subsequent analysis deductive in nature.
**The Consolidated Framework for Implementation Research (CFIR).** The CFIR was first created by a coalition of implementation researchers in 2009 (Consolidated Framework for Implementation Research (CFIR), n.d.). The goal of the CFIR was to create a comprehensive framework that comprised of common constructs from published implementation theories and research, to facilitate the production of new knowledge using common language (CFIR, n.d.).

The CFIR incorporated constructs from 13 scientific disciplines and may be used as a tool to support the assessment of implementation efforts and research (CFIR, n.d.; Damschroder et al., 2009). The CFIR is therefore a meta-theoretical framework (Damschroder et al., 2009). It is comprised of 39 constructs organized into five domains related to successful implementation (see Appendix I) (CFIR, n.d.; Damschroder et al., 2009). The five domains include: Inner Setting, Outer Setting, Intervention Characteristics, Characteristics of the Individual, and Process (Damschroder et al., 2009). The Inner Setting domain of the CFIR speaks to the organization or setting in which an intervention/program is being implemented (Damschroder et al., 2009). The Outer Setting domain includes factors that influence implementation efforts which reside outside of the organization or setting in which the intervention/program is being implemented. Factors included in this domain may include the needs and resources of the individuals receiving the program, as well as governmental policies and incentives for novel interventions (CFIR, n.d.; Damschroder et al., 2009). The Intervention Characteristics domain is comprised of the features of the intervention/program, and stakeholders’ perceptions of these features (Damschroder et al., 2009). The Characteristics of the Individual domain pertains the individuals involved with the intervention and implementation process (Damschroder et al., 2009). Individual characteristics influencing implementation efforts may include self-efficacy and/or one’s knowledge and beliefs.
about the intervention (CFIR, n.d.). The final domain pertains to the process of implementation including planning and evaluating stages (CFIR, n.d.; Damschroder et al., 2009).

Publications regarding the CFIR model as well as an online resource (cfirguide.org) created for researchers by the CFIR Research Team-Centre for Clinical Management, was used to guide the organization of the findings. The data were organized into the five domains of the CFIR. Consultation with the researcher’s supervisor, colleagues, and peers was pivotal during this stage of analysis. Through multiple revisions and iterations, codes were further defined, culminating in a final codebook consisting of 200 codes (see Appendix J). The entirety of the data was recoded in Dedoose using the final codebook as a guide. The data were reviewed, and exemplary excerpts were collated to better hone the themes and key concepts of the data. Thematic maps were developed to determine the most representative organization of the data. A thematic map is a visual representation of the data, which may be used to help researchers visualize the relationships among codes, themes, and frameworks, as well as different levels among those variables (Braun & Clarke, 2006). Thematic maps supported revision of the themes in relation to the coded items, as well the entire data set. Thematic maps also supported revision of the themes in relation to the CFIR (see Appendix K for an example of a thematic map used in this study). Through revision of the data, the original 9 candidate themes (including secondary and subthemes) were reformulated into 5 candidate themes: 3 candidate primary themes and 2 candidate secondary themes (see Appendix L).

**Step 6 – Producing the Report.** Step six is the last step in thematic analysis. This step includes producing a report of the data and study findings (Braun & Clarke, 2006; Braun & Clarke, 2012). As such, the process of writing the report is the researcher’s last chance to modify and refine themes. Throughout this process the researcher reviewed themes and exemplar
SUCCESSSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Excerpts of the data to clearly identify what was unique and specific about each theme. Themes were outlined in detail and incorporated quotes from the data to illustrate findings. The final set of themes, which consists of six themes total, are presented in the results section below.

Quantitative Data

Quantitative data were used in this study to supplement findings from the qualitative data. The interview data served as the primary data source for this study. Therefore, the quantitative data supported the findings predominantly found in a small sample of interview participants. Descriptive statistics were used to analyse the quantitative data from the implementation surveys. The use of descriptive statistics fortified the research findings by providing added validity and expanding generalizability (because of the larger sample size), also known as transferability in qualitative research (Shenton, 2004). The incorporation of quantitative data also supported triangulation within this study, promoting its credibility (Shenton, 2004). Measures of frequency were the most commonly used descriptive statistic. These processes were completed using IMB SPSS and Microsoft Excel software. Quantitative data were also used in Dedoose to facilitate mixed-methods data analysis. In using the descriptor fields in Dedoose, it was possible to analyse qualitative data (e.g., codes) across quantitative variables (e.g., sectors). This type of analysis streamlined the investigation of similarities and differences across contexts.

Results

The results of this study will be presented using the CFIR as an organizational tool, starting with the Inner and Outer Setting domains, then leading into the Intervention and Individual Characteristics domains. The Process domain will be discussed throughout, as the findings pertaining to the implementation process are interconnected with constructs of other domains. The findings of the study fall into select constructs within each CFIR domain. For a
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

A comprehensive list of CFIR domains and constructs used within this study, see Table 7; all operational definitions were adapted from the CFIR model (CFIR, n.d.; Damschroder et al., 2009) to better fit the purview of this study. In using the CFIR as an organizational tool, the successes and challenges of implementing the HRP/HRP-E in diverse settings may be discussed using relevant theory. In addition, the results have been organized into two categories to highlight both the universal and contextual successes and challenges of implementing the HRP/HRP-E with vulnerable youth. The categories are 1) common factors across contexts, and 2) distinctive factors across contexts.

Table 7

<table>
<thead>
<tr>
<th>CFIR Domains and Constructs used within this Study (CFIR, n.d.; Damschroder et al., 2009)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner Setting Domain</td>
</tr>
<tr>
<td><strong>Construct</strong></td>
</tr>
<tr>
<td>Compatibility</td>
</tr>
<tr>
<td>Culture</td>
</tr>
<tr>
<td>Relative Priority</td>
</tr>
<tr>
<td>Available Resources</td>
</tr>
<tr>
<td>Leadership Engagement</td>
</tr>
<tr>
<td>Structural Characteristics</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outer Setting Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Construct</strong></td>
</tr>
<tr>
<td>Youth Needs &amp; Resources</td>
</tr>
</tbody>
</table>
program. There is a need for the program based on the needs of youth served. Also includes youth’s ability/involvement in providing feedback for the program – this is done both within organizations and with the CSMH.

### Intervention Characteristics Domain

<table>
<thead>
<tr>
<th>Construct</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative Advantage</td>
<td>Perception of the advantage of implementing the HRP/HRP-E versus an alternative solution. Benefits of the HRP/HRP-E are clearly visible and observable to those involved in organizing and implementing the program. Includes all statements regarding the benefits and advantages of the HRP/HRP-E.</td>
</tr>
<tr>
<td>Evidence Strength &amp; Quality</td>
<td>The strength and evidence base of the program. Stakeholders’ perceptions and awareness of evidence for the program and the strength and quality of said evidence. Other statements regarding the research/evidence base of the HRP-E are coded under additional sections: youth needs &amp; resources – Outer Setting domain, and reflecting &amp; evaluating, Process domain.</td>
</tr>
<tr>
<td>Design Quality &amp; Packaging</td>
<td>Includes statements regarding the quality of the materials provided for the HRP/HRP-E. Excellence in how the HEP/HRP-E is bundled, presented, and assembled. Packaging is related to how accessible the HRP/HRP-E is to facilitators.</td>
</tr>
<tr>
<td>Complexity</td>
<td>Perceived difficulty of implementing the HRP-E – program specific. Reflects length, amount of content, scope, etc.</td>
</tr>
<tr>
<td>Adaptability</td>
<td>The degree to which the HRP-E could be adapted, tailored, refined, or reinvented.</td>
</tr>
</tbody>
</table>

### Characteristics of the Individual Domain

<table>
<thead>
<tr>
<th>Construct</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge &amp; Beliefs about the Intervention</td>
<td>The individuals’ attitudes towards and value placed on the HRP/HRP-E, as well as familiarity with facts, truths, and principles related to the HRP/HRP-E</td>
</tr>
<tr>
<td>Other Personal Attributes</td>
<td>A broad construct that includes other personal traits of facilitators of the HRP/HRP-E such as motivation, enthusiasm, values, competence, capacity, dedication, and learning style.</td>
</tr>
</tbody>
</table>

### Process Domain

<table>
<thead>
<tr>
<th>Construct</th>
<th>Operational Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflecting &amp; Evaluating</td>
<td>Both the quantitative and qualitative feedback about the progress and quality of the HRP/HRP-E. It is also accompanied by regular personal and team debriefing about progress and experience of the HRP/HRP-E with the CSMH team.</td>
</tr>
<tr>
<td>External Change Agents</td>
<td>Individuals affiliated with an outside entity who formally influence or facilitate intervention efforts and decisions in a desirable direction.</td>
</tr>
</tbody>
</table>
Inner Setting Domain

The Inner Setting domain of the CFIR speaks to the organization or setting in which an intervention/program is being implemented (Damschroder et al., 2009). The findings of this study fall into six of the potential 14 constructs of the Inner Setting domain. These constructs include compatibility, culture, relative priority, leadership engagement, available resources, and structural characteristics. Within this domain, findings pertaining to compatibility, relative priority, and leadership engagement were common across contexts. Findings pertaining to culture, available resources, and structural characteristics were found to be distinctive across contexts (See Figure 1). Although findings pertaining to each construct within the Inner Setting domain may be divided into common and distinctive categories, the constructs are not exclusive. For example, the leadership engagement construct is intricately related to the available resources construct.

Figure 1

Common and Distinctive Constructs Across Contexts – Inner Setting Domain (CFIR, n.d.; Damschroder et al., 2009)
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Compatibility

Compatibility is defined as the degree of tangible fit between the HRP/HRP-E with an organizations’ values and work processes (Damschroder et al., 2009). Across contexts, interview participants highlighted the HRP/HRP-E as having a good fit for both the youth that they support, as well as their respective organizations. Interview participants noted that the HRP/HRP-E was a good fit for their organization for three primary reasons 1) the HRP/HRP-E filled a gap in service within their organization, 2) the HRP/HRP-E complemented existing curriculum, and 3) the HRP/HRP-E aligned well with their philosophical underpinnings. For some participants, the HRP/HRP-E filled a gap in service that had been long standing, allowing their organization to provide a type of programming for youth that was otherwise unavailable. For others, the group format of the HRP/HRP-E allowed service providers to expand their scope of practice and reach a group of youth in need of services that would have otherwise not received support within their organization. Within the school context, it was highlighted that facilitating the HRP/HRP-E “balance[d] out [the] role” (Interview Participant 01, School Systems) of school social workers; it was identified that social workers were able to provide more preventative and proactive support to many students, rather than primarily doing reactionary one-to-one work. Within the youth justice context, the HRP/HRP-E complemented existing curriculum as it provided workers with a well-rounded and comprehensive program which could be supplemented by more targeted pre-existing programming to better meet the idiosyncratic needs of their youth.

Relative Priority

Relative priority is the individuals’ shared perception for the importance of implementing the HRP/HRP-E within the organization (Damschroder et al., 2009). This construct is closely
related to the concept of buy-in found in the literature - the acceptance and willingness to actively support and participate in novel interventions, and a belief in the program itself (see Boden et al., 2020; Dorado et al., 2016; French-Bravo & Crow, 2015). It was clear from the interview data that when individuals within an organization did not understand or believe in the HRP/HRP-E, implementation efforts would suffer. For example, within the school context, buy-in from teachers was noted as particularly important as HRP/HRP-E groups often required students to leave class early to accommodate scheduling challenges. Interview participant 01 highlighted the importance of educating subsidiary staff (e.g., teachers and other staff, such as members of the student success team) within school systems. In their experience, once teachers were fully informed about the HRP/HRP-E, its purpose, and potential benefits, they were much more willing to be flexible and work with HRP/HRP-E facilitators to ensure that students could attend the program, even if it meant missing out on classroom-based curriculum.

*So, the first time I ran it, I knew I had the principal’s and the student success teacher’s support, but what I didn't anticipate was having a bit of resistance from the classroom teachers still. So, what I found helpful was giving information at a staff meeting about what the [HRP] was, about what we're accomplishing, providing them the link if they'd like to see. And then kind of putting the invitation out there that if teachers had individual questions about the group or what we're covering, that they can come and touch base with me...So I did find that helpful...as much as we can...educate others about what we're doing and get their buy-in, then they're able to kind of support that.* (Interview Participant 01, School Systems)

This excerpt highlights the need to inform all individuals involved within an organization running the HRP/HRP-E about the program. Facilitating understanding and providing knowledge of the HRP/HRP-E may improve both relative priority and buy-in of the HRP/HRP-E.

*Leadership Engagement & Available Resources*

Interview participants similarly commented on buy-in as it related to leadership engagement and managerial support. Leadership engagement is defined as the commitment,
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

involvement, and accountability of leaders and managers with the implementation of the HRP/HRP-E (Damschroder et al., 2009). It has been suggested in the literature that leadership engagement leads to a stronger implementation climate (CFIR, n.d.). Leaders are important conduits of change (Leeman et al., 2007, as cited in CFIR, n.d.), which is supported by the results of this study. The findings suggest that leadership engagement is closely linked to the amount of resources that facilitators may have to implement the HRP/HRP-E. The definition of available resources in this thesis is broad and may include both tangible resources, such as money for supplies, and intangible resources, such as time. Both survey and interview participants noted that running the HRP/HRP-E is a time-consuming process that requires a significant amount of preparation. More than 50% of survey participants who provided advice to future facilitators suggested allocating time in your schedule to prepare for the program. In linking managerial support to available resources, interview participant 05 noted that:

[T]he facilitator has to have structured time to...look [the HRP-E] over, to be able to know your population, to know what you can and can't talk about, and pre-plan for each session...And again that's an agency responsibility...you need to ensure that the staff who are facilitating have the time and the respect to run [the HRP-E] well. And if you don't give them [that], you're not going to see [the HRP-E] run well....And that shows investment into [the facilitators], and they're going to take more investment into the [HRP-E]. So that is always my advice to any senior leadership...be prepared to structure your team to have the time to do it. And to have the resources to do it and the...dedication of the entire agency to be able to get that through. Because...everything gets put on these frontline people's shoulders and if they don't have the capacity...it's really hard to run. (Interview Participant 05, Community Mental Health)

The excerpt above touches upon the concept of available time and capacity; both of which have been noted as challenges by interview participants who have competing roles within their organizations. This excerpt also relates to multi-level buy-in. Buy-in at the leadership level can influence the amount of time that facilitators have to focus on and prepare for the HRP/HRP-E, subsequently influencing its fidelity, efficacy, and overall success. Interview participant 01
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

echoed this sentiment by touching upon the need for support from their entire team to procure
time to run the program without interruptions. Part of this facilitator’s role involved crises
management making acquiring time for the group difficult yet essential.

*What I had to do for it to be successful is - it was extra important for me to get the buy-in
from my team and put [the HRP] in my calendar, so that they knew on these days I have
[the HRP] group and I'm not available for...other things.* (Interview Participant 01,
School Systems)

Although leadership engagement is linked to the construct of available resources, the amount of
resources that each organization maintains and allocates to the HRP/HRP-E varies across
contexts. Available resources are influenced by an array of factors in addition to leadership
support.

*Culture*

The current study found that compatibility between the HRP/HRP-E and an organization
is insufficient for successful implementation if the culture of the organization does not provide a
supportive environment for change. For the purpose of this study, an organization’s culture
included their shared beliefs, norms, values, basic assumptions, and receptiveness to change
(CFIR n.d.; Damschroder et al., 2009). To illustrate, an interview participant within the school
context highlighted that although the HRP/HRP-E met the needs of the youth within a particular
school and was a good fit for the school’s population, the program was not successful due to the
school’s culture:

*We have a school that didn't get the group off the ground, and some of that was related to
the culture of the school. And parents' and kids' concern about receiving help in a group
and being identified as somebody receiving help...Because when you do a group, it's a
little more public than going and speaking to the school social worker...and that's a
school with a very skilled social worker.* (Interview Participant 06, School Systems)

The above excerpt highlights the potential stigma that may occur from being identified as a
youth in need of support and/or who struggles with mental health or relationship skills. This
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

notion has been echoed by other interview participants supporting the school sector. This concern, as well as concern regarding the content of the HRP/HRP-E can stem from the students themselves, as well as other adults within the sector, including teachers and parents.

[S]ay there's a school that's requested [the HRP/HRP-E] by the admin. But maybe they haven't spoken to every single teacher who's involved. And then a teacher...[the HRP/HRP-E] could be in their class and maybe they don't necessarily agree. And sometimes that can cause conflicts, like if they're not 100% on board. I feel like you have to have the support of the teachers, and all the staff, and everybody to be on the same page for [the HRP/HRP-E] to really work...[I]n the early stages of us running it...we've been in schools where a teacher didn't 100% agree with the content or the conversations that were being had and weren't comfortable with it. But it was something that the school wanted. Or even like a parent, a parent had concerns about, you know, we're talking about relationships, but are we talking about same sex relationships? or are we talking about violence?...concerns around...what could come out of those conversations. (Interview Participant 04, Youth Justice in partnership with school communities)

Interview participants (whose roles allowed them to work with youth across contexts) suggested that parental concern regarding participation in the HRP/HRP-E and the content of the program appeared to be most prevalent in school settings. Other participants commented on the influence of respected individuals, touching on the significant influence that individuals within the communities in which youth are being supported may possess.

Because I really found that...the group can very easily be sabotaged by adults or peers that the kids respect. Because especially in a school setting, there's kind of a...stereotype...that kids who go to social skills groups have problems. (Interview Participant 01, School Systems)

Structural Characteristics

The structural characteristics construct refers to the structure of teams involved in the implementation of the HRP/HRP-E within an organization (CFIR, n.d.; Damschroder et al., 2009). This construct differs from the infrastructure (the physical structure or building) of an organization, or the setting of implementation (where youth receive the program – at a secure detention centre, at school, at home, etc.). Findings pertaining to this construct vary across
SECTORS. The challenges outlined previously in this domain (e.g., lack of time, unsupportive staff) appear to be more prominent in the school and community mental health sectors, where competing priorities are more prevalent. For example, in the school setting, mental health falls second to education. Within residential treatment centres in the community mental health sector, the HRP/HRP-E may be used as a tool to facilitate skill building, however, is not the primary focus of care. Facilitators running the HRP/HRP-E in residential treatment centres are responsible for a variety of other programs and tasks. Therefore, they found making time to prepare for the HRP/HRP-E quite challenging. Contrastingly, dedicated positions, whose sole purpose was to support HRP/HRP-E implementation, were built into the structure of the youth justice and child welfare sectors. Overall, more time and dedication towards the program were identified as factors leading to successful implementation.

A participant within the community mental health sector, interview participant 05, commented on the challenges that occur during staff turnover and leadership changes. This finding is supported by implementation research that suggests that the less stable teams are, the less likely implementation efforts will be successful (Damschroder et al., 2009). Although, this finding may be true for a variety of reasons, one of the challenges highlighted by interview participant 05 included setbacks in buy-in. When new staff are introduced, their focus is pulled in multiple directions, potentially reducing the relative priority of the HRP/HRP-E and slowing down existing momentum in implementation efforts achieved by previous staff members.

Positive partnerships with external agencies were identified as a factor that facilitated successful implementation across contexts and helped overcome challenges regarding competing roles and priorities within effected sectors. Eight of the eleven interview participants commented

---

2 These roles were largely supported by the grant funder.
on the positive partnerships they experienced with external agencies and the influence that these partnerships had on implementation. Five of the eleven interview participants specifically alluded to their partnership with CSMH as a factor leading to success. The positive partnerships identified by interview participants fall under the external change agents construct in the Process domain. External change agents are individuals affiliated with an outside entity who formally influence or facilitate intervention efforts and decisions in a desirable direction (Damschroder et al., 2009). Positive partnerships allowed organizations facilitating the HRP/HRP-E to fulfill unmet resource needs such as limited staff and time. For example, Public Health Ontario (PHO) partnered with schools in the Ontario school system; within certain schools, local health units provided public health nurses to co-facilitate the HRP/HRP-E alongside the school’s social worker, pooling the resources of both agencies. Similarly, the community mental health and youth justice sectors work in conjunction with the school sector to provide dedicated HRP/HRP-E facilitators in school systems, ergo reducing the burden of competing roles within schools. Figure 2 consists of a summary of research findings pertaining to the Inner Setting domain, organized by common and distinctive constructs across contexts.
Outer Setting Domain

The Outer Setting domain of the CFIR includes constructs that influence implementation efforts which reside outside of the organization or setting in which the intervention/program is being implemented (Damschroder et al., 2009). The findings of this study fall into the *youth needs and resources*\(^3\) construct, one of the four potential constructs in the Outer Setting domain. For a list of constructs and operational definitions, see Table 7.

---

\(^3\) The *Youth Needs and Resources* construct refers to the *Patient Needs and Resources* construct in the original CFIR model.
The youth needs and resources construct focuses on youth characteristics, providing youth with choices, addressing youth barriers, and awareness of youth needs. This construct takes into consideration the need for the program based on the needs of the youth served, as well as youths’ satisfaction with the program. The youth needs and resources construct includes youths’ involvement in providing feedback for the program (Damschroder et al., 2009).

The findings of this study suggest that there are certain factors related to the youth needs and resources construct that were common across contexts, some that differed between contexts, and some that were both common and distinctive between contexts. With respect to the factors that were common across contexts, the programs’ fit for vulnerable youth, and the role of trauma-informed practices throughout implementation were identified as important in all sectors. The type and severity of youths’ needs and risk varied between contexts, and different sectors varied in their ability to support youth of differing levels of need/risk. In terms of factors that were both common and distinctive, the importance of flexibility and creativity throughout the implementation process was found to be a common factor across contexts, however, the level of flexibility that organizations could maintain differed across sectors. Challenges in youth engagement occurred across contexts; each sector experienced challenges in youth engagement prior to the HRP/HRP-E group commencing and throughout the duration of the group, however, specific challenges varied between contexts. See Table 8 for an overview of these findings. Both common and distinctive factors will be discussed in more detail below, as well as successes and challenges pertaining to these factors. Due to the interconnectedness of key findings, program fit will be discussed first, followed by youths’ level of need/risk, and challenges in youth engagement. Subsequently, flexibility and creativity, and trauma-informed practice will be presented.
### Table 8

**Common and Distinctive Factors Across Contexts: Outer Setting - Youths’ Needs and Resources**

<table>
<thead>
<tr>
<th>Common Factors Across Contexts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Fit</strong></td>
</tr>
<tr>
<td>The HRP/HRP-E was a good fit for youth across contexts. The program was developmentally appropriate and relevant to youths' needs and interests. Program allowed youth to engage with relevant topics in a practical and nuanced manner.</td>
</tr>
<tr>
<td><strong>Trauma-informed Practice</strong></td>
</tr>
<tr>
<td>Trauma-informed practices helped overcome challenges in youth engagement and allowed the HRP/HRP-E to be presented in a safe manner for youth. A key tenant of TIC prevalent in the data was trauma-awareness.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Distinctive Factors Across Contexts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Youths’ level of need/risk</strong></td>
</tr>
<tr>
<td>Three levels of youth risk were identified by interview participants: medium-risk, high-risk, and greatest risk. Each sector varied in their ability to meet youths’ needs and support youth of varying level of risk. Therefore, youths’ level of need/level of risk was identified as a distinctive factor across contexts.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Factors that are both Common and Distinctive Across Contexts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Flexibility and Creativity</strong></td>
</tr>
<tr>
<td>Organizational flexibility and creative delivery have been identified as universal factors leading to successful implementation of the HRP/HRP-E across contexts. However, the level of flexibility that an organization maintains varies across sectors. The varying levels of flexibility is a key feature that differentiates sectors in their ability to support differing levels of vulnerable youth (medium-risk, high-risk, or greatest risk).</td>
</tr>
<tr>
<td><strong>Challenges in Youth Engagement</strong></td>
</tr>
<tr>
<td>Overall, challenges in youth engagement occur at two stages: before group and during group. Although engagement challenges were universal, specific challenges occurred in select sectors. For example, mental health stigma effected youth interest in the HRP/HRP-E only in the school sector. Across contexts, youth with higher levels of risk and need struggled more with attendance and participation.</td>
</tr>
</tbody>
</table>

**Program Fit**

Across contexts this study found that the HRP/HRP-E was a good fit for high-risk youth, irrespective of the setting in which youth received support. Interview participants noted that the program was developmentally appropriate and commented on the relevance of the program. It was noted that the HRP/HRP-E touched on topics that were important to the youth they served.
and that resonated well with youth. The HRP/HRP-E consisted of topics that youth were eager to discuss and did not have a platform to discuss elsewhere, filling a gap in youth services across contexts.

*It's a great curriculum and the youth respond really well to it, and [they’re] topics that they want to talk about.* (Interview Participant 02, Child Welfare)

*It's very relevant in terms of, you know, peer relationships or intimate relationships are so much the focus of [our youths’] world, that I think it's well targeted to [youths’] concerns and needs.* (Interview Participant 06, School Systems)

*I think that’s a real strength of the program, too, is that there's so much relevancy to what our youth go through.* (Interview Participant 09, Youth Justice)

The program allowed youth to engage with relevant topics in a practical and nuanced way.

Rather than receiving dichotomous messaging (e.g., a specific behaviour is either good or bad), typically found in preventative programming, the HRP/HRP-E allowed youth to think critically about the information they were receiving and how they might apply concepts and skills learned in the HRP/HRP-E to their unique situations in a pragmatic manner.

*I think that’s been huge in giving them a comfort level in practicing ‘how’ - I don't always have to say “yes”. How can I do it while still saving face, but still meeting my objective of not wanting to engage in that behaviour? Because that's really a big challenge... It's really hard for our youth to try to be prosocial without getting targeted as being weak or not cool.* (Interview Participant 09, Youth Justice)

*By the end of the group they would say, well, Ms.... what do you think about this? And then the group would...say: "Well, it depends!" That's the constant message throughout...Like in the beginning, they're all trying to figure out what's right and what's wrong. And then by the end, because the program is set up that way, they’re able to give themselves that answer...Should I drink at a party or not? - It depends...Although the answer is no because you're under 19. But that’s...what kids really take away from it and really enjoy.* (Interview Participant 01, School Systems)

### Youths’ Level of Need/Level of Risk Across Contexts

Although the HRP/HRP-E fit well with the youth that each sector supported, the level of need/level of risk of youth varied across sectors. Some sectors were recognized as better suited to
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

meet the needs of youth with the highest risk, and others better suited to meet the needs of less vulnerable youth. In the school sector it was found that the HRP/HRP-E was most successful for youth with medium level of risk. In the community mental health and youth justice sectors, participants described successful implementation of the HRP/HRP-E with youth at different levels of risk. In the child welfare sector, it was found that the HRP/HRP-E worked well with high-risk youth, however, those with the most vulnerability were not being serviced. In the interviews, participants described three levels of risk overall: medium risk, high risk, and greatest risk (See Table 9). The risk levels typically addressed in each sector (as identified by interview participants) is presented in Table 10.

Table 9

Level of Risk as Described by Interviews Participants

<table>
<thead>
<tr>
<th>Level of Risk</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium Risk</td>
<td>These are youth that experience some difficulties. For example, these youth may have parents struggling with addiction. These youth may struggle with academics and social relationships, but regularly attend school. Medium risk youth have experienced some ACEs.</td>
</tr>
<tr>
<td>High Risk</td>
<td>Youth that experience many difficulties. These youth have experienced many ACEs. They may be involved with Child Protective Services, but live in relatively stable environments (e.g., bio-homes, foster homes, kin-homes). These youth may experience a variety of mental health challenges.</td>
</tr>
<tr>
<td>Greatest Risk</td>
<td>These are youth that experience the most difficulties. These youth have experienced the most ACEs. They may not have stable living environments and may struggle with severe mental health challenges. These youth may be involved in the justice system.</td>
</tr>
</tbody>
</table>
Table 10

Level of Risk Served Across Contexts

<table>
<thead>
<tr>
<th>Sector</th>
<th>Youth Level of Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Systems</td>
<td>Medium level of risk</td>
</tr>
<tr>
<td>Community Mental Health</td>
<td>Medium, high, &amp; greatest level of risk</td>
</tr>
<tr>
<td>Youth Justice</td>
<td>Medium, high, &amp; greatest level of risk</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>High level of risk</td>
</tr>
</tbody>
</table>

Youth Supported within the School Sector. In the school sector, it was noted that the HRP/HRP-E worked best with youth that School Mental Health Ontario (SMHO) deemed as requiring Tier 2 supports (i.e., medium level of risk), from now on referred to as Tier 2 youth or students. Tier 2 is the second level of a tri-level model of mental health promotion, prevention, and support within Ontario school systems. Tier 1 supports are good for all students and focus on mental health promotion. Tier 1 supports typically take on a preventative and universal approach (e.g., Cwinn & Schneider, 2014; Phifer & Hull, 2016). Tier 2 supports are deemed necessary for some students and focus on prevention and early intervention. Tier 2 supports typically consist of secondary interventions provided to students who were not sufficiently supported by Tier 1 or who have been identified as needing additional support (e.g., Chafouleas et al., 2016; Cwinn & Schneider, 2014; Phifer & Hull, 2016). Tier 3 supports are essential for a select few students that require more intensive assessment and intervention services. Tier 3 usually consists of more targeted supports for students with intensive needs that were not met through Tier 1 or 2 interventions (e.g., Chafouleas et al., 2016; Cwinn & Schneider, 2014); youth requiring this level of support are referred to as Tier 3 youth/students in this thesis. Identifying students for Tier 2
and 3 supports is unique to each school and may be the responsibility of teachers, staff, or mental health professionals working at the school (Chafouleas et al., 2016).

The HRP/HRP-E was noted as being most beneficial for Tier 2 students for a number of reasons. In many cases, school may be the only safe place where vulnerable youth have access to healthy adults. Therefore, being intentional about ensuring that school remains a safe place is essential when supporting youth at risk in the school sector, as reported by interview participants. Interview and survey participants noted that Tier 3 youth may not be “group ready.” Participants stated that most Tier 3 youth are unable to participate in groups in a respectful, safe, and productive manner because of external and internal stressors. Due to the potentially triggering nature of some of the topics in the HRP/HRP-E, participating in the group in school settings may not be appropriate for Tier 3 students who are actively struggling with some of the sensitive topics discussed in the program (e.g., addiction or abusive relationships). This is partially because school systems do not have the structure and resources to adequately support such vulnerable youth should they become overly distressed and need additional support throughout the duration of the group; but also because the program runs within the context of school itself. When participating in the HRP/HRP-E in non-school settings youth typically have the opportunity to engage in self-care activities such as debriefing after sessions. Whereas in the school setting, youth are going directly back to class or engaging with peers immediately after engaging with the HRP/HRP-E material. The school context limits the amount of time youth have to process the HRP/HRP-E material and potential emotional responses evoked within group.

Consistent with previous research (e.g., Crooks et al., 2018), attendance and participation challenges were identified as a common barrier across contexts in the current study. Within the
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

school context for example, many Tier 3 youth struggle to attend school, let alone extracurricular activities provided by the school, despite perceived need or interest in the program. Findings suggest that certain sectors may be better equipped to deal with attendance and participation challenges. This may be partially due to the nature of their structure and method of accessing youth, concepts intricately related to the Inner Setting domain discussed above.

Youth Supported within the Community Mental Health Sector. It was identified that the community mental health sector supported youth of differing levels of risk and need, including medium- and high-risk youth, as well as youth at the greatest risk. Within the community mental health sector participants worked with a variety of youth populations in various settings (e.g., youth residing in residential care, youth receiving community supports, and student within the school setting). Specifically, the HRP/HRP-E was implemented within group homes and residential treatment settings, eliminating the barrier of attendance for youth at the greatest risk in this sector. Within group homes, all youth receiving the program were living in the same location and were mandated to attend the HRP/HRP-E as part of their regular programming. The HRP/HRP-E is delivered in the location in which youth are situated as opposed to youth having to find a way to travel to where the HRP/HRP-E is being delivered. Within live-in care, youth face similar group readiness challenges to Tier 3 students found in the school systems, such as behavioural problems, becoming triggered by the material, as well as actively experiencing and working through mental health difficulties. Although these were youth with the greatest level of risk and the most vulnerability, the setting of the group home allowed for more flexibility and resources to effectively manage associated challenges. For example, there were ample staff available to support youth throughout the sessions, as well as beyond sessions (e.g., facilitator check-ins with youth in between HRP/HRP-E sessions). There is also
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

typically additional programming and mental health supports that supplement learnings from the
HRP/HRP-E provided in live-in care, as reported by interview participants. In addition, facilitators had the flexibility to move the day of a session based on the collective mental state and need of youth living in the group home.

Youth Supported within the Youth Justice Sector. It was noted that the youth justice sector provided support to youth of differing levels of risk, including medium- and high-risk youth, as well as those with the greatest risk. Within this sector participants worked with diverse youth populations in an array of settings, such as youth in secure detention centres and youth receiving supports through community agencies. Similar to the community mental health sector, additional staff to support youth while participating in the HRP/HRP-E group was identified as a factor leading to success by interview participants within the youth justice sector.

[When I was in the Correctional Institute, I would be facilitating by myself, but there were staff everywhere. So, if something happened, there were therapists just down the hall for me. (Interview Participant 10, Youth Justice)]

Across contexts, either having additional staff or two facilitators has been noted as key to successful implementation.

One's a lead facilitator and then there's always another staff member in the room... So they could be, you know, more of a relief or part-time capacity, or it may be the other facilitator. (Interview Participant 05, Community Mental Health)
It also benefits having the co-facilitators as well, because at least if one person is taking more of a lead, another person is really taking a look around the room, making sure you're kind of being mindful of not just what people are saying, but their body language, how they look. Have they shut down visually? Sort of like making yourself aware, but also even with the co-facilitator having a really good communication between each other, maybe even having like a signal, if you notice something and you don't want to make it obvious to the rest of the group that you're going to go and approach this youth because they've obviously been triggered. (Interview Participant 04, Youth Justice)

Similar to youth living in care within the community mental health sector, many of the youth within the youth justice sector were mandated to attend the HRP/HRP-E either through
probationary measures or as part of their programming within a facility (e.g., secure detention centre). However, while mandating youth to attend the HRP/HRP-E may reduce the challenge of attendance, especially in situations where youth are living in a facility, shelter, or home, it does not eliminate attendance and participation challenges completely. Many youth within the youth justice sector have been inundated with programming, lessening their interest in participating in yet another program. In addition, the youth that are receiving services within the youth justice system are youth with some of the greatest risk. Inherent to this group of youth are both external and internal challenges such as instable housing, transient lifestyles, and ongoing trauma, making attendance and participation increasingly difficult. For example, youth may not have the practical means necessary, such as money to buy bus tickets, to get to the location where the HRP/HRP-E is being held. In situations when youth, facilitators, or organizations can overcome transportation barriers, active and fulfilling participation within a group setting may still not be possible due to internal barriers such as recent trauma, or general lack of group readiness. To overcome many of these barriers, it is common for the HRP/HRP-E to be delivered on a one-to-one basis in the youth justice sector, rather than a group format.

**Youth Supported within the Child Welfare Sector.** Oversaturation of programming, difficulties with attendance, and group readiness are all challenges present in the child welfare sector as well. Within this sector, the HRP/HRP-E has successfully been implemented with high-risk youth. However, it was found that youth experiencing the most vulnerabilities are not receiving programming, despite having identified a need for this type of programming for youth at such a high level of risk.

*I do think that there is a population of our youth that this program isn't necessarily touching. I think youth that are in stable living environments - and that's who we've been focussing on - such as kin homes, bio homes, foster homes, are doing really well in the [HRP-E]. But some of our higher needs youth I think aren't being serviced. And I do want...*
to look at different ways to reach them where they are... But I do think that there is a bit of a shortfall there in reaching that particular group of our [population]... And those are the youth who are at [the] highest risk... of the outcomes of severe mental health and addictions and unhealthy relationships. (Interview Participant 02, Child Welfare)

The high-risk youth currently being supported in the child welfare sector have a level of stability in their lives that allow for regular attendance and participation in group as outlined in the excerpt above. This stability is unfortunately not present for all youth within this sector, posing challenges to implementation efforts that have not yet been overcome. See Figure 3 for a summary of findings regarding youths’ varying level of need/risk across contexts discussed thus far.
Successes and Challenges in Youth Engagement

Findings pertaining to youth engagement in the HRP/HRP-E were found to be both common and distinctive across settings. A variety of successes and challenges in youth
engagement have been previously discussed in relation to youths’ level of need/risk across sectors. Additional challenges and successes have been identified by participants. Overall, challenges in youth engagement occur at different stages of providing the HRP/HRP-E, including before the group commences and during the group. In the following sections, both challenges and successes in youth engagement are elaborated upon.

**Before Group Engagement.** In addition to challenges effecting youth interest previously discussed, the name of the program has deterred some youth from participating in the HRP/HRP-E as they have found it to have a negative connotation that insinuates dysfunction. This finding is true across multiple sectors. Another factor that influenced youths’ interest in participating in group included anxiety.

> *I would say that 90 percent [of youth] indicate to me that they're really anxious and they're not sure they want to come. And a lot of them deal with mental health issues to begin with. Anxiety around getting there the first time is the biggest hurdle.* (Interview Participant 02, Child Welfare)

A common narrative in this study was that youth engagement was slow to start; youth would be resistant to join and participate prior to the group commencing, however, once the group had started, engagement would improve as the program progressed. In many cases youth ended up thoroughly enjoying the program and material. Some youth even expressed gratitude for the group and wanted to learn more once the group had ended, going as far as asking to sign up for other programming.

> *[T]he two groups were very successful in the corrections facility for boys. Th[ey were the type of groups that when I first went in there, [the youth] were like "this is stupid and I hate coming to this because it's mandatory." And in the end, I had a number of those boys say, "thank you so very much."* (Interview Participant 10, Youth Justice)
In my experiences, if I can get them to one, they usually come back. (Interview Participant 02, Child Welfare)

Usually because they are mandated to do it they don't want to...but the reactions afterwards are overwhelmingly positive. (Interview Participant 10, Youth Justice)

Despite youth expressing low interest prior to the group commencing, once initial hesitation has been addressed, youth engagement typically becomes a positive dynamic. One participant spoke to the importance of youth engagement as it relates to successful implementation. When asked to identify factors that led to success, interview participant 02 stated:

I think youth engagement is probably the biggest piece...Really getting them invested and engaged. (Interview Participants 02, Youth Welfare)

This statement alludes to the value of addressing engagement challenges both prior and during groups. See Table 11 for a summary of before group engagement challenges described by participants.

Table 11

Summary of Before Group Engagement Challenges

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oversaturation of programming</td>
<td>Youth Justice, Child Welfare</td>
</tr>
<tr>
<td>Stigma</td>
<td>School Systems</td>
</tr>
<tr>
<td>Name of program</td>
<td>Child Welfare</td>
</tr>
<tr>
<td>Mandated attendance leading to disinterest</td>
<td>Child Welfare, Youth Justice, Community Mental Health</td>
</tr>
<tr>
<td>Program length*</td>
<td>All sectors</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Child Welfare</td>
</tr>
</tbody>
</table>

*Note: Program length will be discussed in the Intervention Characteristics domain
Engagement During Group. Despite the common narrative above - highlighting increased youth interest after starting group - challenges during group still occur. As noted, some youth are not group ready. Many survey participants commented on the number of youth that drop out of groups. In rare situations, the high drop-out rates have led the HRP/HRP-E to be cancelled prior to completion. Managing challenges that occur during group is therefore essential for successful implementation. However, in some cases there are circumstances that cannot be controlled for, such as an organization not having the resources, structure, or supports necessary to make participating in a group possible or safe for youth at the greatest risk.

Challenges that occur during group (not previously discussed) include ensuring a safe space for group. Interview participants have commented on the lack of control over what youth share, as well as youth oversharin in groups. In addition to the content of the program, shared experiences may be triggering for youth, eliciting difficult emotions. Other challenges that may occur during group relate to group dynamics. For example, there may be pre-existing conflict among youth, youth may engage in posturing, or certain youth may dominate conversations and/or sessions. Other common challenges with vulnerable youth populations include literacy difficulties, cognitive impairments, or disabilities. See Table 12 for a summary of during group engagement challenges.
Table 12

Summary of During Group Engagement Challenges

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not group ready</td>
<td>All sectors</td>
</tr>
<tr>
<td>Mandated attendance leading to disinterest/refusal to participate</td>
<td>Child welfare, youth justice, community mental health</td>
</tr>
<tr>
<td>Transportation barriers</td>
<td>Child welfare, youth justice</td>
</tr>
<tr>
<td>Triggering material</td>
<td>All sectors</td>
</tr>
<tr>
<td>Youth sharing too much</td>
<td>All sectors</td>
</tr>
<tr>
<td>Literacy issues and/or cognitive impairments/disabilities</td>
<td>All sectors</td>
</tr>
<tr>
<td>Ensuring safe space</td>
<td>All sectors</td>
</tr>
<tr>
<td>Group dynamics (e.g., guards up, big personalities, pre-existing relationship)</td>
<td>All sectors</td>
</tr>
<tr>
<td>Low attendance rates/high dropout rates</td>
<td>All sectors</td>
</tr>
</tbody>
</table>

Flexibility & Creativity

Overall, flexibility and creativity are factors that have been found to be both common and distinctive across sectors. Broadly, flexibility and creativity have been identified as factors that facilitate successful implementation across contexts.

*Just keeping it really flexible and adaptable and engaging was really important and definitely contributed to the success.* (Interview Participant 03, Child Welfare)

*I think that some creativity around the delivery of the program has contributed to its' success.* (Interview Participant 06, School Systems)

Moreover, flexibility and creativity were highlighted as factors that allowed organizations and facilitators to overcome general challenges in implementation (e.g., scheduling conflicts, lack of resources), and youth engagement challenges (e.g., lack of interest, youth being triggered...
by material). For example, interview participant 01 shared a story in which flexible and creative delivery allowed them to overcome both general and youth engagement challenges.

_We do like a Kick-Off. We do four sessions all at once for like a morning...And at both of my high schools...we had wonderful hospitality program[s]...So, what the principal did is he provided...snacks [and lunch] from the hospitality program._ (Interview Participant 01, School Sector)

In the excerpt above, the social worker used the resources available at the school to provide food for youth as an incentive to attend program (in an attempt to increase interest). It was noted previously by this participant that acquiring a budget for food and other incentives was difficult in the school sector, highlighting the creativity of using the hospitality program to fulfill that need. The social worker also combined sessions to accommodate for scheduling challenges common within the school context and create momentum for future sessions. Combining sessions was the most common modification identified by survey participants, with more than 85% of participants having done so.

Although organizational flexibility and creative delivery were identified as universal factors leading to success, the level of flexibility has been found as varying across sectors. This is a key feature that differentiates sectors in their ability to support varying levels of high-risk youth (medium-risk, high-risk, or greatest risk). Interview participants 04 and 08 speak to the benefits of flexible delivery within their respective organizations:

_You’ve just got to be willing to try it all if you have the flexibility. I should say, not everybody necessarily does. And maybe that's been the benefit of the style of our agency. We have, maybe a bit more flexibility than some other agencies who I know...have delivered [the HRP/HRP-E] and have a lot stricter rules and barriers in terms of what they can do. We've been able to do a lot with [the HRP/HRP-E], which I think has benefited us greatly._ (Interview Participant 04, Youth Justice)
Some organizations may only have the capacity for small adaptations such as combining sessions to accommodate for scheduling challenges or providing creative incentives such as allowing the HRP/HRP-E to count toward volunteer hours. Being able to move the day of a session, as was illustrated earlier in the setting of group homes, is an example of organizational flexibility unique to the community mental health sector. One-to-one delivery is an example of extreme organizational flexibility that is only available to a select few organizations due to their structural characteristics and available resources.

Relating to the youth needs and resources construct of the Outer Setting domain, this study found that a key purpose of maintaining flexibility is to keep youth’s needs at the centre of implementation.

"So we can bend and flex. We're all about meeting the youth where they're at." (Interview Participant 09, Youth Justice)

Many interview participants highlighted the importance of meeting youth where they are at and provided examples of the ways in which being attuned to youth’s needs led to success. These concepts are intrinsically linked to trauma-informed care. Many models of trauma-informed care highlight flexibility as a core principle (e.g., Muzik, 2013; Newhouse, 2020; Venet, 2021), which is exemplified throughout this study. In adopting a trauma-informed lens, rather than pushing for programming to go in a particular direction or at a certain pace, meeting youth where they are at, and allowing for flexibility and creativity in delivery, allowed the content of the HRP/HRP-E to be absorbed by youth in a more meaningful and purposeful way across contexts.
I think it depends on how [challenges] manifests, because if...[the youth] don't know each other...sometimes they're not so keen on getting to know each other, especially if they're justice-involved youth...I think if you're feeling...resistance from the onset, then maybe you just modify the way that you deliver [the HRP-E]. Maybe you don't put [the youth] into pairs, you put them into groups. Maybe you're the one who's role playing and then [the youth] talk about [the scenarios]. Maybe don't throw that on them because you also don't want to make them feel uncomfortable and resistant to the rest of the group. Sometimes...they may not...be willing to do [an activity]. And it's...not worth forcing them because that could also be damaging to your relationship with them. (Interview Participant 04, Youth Justice)

Respecting where kids are at. If somebody was absolutely not role playing that day, it's not happening - using your clinical skills and your judgment - is there another way to get the youth to be involved? (Interview Participant 03, Child Welfare)

[S]ometimes I have to break the weekly topics into...smaller chunks. Just so that it's more manageable. Giving frequent breaks...I've been...flexible with presenting the materials if they're not getting it a certain way, presenting it a little bit differently. (Participant 08, Youth Justice)

**Overcoming Engagement Challenges Through Trauma-informed Practice**

Across sectors, participants found that trauma-informed practice was required for successful implementation of the HRP/HRP-E and to overcome challenges in providing programing for vulnerable youth. Within this study, meeting youth where they are at to ensure the safety of all youth participating in the HRP/HRP-E was at the heart of TIC. To achieve this goal, flexibility and creativity often operated in tandem with other trauma-informed practices.

This study found that the first step in managing before group and during group engagement challenges was purposeful delivery, characterized by awareness. Nearly all interview participants commented on the importance of mindful and intentional delivery, specifically in reference to knowing youths’ situation. A key tenant of trauma-informed care is trauma-awareness – the understanding that trauma is prevalent among vulnerable youth and the ways in which past trauma may influence behaviour (see Hopper et al., 2017; Purkey et al., 2018; SAMHSA, 2014a). Knowing youths’ situations ahead of time allowed facilitators to present the
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

HRP/HRP-E in a manner that ensured safety and avoided re-traumatization. For example, interview participants would provide disclaimers before engaging in topics that they knew may be particularly triggering to a specific adolescent or group of youth. Participants also touched on the value of being attuned to youth throughout sessions to identify trauma-symptoms or cues of distress. This is particularly important when dealing with populations who are likely to have experienced trauma. In some cases, trauma-symptoms may appear as oppositional or defiant and often get misinterpreted or mislabelled as such (e.g., Perry & Daniels, 2016; Walkley & Cox, 2013; Wiest-Stevenson & Lee, 2016). Part of taking on a trauma-informed approach is shifting perspectives from asking what is wrong with an adolescent and treating them as a problem, to asking what has happened to them and acknowledging their behaviours as adaptive in a different context or for a different need (Butler et al., 2011; Chafouleas et al., 2016; Dorado et al., 2016; SAMHSA, 2014a). Techniques such as providing frequent breaks, checking-in/debriefing with youth, and allowing youth to pass helped manage challenges during groups. Combining flexibility and creativity with awareness allowed facilitators to overcome group dynamic challenges. For instance, some participants modified seating arrangements ahead of time or had youth partner with facilitators to avoid conflict.

Some interview participants overcame challenges in youth interest, attendance, and group readiness by utilizing targeted recruitment practices such as self-referrals, peer referrals, and pre-group interviews. For example, survey participant 01 commented:

*Interviewing participants individually beforehand, to provide information, ease anxieties and establish a commitment has been beneficial to me with past groups.* (Survey Participant 01, Child Welfare)

In relating awareness to flexibility, interview participants shared that having back-up plans and alternative activities helped facilitate successful implementation in situations where
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

poor attendance was prevalent (e.g., if only 1 or 2 participants showed up). Similarly, flexibility also helped overcome other challenges that occurred during group such as learning challenges. For instance, using verbal versus written responses helped accommodate for literacy difficulties. In other cases, facilitators would scribe for participants to avoid potential stress related to reading and writing.

Relatedly, consistency and predictability are principles of TIC that were noted as influential in successful implementation of the HRP/HRP-E. When asked about factors leading to success with justice-involved youth, interview participant 08 noted consistency and positive engagement:

*Definitely consistency! Consistency in coming in every single week and making sure it was the same time...And really just being able to engage them, find ways to engage them in positive ways.* (Interview Participant 08, Youth Justice)

Research has demonstrated that predictability and consistency operate to support individuals who have experienced trauma through ensuring safe environments (e.g., Bath, 2008). Knowing what to expect ahead of time may help ease tension for youth and reduce challenges regarding group readiness. In the community mental health sector, knowing what to expect provided youth with the opportunity to practice advocating for themselves through taking self-appointed breaks or asking for alternative activities when they knew and activity or topic might be difficult for them to engage in.

Data from participants suggested that using trauma-informed practices, specifically flexibility and creativity, allowed facilitators to overcome engagement challenges and provide meaningful programming to youth. Although the available resources and techniques used varied across sector, trauma-informed practice, and flexibility and creativity were essential for successful implementation across contexts.
**General Strategies for Overcoming Youth Engagement Challenges**

In addition, participants shared more general, yet valuable strategies for overcoming youth engagement challenges. Providing incentives to youth, as well as tapping into what is important to youth and providing value of the program in a transparent manner helped overcome both before group and during group challenges related to interest and participation. The most common incentive identified in this study was food – candy, snacks, pizza etc. Other common incentives included prizes (e.g., gift cards) and getting out of class early in the school context. An additional strategy to overcome challenges included providing youth with physical resources such as computers for online programming or rides to the group location. See Table 13 for a summary of successful engagement strategies described by participants.

**Table 13**

<table>
<thead>
<tr>
<th>Summary of Engagement Strategies Shared by Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Flexible delivery techniques:</td>
</tr>
<tr>
<td>Back up plans, alternative activities (e.g., verbal vs. written responses), one-to-one implementation, changing day of session, facilitators partnering with youth, cater programming to youths’ interests, combine sessions, extend time to discuss certain topics, add resources</td>
</tr>
<tr>
<td>Trauma-informed techniques:</td>
</tr>
<tr>
<td>Breaks, disclaimers, debriefing, change language, check-ins, modified seating arrangements, right to pass, know youth’s situation, providing consistency and predictability</td>
</tr>
<tr>
<td>Trying one session</td>
</tr>
<tr>
<td>Targeted recruitment – self-referral, peer referral, screening</td>
</tr>
<tr>
<td>Incentives (food, volunteer hours, time out of class)</td>
</tr>
<tr>
<td>Connecting to youths’ values</td>
</tr>
<tr>
<td>Providing importance/value of program &amp; reasoning with youth</td>
</tr>
<tr>
<td>Providing youth with physical resources (transportation, computers)</td>
</tr>
<tr>
<td>Rapport building*</td>
</tr>
</tbody>
</table>

*Note: rapport building discussed later in Characteristics of the Individual domain
Intervention Characteristics Domain

The Intervention Characteristics domain of the CFIR pertains to the qualities of the HRP/HRP-E that led to successful implementation, including stakeholders’ perceptions of these qualities (CFIR, n.d.; Damschroder et al., 2009). The findings of this study fall into five of the eight constructs within the Intervention Characteristics domain: relative advantage, design quality and packaging, complexity, adaptability, and evidence strength and quality. For a list of constructs and operational definitions, see Table 7. Findings pertaining to the following constructs were found to be common across contexts: relative advantage, design quality and packaging, complexity, and evidence strength and quality. Key findings pertaining to the adaptability construct were mostly common across constructs, however the youth justice and community mental health sectors adapted the program in a unique manner to meet the needs of their youth populations. See Figure 4 for a summary of common and distinctive constructs across contexts.
Common and Distinctive Constructs Across Contexts

**Relative Advantage**
The relative advantage construct refers to the perceived advantage of implementing the HRP/HRP-E versus alternative options; benefits of the HRP-E are clearly visible and observable to those involved in the implementation process (CFIR, n.d.; Damschroder et al., 2009). Similar to the relative priority construct, the relative advantage of the HRP/HRP-E is related to one’s buy-in of the program. The more advantageous the HRP/HRP-E is perceived to be by staff at all levels of an organization, the more likely individuals are to buy-in to the program, consequently improving implementation efforts (CFIR, n.d.; French-Bravo & Crow, 2015).
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Overall, the HRP/HRP-E was noted as being well received by youth and facilitators alike. Roughly 88% of survey participants expressed that facilitating the HRP/HRP-E was a positive experience. Approximately 92% of survey participants reported that the program was beneficial for their youth, and 76% reported that they would suggest the HRP/HRP-E to colleagues. There was a significant amount of praise from interview participants regarding the HRP/HRP-E across contexts.

As much as I can say, it’s been a wonderful, positive experience...I love this group! (Interview Participant 01, School Systems)

It’s a fantastic program. We're super excited and happy to have it. Like I said, the material is amazing. (Interview Participant 08, Youth Justice)

I usually recommend the [HRP-E]...Because to me, if we're going to do one program and one program only, and this kid is not going to buy into anything else...I'm going to say [HRP-E]! Because it's the best of the best of the best. It covers so much of what these kids need. It's got such a breadth of understanding and learning. (Interview Participant 09, Youth Justice)

Huge fan of the program. Content's great. (Interview Participant 07, Community Mental Health)

Interview participants commented on the relative advantage of utilizing the HRP/HRP-E within their organizations; the HRP/HRP-E was highlighted as being more advantageous within organizations than current interventions or alternative solutions.

But what we've realized is the HRP-E completely covers all that content...if not better. (Interview Participant 05, Community Mental Health – in reference to another program provided by their organization)

In addition, participants saw the benefits of the program for their youth. Interview participants highlighted that youth were applying skills learned within the HRP/HRP-E in other areas of their lives. Interview participant 08 illustrated this finding through a story they shared about one of their youth’s work with a family counsellor:
They were creating a family plan of how to be more successful at home in terms of building relationships and monitoring her behaviors. And so, I thought the session around boundaries was hugely helpful. It was amazing, the timing, because we were talking about boundaries and then she went to this family meeting, and she got to create her own family plan around these boundaries. (Interview Participant 08, Youth Justice)

Survey data suggests that facilitators felt youth demonstrated improved skills in a variety of areas covered in the HRP/HRP-E. Roughly 85% of survey participants agreed that youth were better able to identify healthy versus unhealthy relationships, and 88% of survey participants believed that youth demonstrated improved understanding regarding the early warning signs of dating violence. Approximately 85% of survey participants agreed that youth learned about the connection between relationships and substance use/addiction, as well as the impacts of substance abuse. More than 70% of survey participants believed that youth learned about the connections between relationships and mental health, understood personal boundaries and consent, and developed healthy coping strategies and help seeking strategies.

**Design Quality and Packaging**

The design quality and packaging construct refers to the quality of the materials provided for the HRP/HRP-E, including the way in which the program is bundled and presented to facilitators (Damschroder et al., 2009). Overall, the design quality and packaging of the HRP/HRP-E was identified as a factor leading to successful implementation across contexts. Features identified by participants are explored below.

**Manual.** Participants noted that the manuals for both the HRP and the HRP-E were comprehensive resources compiling all that was required for facilitation in a single document. Not only did the manuals provide the outline of the program, but they also provided the scripts, visuals, explanations, activities, tips, and resources. The manuals have proven to be valuable resources, streamlining the implementation process and guiding facilitators of varying levels of
experience. Specifically, participants appreciated having the program laid out for them in a succinct, easy to follow, comprehensive way; this has been noted as helping free up their time and cognitive capacity to focus on other aspects of implementation.

*What I really like about the HRP is, it's right there. And the only pieces that you have to...think about are how is this unique to this group? And so, it really... frees up my mental power for making it appropriate for this particular group, because I don't have to think about all of the other facilitator stuff. It already has a script for the warmup, a script for how to pick groups. And when I use that, it works.* (Interview Participant 01, School Systems)

**Content.** Participants across contexts commented on the value and importance of the content of the HRP/HRP-E. Interview participants stated that the content is well-rounded and comprehensive. The interactive and engaging components of the content were identified as a factor leading to success.

*So, I think it's really important content for people to have...And I think one of the really cool things about the program is that it is really interactive and there are a lot of different moving parts, which I think keeps the kids really engaged.* (Interview Participant 03, Child Welfare)

Interview participants appreciated that the HRP/HRP-E provided preventative skill building for youth at risk. In addition, participants commented on the variability in the content. The variability allowed facilitators to engage in TIC by catering the program to best suit the needs of youth and meet them where they are at in their learning.

*One of the many nice parts of the HRP-E is it gives so many examples for all the different sections. It's really easy to pick things that are geared to your group and their experiences. So, for example, I know the other facilitator who ran it...with slightly younger kids who...weren't experimenting yet with substances. They could choose [scenarios] that were a little bit more on the lower end of the scale. Whereas our kids...most, if not all of them have used or are regularly using. So, we were...choosing examples that were going to be a better fit for them.* (Interview Participant 03, Child Welfare)

Similarly, many participants have commented on the trauma-informed components of the HRP/HRP-E directly built into the content. For example, the manual touches on the importance
of room set up, suggesting that facilitators organize seating in a manner that promotes an inclusive atmosphere. The content also includes an activity to create group guidelines at the outset of each HRP/HRP-E group. This collaborative activity allows for youths’ opinions and concerns to be taken into consideration right at the start of a group. Furthermore, the HRP-E manual provides alternative activities to accommodate for literacy difficulties.

The content has also been identified as empowering for youth. Although the HRP/HRP-E includes difficult topics, building youth’s knowledge and skill base around these concepts has been described as extremely impactful and empowering. Within the youth justice sector, participants noted that youth particularly appreciated learning about consent and were thankful for the knowledge they had gained on this topic.

A common criticism of the program was that it did not have up-to-date media content, creating a disconnect between the material and youth receiving the HRP/HRP-E. This finding was true across contexts. To overcome this challenge, participants invited youth to suggest media pieces that could be used for group activities, which in turn was a collaborative, and therefore trauma-informed approach to overcoming this challenge. Within the survey data, one of the most common modifications to the program was adding supplementary resources (e.g., images, videos).

**Structure of Delivery.** The structure of sessions, sequencing of content, and flow of the program have all been identified as factors that led to successful implementation efforts. Interview participants across contexts highlighted that the program provided a framework for meaningful discussions among youth.
I really like how the [sessions] are structured... It has a warm up - let's get thinking about this. Here's the skill, and here's how it's helpful for students, and here's how you can use it [in] your life. How does it apply to you? And how would you use it?... It's really a wonderful formula to... help kids with their learning... And I think that [the HRP] is a program that is able to provide... a safe framework for kids to have meaningful discussions about high risk situations. (Interview Participant 01, School Systems)

Participants commented on the surprising extent of in-depth conversations that youth engaged in. Youths’ conversations were often so successful, that some participants noted the length of conversations as a challenge; balancing meaningful conversations with the content of the program made staying on time difficult. Nearly half of the survey participants noted reducing or dropping certain activities to make time for important discussions as one of the most common reasons for modifying the program.

Our group was also really phenomenal at having conversations, which was great. Any time there was those group prompts, you have the open-ended questions and reflection questions - our group could really chat about it for a long time, which was phenomenal. It just meant that sometimes we were at crunch for time because [the youth were] engaged with the material so deeply, which was great to see. (Interview Participant 03, Child Welfare).

**Group Format.** The group format inherent of the HRP/HRP-E has been identified as a factor that led to success across contexts. Participants noted that the group format was validating for youth. It provided youth with a space to share their experiences, relate to others with similar circumstances, and discover that they are not alone in their struggles. The group allowed youth to learn from one another and share strategies. It provided them with a space to connect with peers and healthy adults. Indeed, one participant noted that the connection youth found within the group setting was one of the key factors that kept them coming back week after week.

**Complexity**

The complexity construct relates to the perceived difficulty of implementing the HRP/HRP-E (Damschroder et al., 2009). Qualities relating to the complexity of the HRP/HRP-E
were found to be common challenges across contexts. The two primary factors relating to the complexity of the HRP/HRP-E were the program’s length and the amount of content within the program. The length of the program posed a challenge for two reasons. First, it made it hard to get approval from staff to implement the program. Second, it made it difficult to get youth to commit.

   So, I will say, 16 sessions is a lot. Most people we work with, they're not interested in doing something that's 16 sessions. (Interview Participant 04, Youth Justice).

   The sheer length and size of the program is intimidating and overwhelming [for youth]. (Interview Participant 10, Youth Justice)

Seven survey participants noted that they would not be running the HRP/HRP-E again. Two of the seven noted that this was because they were leaving the roles in which they provided the HRP/HRP-E to youth. However, relating back to competing roles and priorities, five of the seven commented on time and effort as reasons why they were unable to continue with implementation. The length of the program, amount of content, and the effort required to run the HRP/HRP-E compound with competing roles and priorities making implementation challenging, and/or not possible in some situations.

   It is a really large time commitment with preparation and implementation. If I had the flexibility and time to [run the HRP/HRP-E again] I would. (Survey Participant 11, School Systems).

Although it is rare that the HRP/HRP-E was not implemented because of the length and/or amount of content within the programs, it is important to understand that the complexity of the programs has been highlighted as a challenge by many participants; most of which have had to make modifications and/or develop creative solutions to accommodate for this challenge. Fortunately, the adaptability of the HRP/HRP-E has been identified as a feature leading to successful implementation.
Adaptability

The adaptability construct pertains to the degree to which the HRP/HRP-E can be adapted, tailored, refined, or reinvented (Damschroder et al., 2009). Eight of the eleven interview participants commented on the benefits of the adaptability of the HRP/HRP-E. As such, the adaptability of the HRP/HRP-E has been identified as a primary factor leading to success across contexts. Pointedly, interview participants commented on the HRP/HRP-E’s adaptability in relation to meeting youths’ needs.

I think anytime you run a program like [the HRP/HRP-E], you're...adapting it to who the population is. Once, for example, my group [consisted of] 14-year-old girls and they were all pretty inexperienced and innocent. They weren't using substances. They didn't have any relationship experience. And then I've run the program with youth who are living with their partners...living with a boyfriend. And the youth I work with sometimes live with their boyfriends when they're like fourteen, fifteen. So, some of them have a lot of relationship experience. So, I guess what I'm saying is you are always trying to gear the program and the content, and the way you approach things to who [the youth] are, but also the world that they're living in. (Interview Participant 02, Child Welfare)

The consideration of youths’ needs is at the centre of trauma-informed practices, highlighting the connection between flexibility and trauma-informed care as interconnected facilitators of successful implementation.

A unique adaptation to the HRP-E has been one-to-one facilitation. The community mental health and youth justice sectors have adapted the program for one-to-one implementation to overcome engagement challenges and accommodate the needs of youth at the greatest risk. This is a mode of delivery that poses its own ubiquitous successes and challenges. Eliminating the group aspect of the HRP-E allowed for more flexibility in scheduling, both in respect to where and when the program could be delivered. Adding this layer of flexibility allowed organizations to work around some of the instability that more vulnerable youth face. Specific to
the youth justice sector, one-to-one facilitation allowed for accelerated programming, which was
required to meet probationary deadlines.

So, the timing will change according to the youth sometimes - like I've got a month long
timeline that they need to get [the HRP-E] done [in]. So that means that I'm...meet[ing]
them twice a week, I'll sometimes do two [one-to-one] sessions in an hour. (Interview
Participant 10, Youth Justice)

Through a trauma-informed lens, one-to-one facilitation was also noted as helping reduce
group readiness challenges, such as being triggered by other participants. In addition, it provided
the freedom necessary to cater the HRP-E to youth’s unique needs; interview participants
highlighted that one-to-one facilitation allowed the HRP/HRP-E to be delivered to youth who
require more support, such as those on the autism spectrum. One-to-one facilitation provided a
space for deep work to occur and time to focus on the unique challenges that youth encountered
as they related to the HRP-E material. One-to-one delivery also allowed facilitators to move at
the pace of youth, which led to more impactful programming.

[I]f we find that when we meet our youth on a particular day that they just don't have the
capacity to give us the kind of investment [required for the HRP-E]. I feel...there's
greater integrity in just saying, OK, I'm going to take it this far today because I feel I've
gotten your attention. I feel we've been really purposeful and [you've had] great
participation. But I can tell...there's a lot still weighing heavy on you. Let's shut it down
there [and pick up where we left off later]. (Interview Participant 09, Youth Justice)

On the other hand, one-to-one facilitation lacks some of the benefits of group
programming, such as validation, normalization, and sharing strategies. Other challenges
included a lack of individual activities and difficulties engaging youth. One-to-one facilitation
required a level commitment from facilitators that was more demanding than the group model.

I would just say...making sure that you recognize that it's going to be harder bringing a
manual such as this to life [during one-to-one implementation]. And it's going to mean
the facilitator maybe has to work a little bit harder. (Interview Participant 09, Youth
Justice)
It is important to note that when flexible and creative delivery is being employed, fidelity of the program must be maintained to ensure successful implementation - a point reflected by interview participants.

*I think a lot of community partners like that as well. When you’re able to be flexible and work with them and be like, okay, does it strictly have to be this way? Or can we change it? I feel like if you have the flexibility to do that, that goes a really long way in being able to successfully deliver the program because you're able to kind of adapt [the HRP/HRP-E] to what they need, but still also have the integrity of the program... [Being] able to change it to a degree, but without jeopardizing what you actually need to do in the [the HRP-E]...that flexibility has gone a long way.* (Interview Participant 04, Youth Justice)

Participants utilizing a one-to-one delivery approach noted that they worked closely with the CSMH to ensure that adaptations to the program were done in a purposeful and appropriate manner that did not jeopardize the content of the program.

**Evidence Strength & Quality**

The evidence strength and quality construct relates to the evidence base of the HRP/HRP-E and the strength of the evidence (CFIR, n.d.). This construct also relates to stakeholders’ perceptions and awareness of evidence for the program (Damschroder et al., 2009). Research has shown that the evidence base of an intervention influences the likelihood of implementation (Dopson et al., 2002, as cited in CFIR, n.d.). Evidence-based practices are increasingly becoming the gold standard (see Barker et al., 2014; Gannon & Ward, 2014; Tonmyr et al., 2020), which was reflected in this study. In the surveys, 90.7% of participants noted that evidence-based programming was important to their organization. Findings from the interview data mirror this sentiment. Many interview participants explicitly commented on the importance of the evidence-base of the HRP/HRP-E as it related to successful implementation. For example:

*That [the HRP-E is] evidence-based was huge for the success.* (Interview Participant 07, Community Mental Health)
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

One interview participant noted that the evidence-base was important not only to themselves or their organization, but to the youth that they worked with as well.

*When we're able to articulate to the kids, this is the way that this program is set up, or this is why we're doing it - they get it. Like it does resonate with them. They really feel like this is something that is more evidence-based than it is just some kind of froufrou social work thing.* (Interview Participant 01, School Systems)

Relating back to the youth needs and resources construct of the Outer Setting domain, interview participants noted that youth appreciated being part of the research process. Being included in research efforts provided youth with a chance to be heard. Inclusion is a trauma-informed practice, linked to the tenant of collaboration (e.g., Butler et al., 2011; SAMHSA, 2014a).

Engagement with research provided youth with a sense of ownership of their learning. In addition, youth’s feedback facilitated successful implementation as it increased organizations’ understanding of what was important and useful to youth.

*We also did a lot of surveys and focus groups and different things to...collect some data on how the program was doing. And so, I found that that helped as well, like being able to give some tangible information back to the schools. I'm like, hey, this is what the youth said about the program. [This] is what they liked. This is what they didn't like. So [the schools] know what kinds of things [the youth] actually enjoy doing. So, that helped as well.* (Interview Participant 04, Youth Justice)

Interview participants also commented on the benefit of being a part of the research process alongside the CSMH. This type of research involvement pertains to the *reflecting and evaluating* construct of the Process domain. This construct relates to both quantitative and qualitative feedback about the progress and quality of the HRP/HRP-E. It is accompanied by personal and team debriefing about progress and experience of the HRP/HRP-E with the CSMH team (Damschroder et al., 2009). As aforementioned, positive partnerships has been identified as a factor leading to successful implementation. More specifically, connecting with the CSMH
regarding the progress and research of the HRP/HRP-E was noted as a valuable part of the implementation process across contexts.

[There’s] been an opportunity for us as a school board to collaborate with the Center for School Mental Health and our public health partners. And those collaborations are so rich...the research...and helping us be more certain that we're implementing evidence-informed practices that are being evaluated and reviewed. And I think from a system leadership perspective, that has been really helpful and important to us...I think that these collaborative partnerships allow us to offer things to students that we wouldn't be able to offer...normally. And also, to have the confidence that they're evidence informed and that we're part of [the research]. It's exciting to be part of the development of [the HRP] and [to know] how our experience contributes to them. (Interview Participant 06, School System).

See Figure 5 for a summary of common factors across contexts in the Intervention Characteristics domain. See figure 6 for a summary of distinctive factors.
Figure 5

Common Factors Across Contexts: Intervention Characteristics

**Design Quality and Packaging**
- **Manual**: A singular comprehensive resource compiling all that is required for facilitation. Provides an outline of the program, scripts, visuals, explanations, activities, tips, and resources.
- **Content**: Well-rounded and important content that is relevant to youth. Content has lots of variability and is trauma-informed. Topics and activities work to empower youth. Trauma-informed content.
- **Structure of delivery**: The structure of sessions, sequencing of content, and flow of the program have all been identified as factors that lead to successful implementation efforts. The HRP/HRP-E provides a framework for meaningful discussion.
- **Group Format**: The group format is validating for youth. It provides youth with a space to share their experiences, relate to others, and discover that they are not alone in their struggles. The group allows youth to learn from one another and share strategies, facilitating connection.

**Adaptability**
The adaptability of the program allows for easy modifications to the program geared toward meeting youths’ needs. The adaptability of the HRP/HRP-E allows facilitators to engage in trauma-informed practices. Unique adaptation of the HRP-E has been one-to-one facilitation.

**Evidence Strength & Quality**
Evidence-based programming was important to organizations, facilitators, and youth participating in the HRP/HRP-E. Organizations valued receiving feedback from youth as well as connecting directly with the CSMH health team regarding progress of the HRP/HRP-E.

**Complexity**
The two primary findings relating to the complexity of the HRP/HRP-E that pose a challenge are the program’s length and the amount of content within the program. The length of the program poses a challenge for two reasons, first, it makes it hard to get approval from staff to implement the program, and second, it is difficult to get youth to commit.

**Design Quality and Packaging**
- **Content**: A common finding across contexts was that the media included in the HRP/HRP-E was out of date, creating a disconnect between the program and youth.
Characteristics of the Individual Domain

The Characteristics of the Individual domain pertains to the individuals involved with the intervention and/or implementation process (CFIR, n.d.; Damschroder et al., 2009). The findings of this study fall into two of the potential five constructs within this domain: *knowledge and beliefs about the intervention*, and *other personal attributes*. For a list of constructs and operational definitions, see Table 7. All findings within this domain were relatively common across contexts, with some findings being more prominent in specific sectors than others, as is illustrated below.
Knowledge and Beliefs about the Intervention

The knowledge and beliefs about the intervention construct consists of the individuals’ attitudes towards and value placed on the HRP/HRP-E, as well as familiarity with facts, truths, and principles related to the HRP/HRP-E (Damschroder et al., 2009). Interview participants have commented on the benefits of enthusiastic facilitators. Facilitator enthusiasm and support of the HRP/HRP-E influenced the impressions of the organization in which they were situated, as well as the youth they supported, thus leading to successful implementation efforts.

[We, the facilitators] are really excited about the [HRP-E] ourselves. So, that...comes through when we’re promoting it with the youth and with our service providers. So, it's our attitudes as well. (Interview Participant 08, Youth Justice).

It has been recognized that the HRP/HRP-E is a lengthy and time-consuming program that requires quite a bit of effort from the facilitator for the program to be presented in a worthwhile manner. Enthusiasm and appreciation of the HRP/HRP-E has been found in this study to help overcome these challenges. When these challenges are compounded by other barriers inherent to working with high-risk youth (e.g., youth reluctance to participate or cognitive impairments) determination and commitment become even more valued assets.

Familiarity and experience with the HRP/HRP-E has been highlighted by survey and interview participants alike as an asset leading to successful implementation efforts. Linking this concept to flexibility and creativity, those with an increased understanding of the program expressed having an easier time maintaining flexibility and creativity in their delivery of the HRP/HRP-E. Relatedly, two common pieces of advice from survey participants was to familiarize yourself with the program and maintain a flexible delivery style.

Prepare and plan ahead - collect appropriate background information about participants so that some modifications are pre-planned. Take a trauma-informed approach to implementation - be open, curious, and flexible. (Survey Participant 27, Child Welfare)
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Supporting this advice, maintaining flexibility as a facilitator was a common factor highlighted by interview participants as leading to successful implementation across contexts.

**Other Personal Attributes**

The other personal attributes construct is a broad construct that alludes to the positive qualities of facilitators that lead to successful implementation efforts (CFIR, n.d.; Damschroder et al., 2009). Knowledgeable, experienced, determined, and dedicated are a few of the qualities highlighted in this study that were identified as supporting implementation. Part of adopting a trauma-informed approach includes maintaining a stance of non-judgement (Wilson et al, 2015). Unsurprisingly, a non-judgemental attitude has been highlighted by many interview participants as being a fundamental contributor to successful HRP/HRP-E implementation. Maintaining a non-judgemental demeaner provides a space for youth to open up and share their stories in a safe manner, without fear of being shamed. This finding is particularly poignant in the youth justice sector, where many youth participate in the HRP/HRP-E because of a criminal charge.

Along with a non-judgemental attitude, a willingness to develop rapport and connect with youth has also been identified as a factor that leads to successful implementation, particularly when youth are unfamiliar with the facilitator. Putting rapport building at the forefront of programming is particularly important when working with the most vulnerable of youth. Taking the time to develop rapport with youth can have a tremendous difference on the youth’s willingness to connect not only with the facilitator, but with the content of the HRP/HRP-E as well.

*Rapport building is number one. If you could build rapport with a kid in the first couple of sessions...that's the easiest way to get someone to buy into [the HRP-E].* (Interview Participant 10, Youth Justice)
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

A component of building rapport that was highlighted by participants in the youth justice sector, was judicious and appropriate self-disclosure. Interview participants shared that disclosing one’s own experiences in a safe manner with youth allowed youth to connect with facilitators and feel less isolated, particularly in one-to-one implementation.

Other qualities that relate to trauma-informed care include facilitator awareness and approachability. Humour and silliness have also been identified by multiple interview participants as qualities that go a long way with vulnerable youth populations.

Cross-Cutting Themes

In analysing the data, six cross-cutting themes were identified. Each theme spanned across multiple CFIR domains and constructs. The themes consist of the most relevant and talked about factors outlined above relating to the successes and challenges of implementing the HRP/HRP-E found in the survey and interview data. All themes were present across contexts.

Theme 1: Multi-level Buy-in is Crucial Across Contexts

The first theme of this study pertained to the role of buy-in in implementation efforts. Across contexts multi-level buy-in was crucial to successful implementation. This theme was prominent across CFIR domains. Multi-level buy-in is related to four of the six Inner Setting constructs: relative priority, leadership engagement, available resources, and structural characteristics. It also relates to positive partnerships which falls under the external change agents construct of the Process domain. The theme of multi-level buy-in also appeared in the Intervention and Individual Characteristics domains. Figure 7 summarizes findings related to Theme 1, as well as the interconnectedness among CFIR constructs.
Theme 2: Youths’ Level of Need Varied Across Contexts

Theme two of this study is that youth’s level of need varied across contexts. It was found that sectors differed in their capacity to support varying levels of youth at risk (medium risk, high risk, and greatest risk). The school sector primarily supported medium-risk youth. The community mental health and youth justice sectors supported youth of different levels of risk (medium, high, greatest). While the child welfare sector was most successful in supporting high-risk youth. Factors such as the setting, available resources, and level of flexibility, influenced sectors’ ability to meet youths’ needs. As such, this theme is linked to the Inner and Outer Setting domains of the CFIR model (see Figure 8).
Theme 2: CFIR Domains and Constructs

Theme 3: Successes and Challenges in Youth Engagement are both Unique and Similar Across Sectors

The third theme that emerged in the data pertained to the successes and challenges of youth engagement. Challenges in youth engagement were discussed at two stages: 1) challenges that occurred prior to the group, and 2) challenges that occurred during group. Some challenges that occurred before and during group were common across sectors, while others were distinctive. For example, issues regarding youth attendance were prevalent across all sectors. However, the influence of mental health stigma on youths’ interest in the HRP/HRP-E was only discussed by participants in the school sector.

Throughout the data, discussion of successes and challenges of youth engagement occurred across domains. Youth challenges fell under the Outer Setting domain, specifically the youth needs and resources construct. Aspects from the Inner Setting domain, as well as the Intervention and Individual Characteristics domains influenced how participants overcame youth engagement challenges. This theme is therefore present across four CFIR domains: the Inner
SUCCESSSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Setting, Outer Setting, Intervention Characteristics, and Individual Characteristics domains (see Figure 9).

**Figure 9**

*Theme 3: CFIR Domains and Constructs*

**Theme 4: Trauma-informed Practice Needs to be Considered in Every Aspect of Implementation**

Across sectors, it was found that trauma-informed practice needed to be considered in every aspect of implementation for successful implementation to occur. Trauma-informed care was prominent across CFIR domains in a variety of ways. The format and content of the HRP/HRP-E is inherently trauma-informed, lessoning the cognitive load placed on facilitators, and improving the likelihood that youth engagement could occur in a safe manner. In addition, it was noted that facilitators embodied TIC by presenting the program from a position of non-judgment. Throughout the data, a variety of trauma-informed practices and engagement techniques were identified. Therefore, this theme spanned across 3 CFIR domains: the Intervention Characteristics domain, Characteristics of the Individual domain, and Outer Setting domain (see Figure 10). Although flexibility is a core principle of some trauma-informed models (e.g., Muzik, 2013; Newhouse, 2020; Venet, 2021), the role of trauma-informed care,
flexibility and creativity, were identified as two separate themes due their prevalence in the data as separate entities.

Figure 10

Theme 4: CFIR domains

Theme 5: Flexibility and Creativity Promote Successful Implementation

Across contexts, flexibility and creativity emerged as a theme contributing to successful implementation. This theme was prominent across the data in a variety of ways. For example, the role of flexibility and creativity was discussed in relation to the program itself, the individuals implementing the program, and the organizations providing the program. Throughout the data, it was found that the primary goal of incorporating flexibility and creativity into implementation was to meet the needs of the youth receiving the HRP/HRP-E. Therefore, this theme is related to four CFIR domains: the Inner Setting, Outer Setting, Intervention Characteristics, and Individual
Characteristics domains (See Figure 11). As a facet of trauma-informed care, flexibility and creativity worked synchronously with trauma-informed practices and techniques to facilitate successful implementation and overcome challenges; specifically challenges in engagement, demonstrating the interconnectedness of themes three, four, and five.

**Figure 11**

*Theme 5: CFIR Domains*

The sixth and final theme that emerged across the data pertained to the evidence-base of the HRP/HRP-E, as well as both internal (within the organization running the program) and external (outside the organization running the program – e.g., in partnership with the CSMH) research regarding the program. Across contexts the evidence-base of the HRP/HRP-E, as well
as involvement in research processes were valued by organizations, facilitators and administrators, and youth receiving the program. This theme therefore relates to three CFIR domains: the Outer Setting, Intervention Characteristics, and Process domain (see Figure 12).

**Figure 12**

*Theme 6: CFIR Domains and Constructs*

<table>
<thead>
<tr>
<th>Outer Setting</th>
<th>Intervention Characteristics</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Needs &amp; Resources: Youth were provided with the opportunity to provide feedback and engage in the research process</td>
<td>Evidence Strength &amp; Quality: The evidence base of the HRP/HRP-E was valued by organizations providing the program, the facilitators, and youth receiving the program</td>
<td>Reflecting &amp; Evaluating: Participants commented on the benefits of engaging in research. This included appreciation of working with the CSMH &amp; receiving feedback from youth</td>
</tr>
</tbody>
</table>

**Discussion**

The purpose of this study was to illuminate the successes and challenges of implementing the HRP/HRP-E in a variety of contexts in which vulnerable youth receive support. This research strived to minimize the gap between implementation research and applications of interventions in the real world. The contexts included in this study were the school settings, community mental health, youth justice, and child welfare. In using the CFIR to embed the findings of this study within implementation research, the results aligned with many constructs commonly contributing to implementation successes and challenges. Six cross-cutting themes were identified that spanned across contexts, as well as CFIR domains and constructs.
Theme 1: Multi-level Buy-in is Crucial Across Contexts

The first theme that emerged across the data was that multi-level buy-in within organizations is crucial to successful implementation of the HRP/HRP-E. In this study, interview participants highlighted that buy-in (acceptance and willingness to actively support the HRP/HRP-E, and a belief in the program) was required across organizations providing the program; this included support from all individuals working within an organization providing the HRP/HRP-E, regardless of their level of involvement with the program and/or their position within the organization. Interview participants also commented on the importance of support for the HRP/HRP-E at all levels of an organization - upper management, middle management, and frontline staff, including subsidiary staff. These findings are supported by implementation research. A brief report produced by SAMHSA regarding implementation practices in the school context noted that implementation occurs across multiple levels (Lyon, n.d.). In a study regarding integrating trauma-informed approaches in schools, Chafouleas et al. (2016) noted that there must be consensus throughout the entire school to effectively adopt new models of practice. In a related study, Wiest-Stevenson & Lee (2016) stated that every sector and member of the proposed school needed to be committed, open, and accepting of new approaches for them to be successful.

Within the current study, the importance of multi-level buy-in was universal across contexts. However, it was found to be particularly necessary in the school sector where reluctance from teachers to support the HRP/HRP-E posed challenges to implementation. One of the primary reasons for reluctance described by interview participants was a lack of understanding of the program and the potential value of participation. This is a common challenge found in implementation literature (e.g., Massey et al., 2005).
between mental health and wellbeing, and learning outcomes (e.g., Dorado et al., 2016; Gustafsson et al., 2010; Massey et al., 2005; Perry & Daniels, 2016), teachers were described in this study as resistant to give up class time for students to participate in the HRP/HRP-E. To counteract this challenge, interview participant 01 provided education regarding the HRP/HRP-E and an opportunity for teachers to ask questions and discuss concerns. These types of techniques resonate with what has been shown to be successful in related research. Perry and Daniels (2016) found in their pilot study of trauma-informed practices, that when educational professionals were given a platform to voice and discuss their concerns and reluctance, they were able to conclude for themselves the benefits of the proposed program. Providing a space for transparent discussion among educational professionals of all levels may therefore facilitate buy-in across an organization (Perry & Daniels, 2016).

Overall, the findings of this study are in alignment with previous implementation research. Implementation science postulates that fostering buy-in should be an ongoing process to ensure the longevity of program implementation (e.g., Boden et al., 2020). Although the findings of this study did not touch on this concept, it is noteworthy for future implementation of the HRP/HRP-E and research endeavours. In conjunction with previous research, findings from this study suggest that fostering buy-in should continue to be an area of focus. Positive partnerships, such as partnering with the CSMH, may help facilitate buy-in due to the reciprocal feedback produced by this partnership. As previously noted, seeing the value of the HRP/HRP-E helps facilitate relative priority and relative advantage within an organization and among stakeholders. Given the findings, continuing to engage in practices that bring about awareness and knowledge of the HRP/HRP-E may foster buy-in. Providing space for open discussion
regarding the benefits of the program and concerns from stakeholders may help overcome challenges related to buy-in in future practice across contexts.

**Theme 2: Youths’ Level of Need Varied Across Contexts**

Theme two of this study found that youth’s level of need varied across sectors. Some organizations were identified as better suited to support the needs of youth with the highest risk, and others better suited to support the needs of less vulnerable youth. The current study found that organizations differed in their setting, structure, available resources, level of flexibility, and method of accessing youth, therefore effecting implementation efforts. For example, within the community mental health sector, the HRP/HRP-E was provided to youth in group homes as part of their regular programming. The available resources and flexibility inherent of this setting is vastly different from the child welfare sector where youth are typically required to attend group at an external agency. In the youth justice sector, the HRP/HRP-E was often presented to youth within secure detention centres, therefore minimizing attendance challenges identified previously.

To illustrate further, the school context is analysed: It was noted that the HRP/HRP-E may not be appropriate for youth with the greatest risk in school settings (i.e., Tier 3 youth). While valuable, the content of the HRP/HRP-E touches on difficult topics. Given the prevalence of ACEs among high-risk youth, many of the most vulnerable youth may have first-hand experiences with these topics (e.g., Baglivio et al., 2014; Tonmyr et al., 2020). Presenting the material in a safe manner that does not retraumatize youth is therefore of the utmost importance (see Bath, 2008; Butler et al., 2011; Purkey et al., 2018; SAMHSA, 2014). Within this study, mental health has been identified as secondary to education within school contexts. Massey et al. (2005) note in their research regarding the challenges of implementing mental health services
within school systems that “schools are not primarily organized to facilitate the provision of mental health services” (p. 362). As such, school systems may not have the structure and resources necessary to effectively support youth at the highest risk while they work through the material of the HRP/HRP-E. The HRP/HRP-E is not *inappropriate* for *all* youth in the school setting, however, these findings suggest that mindful and purposeful delivery is essential to ensure that the HRP/HRP-E is provided safely and successfully within the school sector. Within the current study, targeted recruitment was identified as one way to achieve success in the school context, among other contexts. Assessing level of risk and general group readiness prior to an HRP/HRP-E group commencing was a trauma-informed practice that participants noted as assisting implementation efforts.

Providing interventions to high-risk youth is an inherently challenging prospect. Vulnerable youth are more likely to struggle interpersonally and experience learning challenges and/or mental health challenges (e.g., Oral et al., 2016; Schubert et al., 2011; Xie et al., 2014). It is also more difficult to regularly access vulnerable youth due to the high amount of instability in their lives. The findings of this study suggest that to be successful in implementing the HRP/HRP-E with vulnerable youth, organizations should be aware of both youths’ needs, as well at their ability to support these needs. Successful implementation required a careful assessment of what level(s) of risk could be managed in each setting. This study demonstrated that it is important for organizations to take an active role in ensuring that the program is only being providing to youth whom they are capable of supporting. One reason the HRP/HRP-E has been so successful in the school sector and child welfare sector with medium-risk and high-risk youth respectfully, is because the organizations providing the program to youth were aware of their limitations. Due to these limitations, both sectors put in place screening processes to ensure
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

safety of group members and avoid re-traumatization of youth who are particularly susceptible. Research stipulates that precautions should be taken to ensure programming is safe for all youth involved (Hopper et al., 2009). Moving forward with future implementation efforts, the results of this study suggest that taking into consideration the appropriateness of the program given the context, the level of need/level of risk of youth, and the capability of the organization to meet youths’ needs, may be necessary for successful implementation.

Theme 3: Successes and Challenges in Youth Engagement are both Unique and Similar Across Sectors

The third theme of this study pertained to the successes and challenges in youth engagement. Youth engagement challenges were organized into two groups: engagement challenges that occurred prior to the HRP/HRP-E group and challenges that occurred during group. To overcome these challenges and successfully implement the HRP/HRP-E, a variety of strategies were employed.

Although differences in engagement challenges were found across sectors in the current study, it is not to say that they will not appear in other sectors throughout future implementation efforts. Therefore, understanding engagement challenges that occurred within all sectors, and the ways in which facilitators overcame these challenges, may be beneficial for future implementation. As highlighted within this study and TIC research, awareness plays a key role in effectively working with vulnerable youth (see Hopper et al., 2017; Purkey et al., 2018; SAMHSA, 2014a). Understanding the challenges that youth face across sectors may increase awareness, thus promoting practical application of trauma-informed care and practices, further increasing chances of successful implementation in the future. Although this study provides a variety of practical techniques that may be used in future implementation efforts, a key takeaway
from this study is that engagement can be achieved when youth are approached in a mindful and purposeful manner. The results of this study have shown that trauma-informed practice, including flexibility and creativity, is essential when engaging vulnerable youth populations, irrespective of the specific techniques used. They key is to cater the program to meet the needs of youth without jeopardizing fidelity.

**Theme 4: Trauma-informed Practice Needs to be Considered in Every Aspect of Implementation**

Across sectors participants identified that trauma-informed practice was required for successful implementation. Several trauma-informed principles were present across the data, including trauma-awareness and knowledge, collaboration, and predictability. Youth receiving the HRP/HRP-E are youth who have likely experienced a variety of ACEs in their lifetime, making incorporating trauma-informed practices imperative. The current study served as an example of successfully incorporating trauma-informed approaches into program implementation with vulnerable youth. This contributes to TIC and implementation research as there is currently a lack of knowledge regarding the results of trauma-informed practice (Hanson & Lang, 2016). Through this study, theory was applied to real world settings with promising results. Not only were trauma-informed practices found to facilitate successful implementation, but they were also required to overcome challenges; specifically challenges related to youth engagement. Participants highlighted the need for meeting youth where they are at in their learning, including going at youth’s pace, and making accommodations for challenges encountered throughout the implementation process. Findings suggest that continuing to apply key components of trauma-informed care, such as choice and collaboration, awareness and understanding of trauma, recognition of trauma-related symptoms and behaviours, and harm reduction techniques may
provide high-risk youth with the opportunity to receive preventative and health promoting programs like the HRP and HRP-E.

Although the findings of this study primarily focused on the trauma-informed nature of the HRP/HRP-E, as well as trauma-informed practices adopted by facilitators, research demonstrates that trauma-informed care should be an organization-wide approach (SAMHSA, 2014). Aside from the level of flexibility organizations maintained, participants did not comment on whether the organizations that provided the HRP/HRP-E employed trauma-informed care as global practice. This may be a valuable area of inquiry given the expanse of research that emphasizes the importance of agency-wide adoption of trauma-informed care (e.g., SAMHSA, 2014A). SAMHSA (2014) noted that TIC starts with the “first contact a client has with an agency” (Familiarize the client with trauma-informed services section, para. 1). In many cases, the person facilitating the HRP/HRP-E is not the person who initially contacts or recruits youth to participate. Youth may be in contact with numerous individuals within an organization who are not directly involved in the implementation of the HRP/HRP-E, such as reception staff or teachers. This study touched on the significant influence that adults within an organization may have on youths’ desire to participate in the program. Considering these findings, in conjunction with TIC research, agency-wide TIC may support implementation efforts by providing vulnerable youth with positive, safe, encouraging, and health promoting experiences prior to the group commencing.

Theme 5: Flexibility and Creativity Promote Successful Implementation

One of the motivators for creating the HRP and HRP-E was to address the increased need of flexibility when working with high-risk youth (Crooks et al., 2018). Participants within this study felt that the small groups design of the HRP/HRP-E was adaptable enough to make the
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

necessary modifications to meet the needs of their youth. Interview participants commented on both the flexibility of the program as well as the variability of the content, which simplified the process of adapting the program to meet youth’s differing level of need. Specifically, the HRP-E included a variety of low, medium, and high-risk scenarios to choose from during discussions, role-play activities, and skill building activities. The manual also provided alternative activities to target specific challenges common in vulnerable youth populations such as literacy difficulties. The manuals of the HRP and HRP-E are in alignment with best practices found in implementation research which suggest flexible curricula that offer multiple choices across sessions (Anyon et al., 2019).

A unique finding from this study was the use of one-to-one implementation to overcome challenges. Due to the nature of the youth justice system and the youth receiving programming in this sector, it was often not possible to engage youth via group format. This sector therefore adapted the HRP/HRP-E to be delivered in a one-to-one format. Along with such adaptations come concerns for fidelity. Within implementation science there has been a debate regarding the roles of fidelity and adaptability in interventions. However, in the past few decades, both adaptability and fidelity have been recognized as necessary for high quality programming (Anyon et al., 2019). Within the current study, many participants commented on the importance of maintaining fidelity of the HRP/HRP-E throughout adaptations of the program. It is suggested in the literature that “modifications increase the relevance of, and participant engagement with, prevention programs” (Anyon et al., 2019, p. 36). Although participants have reported many benefits and successes regarding one-to-one facilitation, more research regarding this delivery method is needed to ensure its efficacy and effectiveness.
Although the finding that flexibility led to successful implementation was universal, the level of flexibility was identified as a distinctive factor across contexts, and more specifically across organizations. That is where creativity played a big role; in organizations with limited flexibility, creativity has helped implementation efforts. Moving forward, a key takeaway from this study has been to work creatively with the resources that are available. What adaptations are required will be dependent on both the organization providing the HRP/HRP-E as well as the youth receiving the program. The key is to use the resources available in whichever manner possible, to cater facilitation to best meet the needs of the youth. Findings from this study suggest that when flexibility is limited at the organization level, facilitators should remain open, and lean on the flexibility inherent of the program to best implement the program given the population.

**Theme 6: Evidence-based Practice & Research Involvement Were Beneficial and Valued by Multiple Stakeholders**

Participants in this study were clear in the value they place on evidence-based practices. The evidence-base of the HRP/HRP-E was identified as a factor leading to success because it was valued not only by the organizations and facilitators implementing the program, but by the youth receiving the program as well. These findings are not surprising given the push towards evidence-based practice in the broader community. Mental health practitioners and governmental agencies alike have put forward a variety of initiatives for evidence-based practices (see Barker et al., 2014; Gannon & Ward, 2014; SMHO, n.d.; Tonmyr et al., 2020). What is novel, is the value placed on the evidence-base of the program from youth receiving the program.

Involvement in the research process was also identified as a factor leading to successful implementation across contexts. Partnership with the CSMH and involvement in research
allowed certain organizations to provide youth with programming that would have otherwise not been available. Given the flexibility of the program and implementation of the HRP/HRP-E this partnership has been particularly valuable to agencies providing the program in nuanced ways (e.g., one-to-one facilitation).

Regarding youth’s participation in research, participants noted that providing feedback and being involved in the research process allowed youth to be heard and to take ownership of their learning. Within select organizations, feedback from youth was used to tailor the program to more effectively meet the needs of subsequent youth receiving the HRP/HRP-E. Incorporating youth in research and evaluation of interventions is a relatively new, yet valuable practice (Powers & Tiffany, 2006). Gibson et al., (2015) note in their study regarding engaging youth in bullying prevention research, that there is little inclusion of youth in research regarding safety and violence. Given the prevalence of trauma within vulnerable youth populations and the notion that “young people's knowledge and understanding have often been undervalued or dismissed as invalid,” (Powers & Tiffany, 2006, para. 3), inclusion of youth in the research process is all the more critical.

The findings from this study suggest that the continuation of positive partnerships, specifically with the CSMH, and community involvement in the research process may prove fruitful for implementation efforts moving forward. Facilitator and youth involvement in the research of the HRP/HRP-E facilitates trauma-informed practices in a practical manner. Through the collaboration and integration of the perspectives of the youth this program is intended for, and those involved in the implementation process, the HRP/HRP-E may be adapted and improved to better support the communities providing the program and the youth receiving it.
Limitations

Although several procedures were followed to ensure the rigour of the current study, there remain a variety of limitations. The majority of limitations are related to the sample of interview participants. Firstly, the sample of participants was relatively small \((n = 11)\). Due to the COVID-19 pandemic, it was not possible to achieve the goal sample size, which would have included a minimum of 15 participants. The goal was to include at least two facilitators and one administrator from each sector to incorporate a variety of perspectives both within each sector and across sectors. Additionally, it was hoped that interviews would continue until the point of saturation, which is when no new information arises in subsequent interviews (Bowen, 2008). Again, this was not possible due to the pandemic. The sample included more participants in the youth justice sector than any other. Therefore, it is possible that the results may overrepresent the experiences of those in the youth justice sector. However, many of the participants from the youth justice sector also had experience providing the HRP/HRP-E in the community mental health and school sectors, limiting this challenge. Given the variability within sectors, a more diverse sample would have been beneficial.

The sample used was a convenience sample, therefore, many of the participants were experienced champions of the HRP/HRP-E who had run the program multiple times within their organization. In future research, it may be valuable to explore the successes and challenges of implementing the HRP/HRP-E with a wider variety of participants. For example, including participants who may have not successfully run the program to gain insight into the challenges that led to unsuccessful implementation. Although, this was somewhat captured in the implementation survey, more in-depth inquiry may be necessary.
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

An additional limitation of this study is the relative absence of youth voice. Although some of the findings pertained directly to youth, this study was based solely on the experiences and opinions of administrators and facilitators of the HRP/HRP-E. While some of these opinions may relate to youths’ thoughts and feeling regarding the HRP/HRP-E, the lack of direct youth reporting lessons the rigour of these particular findings; findings regarding youths’ thoughts and feelings should therefore be considered with this fact in mind. Including youth voice more directly would increase understanding regarding the successes and challenges of running the HRP/HRP-E in diverse contexts, and may be a valuable area of inquiry for future research.

Additional limitations of this study pertain to cultural and contextual factors. Data pertaining to participants’ and youths’ cultural background and geographical location were not collected beyond knowing that study participants (and youth who received the HRP/HRP-E) were from urban cities in Ontario, Canada. It is important to note that there are vast disparities among communities across Canada, included provincial differences, as well as differences across rural, remote, or urban areas. Similarly, part of taking on a trauma-informed approach includes being mindful of cultural contexts (e.g., SAMHSA, 2014A). Although, questions pertaining to cultural influences were included in the interviews, culture was not commonly discussed in relation to successes and challenges by study participants, with no major themes or findings present in the data. Culturally sensitive versions of the HRP have been created and are actively being researched for marginalized groups, including newcomer youth and Indigenous populations. Given the significant influence of culture and community context (i.e., rural, urban, remote etc.), the lack of information regarding these factors limits the transferability of this study. Despite the lack of prevalence of cultural influences present in this study, future research
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

should be mindful of these factors and incorporate inquiry of relevant circumstance into study development.

Lastly, the entirety of this study was completed by one researcher, increasing the chance of bias. Including additional researchers would have increased reliability of the study, particularly, inter-rater reliability.

**Conclusion**

Throughout this study communities’ voices were incorporated to gain a deep understanding of the successes and challenges of implementing the HRP/HRP-E in contexts where vulnerable youth receive support. The contexts that were explored in this study included school systems, community mental health, the youth justice sector, and child welfare. Overall, the HRP/HRP-E was identified as a good fit across contexts for both the organizations implementing the program as well as vulnerable youth receiving the HRP/HRP-E. The program was well received and perceived as advantageous. The consensus of participants was that implementing the HRP/HRP-E was a positive experience, albeit challenges did arise, primarily regarding youth engagement.

The findings of this study provide valuable information for practical application and future implementation efforts. For example, key findings highlight the importance of buy-in at multiple levels of an organization, as well as provided strategies to facilitate buy-in, which were supported by current literature. In addition, examples of trauma-informed practices were presented, providing practical skills and tools which may be used by future facilitators. Overall, this study provided an example of trauma-informed approaches applied to real world settings with encouraging results. The current study also furthered conceptual understanding of common
implementation concepts for consideration in future practice, such as the role of leadership engagement and the importance of evidence strength and quality.

Findings from this study formed the basis for suggestions for future areas of inquiry. For example, it is suggested that inquiry should be made into the successes and challenges of implementing the HRP/HRP-E with a more diverse group of participants; particularly with those who did not experience success with the program. Exploration of this kind may further identify factors that get in the way of implementation and service provision for vulnerable youth in varying contexts.

Lastly, this study provided useful information for researchers and program developers to improve the HRP and HRP-E, and best meet the needs of community partners and vulnerable youth in the future. The findings from this study therefore support practical implementation efforts as well as future research directives.
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

References


SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E


Carsley, S., & Oei, T. (2020). *Interventions to prevent and mitigate the impact of adverse childhood experiences (ACEs) in Canada: A literature review*. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Queen’s Printer for Ontario

SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E


SUCCESSSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E


SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

effectiveness of juvenile justice programs: A new perspective on evidence-based practice.

Center for Juvenile Justice Reform, Georgetown Public Policy Institute


SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E


SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E


Appendices

Appendix A: Facilitator Interview Guide

HRP-E Interview Guide – Facilitator:
Successes and Challenges V1

Note to interviewer: All questions that are in bold must be asked. All other questions are supplementary. Items that are indented are prompts and/or follow-up questions.

Introduction:

- **Names, titles, thank you**
- **Purpose of interview:** The purpose of this interview is to better understand the successes and challenges of running the HRP-E in a variety of context in which vulnerable youth are being supported. Through this interview I hope to gain insight into what made the HRP-E successful for your organization and what setbacks your organization encountered.
  - Questions?
- **Confidentiality:** Everything we discuss today will be confidential. Your name and/or identifying features will not be included in any reporting and all the information that you share with me today will be stored in a secure location at the University of Western Ontario.
  - Ask about recording
  - Review nature of semi-structured interviews
  - Can stop at anytime
  - Do not need to answer all questions
  - 45-60 mins
- **Consent**
- **Intro:** Can you tell me a little bit about your role here at *(organization name)* and what you do?
  - Pleasantries – ensure interviewee feels comfortable

Overall Experience:

1. I’d like to hear about your overall experience running the program – this may include your thoughts and feelings. Please tell me about how the process has been for you.
2. What were some factors that led to any successes you’ve encountered throughout running the program?
   a. What worked well when running the program at your organization?
   b. What contributed to the success of the program?
      i. Systemically
      ii. Group composition
      iii. Personally

3. Did anything hinder your ability to run the program?
   c. Personally
   d. Structurally
   e. Group composition

4. What were the most challenging aspects of running the program at your organization?
   f. Structurally
   g. Personally
   h. Within the group

Fit

Overall Fit

5. Do you feel that the program fit well with the demographic of youth that you primarily work with?
   a. Was the program well received?
   b. Do you feel that there are any youth that you are working with, or that your organization supports that this program would not be a good fit for?
   c. Are there any other programs at your organization that helped facilitate or supplement what youth learned in the HRP-E?

Cultural Relevance

6. Did you find the program to be culturally relevant?
   a. Was the program sensitive to your youth’s needs?
      i. Were you able to adapt to make it more suitable?

Triggering

7. Were any of the activities triggering for your youth?
   a. What was your experience dealing with that?
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

b. Accommodations made?
c. Additional training you feel would be helpful?
d. What suggestions do you have to manage this?

<table>
<thead>
<tr>
<th>Halfway Mark</th>
</tr>
</thead>
</table>

Role Play

8. How was your experience with the role play activities?
   e. What enabled successful role play
   f. What was challenging about role play activities?
   g. Modifications
   h. Suggestions

<table>
<thead>
<tr>
<th>Modifications &amp; Ability to Run as Intended:</th>
</tr>
</thead>
</table>

9. What has had the most impact on your ability to deliver the program as intended?
   a. What hindered your ability to deliver the program as intended?
   b. What helped your ability?
      i. Systemically
      ii. Group composition
      iii. Demographic of youth
      iv. Attendance
      v. Session delivery format
      vi. Any other major impacts?

10. Did you need to make modifications to the program?
    c. Reasons for modifications?
    d. What was your experience in making modifications?
       i. Did you find making modifications difficult or easy?
       ii. Did you feel supported throughout making the changes?
          i. Anything that could have supported you more?

<table>
<thead>
<tr>
<th>Supports:</th>
</tr>
</thead>
</table>

11. Did you feel adequately supported throughout running the HRP-E?
    a. Did you feel you had enough training & resources to run the program effectively?
       i. Were training and program resources adequately available?
       ii. Did the training meet your needs?
b. Did you feel you had enough support from the CSMH?
   iii. If you had any questions, did you know where to go or who to contact to get answers?
   iv. Did you feel there was anything the CSMH could have done to support you better?
c. Did you feel you had adequate support from your organization to run the program?
   v. What would you need to feel better supported by your organization?
   vi. Enough time to prepare

Programming in a Virtual Environment:

12. Do you currently provide any programming for youth online? (Note: if they indicate that they are offering the HRP-E online, skip questions 13 and 15 below).
13. Do you think the HRP-E should be offered online? What would be challenging about offering it in that way?
14. Do you think the HRP-E offers important skills for youth dealing with physical distancing during the pandemic?
15. Do you feel the HRP-E could be moved online at your organization?
   a. Does your organization have the resources to support this?
   b. What would you need to make this shift to online programming?

Conclusion:

Miracle Question

16. If there was anything you could change about the program to make it fit your community’s needs better and make the implementation process more successful, what would it be?

Conclusion

17. Is there anything else that you would like to add regarding your experiences running the HRP-E, and the success and challenges you’ve experienced?

Member Checking & Ending:

- **Member Check:** Summarize the interview and confirm with the participant that what you have paraphrased accurately represents their experiences.
- Questions
- Contact Info
Appendix B: Administrator Interview Guide

HRP-E Interview Guide – Administrator:
Successes and Challenges V1

Note to interviewer: All questions that are in bold must be asked. All other questions are supplementary. Items that are indented are prompts and/or follow-up questions.

Introduction:

- **Names, titles, thank you**
- **Purpose of interview:** The purpose of this interview is to better understand the successes and challenges of running the HRP-E in a variety of contexts in which vulnerable youth are being supported. Through this interview I hope to gain insight into what made the HRP-E successful for your organization and what setbacks your organization encountered.
  - Questions?
- **Confidentiality:** Everything we discuss today will be confidential. Your name and/or identifying features will not be included in any reporting and all the information that you share with me today will be stored in a secure location at the University of Western Ontario.
  - Ask about recording
  - Review nature of semi-structured interviews
  - Can stop at anytime
  - Do not need to answer all questions
  - 45-60 mins
- **Consent**
- **Intro:** Can you tell me a little bit about your role here at *(organization name)* and what you do?
  - Pleasantries – ensure interviewee feels comfortable

Overall Experience:

1. Tell me about how you’ve been involved with the HRP-E at your organization.
   a. Were you involved in the decision to implement the program?
   b. Do you supervise facilitators?
   c. More about your role
2. I’d like to hear about your overall experience with the HRP-E – this may include your thoughts and feelings. Please tell me about how the process has been for you.

Successes and Challenges:

3. What were some factors that led to any successes you’ve encountered throughout your involvement with the program?
   a. What worked well when running the program at your organization?
   b. What contributed to the success of the program?
      i. Systemically (e.g. within your organization)
      ii. Group composition or recruitment
      iii. Personally

4. Did anything hinder your ability to run the program at your organization?
   c. Structurally
   d. Group composition

Fit

Overall Fit

5. Do you feel that the program fit well with the demographic of youth that your organization services?

Halfway Mark

Supports:

6. Did you feel adequately supported throughout the implementation process of the HRP-E?
   a. Did you feel your staff had enough training & resources to run the program effectively?
   b. Did you feel you had enough support from the CSMH?
i. If you had any questions, did you know where to go or who to contact to get answers?
ii. Did you feel there was anything the CSMH could have done to support you better?

**Programming in a Virtual Environment:**

7. Do you currently provide any programming for youth online? *(Note: if they indicate that they are offering the HRP-E online, then skip questions 8 and 10 below).*
8. Do you think the HRP-E should be offered online? What would be challenging about offering it in that way?
9. Do you think the HRP-E offers important skills for youth dealing with physical distancing during the pandemic?
10. Do you feel the HRP-E could be moved online at your organization?
   a. Does your organization have the resources to support this?
   b. What would you need to make this shift to online programming?

**Conclusion:**

**Miracle Question**

11. If there was anything you could change about the program to make it fit your community’s needs better and make the implementation process more successful, what would it be?

**Conclusion**

12. Is there anything else that you would like to add regarding your experiences running the HRP-E, and the success and challenges you’ve experienced?

**Member Checking & Ending:**

- **Member Check:** Summarize the interview and confirm with the participant that what you have paraphrased accurately represents their experiences.
- **Thank you**
- Questions
- Contact Info
Appendix C: Implementation Survey – Version 1

HRP Implementation Survey - Vulnerable Youth 2018-19

Part A: Group Characteristics and Format

How many groups have you facilitated from September 2018 to June 2019?

________________________________________________________________

Overall, how many times have you delivered the HRP Program?

○ First time
○ Second time
○ Third time
○ I have delivered four or more times in the past

If you have delivered more than one group this year, please answer the remaining questions based on your most recent group.

What version of the Healthy Relationships Plus (HRP) Program did you implement with youth?

○ Core (14 Sessions)
○ Enhanced (16 sessions)
○ Both
What was the gender composition of this group?

- Male and female participants
- Male participants only
- Female participants only

Please comment on how gender composition influenced the group.

______________________________________________________________________

What was the lowest age of participants in this group?

______________________________________________________________________

What was the highest age of participants in this group?

______________________________________________________________________

How many participants were enrolled in the group?

______________________________________________________________________

How many participants attended regularly (i.e., approximately 75% of sessions)?

______________________________________________________________________
Was there anything about the composition of this particular group that had an impact on your ability to deliver the program as intended?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

What was the delivery format for this group?

- Daily sessions
- Weekly sessions
- Weekly double sessions
- Biweekly sessions
- Monthly sessions
- Half or full day sessions where students were removed from class
- Other, please specify ________________________________
Did you have a co-facilitator for this group?

- Yes
- No

Please indicate how much of the skills practice components you completed in each session.

<table>
<thead>
<tr>
<th>Session</th>
<th>Did not attempt</th>
<th>Attempted but did not complete</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 6: Active Listening</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Session 8 (core)/ 10 (enhanced): Assertive Communication</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Session 9 (core)/11 (enhanced): Apology</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Session 10 (core/12 (enhanced): Delay, Negotiation, Refusal</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Session 11 (core)/13 (enhanced): Breaking Up</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Session 13 (core/15 (enhanced): Active Listening/Help Seeking</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Part B: Identifying and Recruiting Participants

How did you identify and recruit youth to participate in the program?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Were there any challenges with identifying and/or recruiting youth?

☐ Yes

☐ No

Please explain the challenges you encountered

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
Were there any challenges obtaining guardian consent for participation?

○ Yes

○ No

○ Consent not required

Do you have any advice or tips to share about successful youth recruitment?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Part C: Logistics

Where was the group held?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

When was the group held?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Were there any challenges in finding a good time and space for the group?

☐ Yes

☐ No

Please describe the challenges you encountered in finding time and space for the group.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

________________________________________________________________
Do you have any advice or tips to share about scheduling?

________________________________________________________________

________________________________________________________________

_______________________________________________________________

________________________________________________________________

________________________________________________________________

Part D: Implementation Experience

Satisfaction Overall Satisfaction with the Healthy Relationships Plus (HRP) Program:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent was implementing the HRP Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>positive experience?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent would you recommend the HRP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program to other colleagues?</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent do you feel the HRP Program was</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>beneficial for your youth participants?</td>
<td>○</td>
<td>○</td>
<td></td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Did you observe specific benefits or changes in youth as a result of the HRP Program? Please provide an example here.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Did you make any modifications to the HRP Program while you were implementing it?

○ Yes

○ No
What modifications did you make? Check all that apply.

☐ Shortened program by dropping sessions
☐ Shortened sessions by dropping activities
☐ Added new activities
☐ Added new topics
☐ Added supplementary resources (videos, speakers)
☐ Increased/extended time to discuss certain topics
☐ Combined more than one session into one class period
☐ Split sessions across more than one class period
☐ Other, please specify ________________________________
What were your primary reasons for modifying the program? **Rank up to your top THREE**

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Number 1 reason</th>
<th>Number 2 reason</th>
<th>Number 3 reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted scenarios to fit a more rural/northern environment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reduced or dropped activities to continue important discussions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reduced or dropped activities because the group already knew each other well</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reduced or dropped activities to stay within time limits</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Added supplementary resources (videos, speakers) to have more relevant and effective discussions</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Modified activities due to group size</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Modified activities to accommodate students' individual needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Modified activities to fit needs and experiences of older/more mature youth

Are there any other reasons you modified the program?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Was there anything about the HRP Program that made it difficult to implement? Check all that apply.

- Time frames difficult to meet
- External influences (disruptions, assemblies)
- Youth did not respond well
- Mismatch with local culture
- Role plays difficult to carry out
- I found some of the topics difficult to discuss with youth
- I was uncomfortable discussing mental health or harm reduction with youth
- Instructions for some activities unclear
- Youth resisted role play exercises
- Many youth were absent
- Pressure or resistance from parents
- Youth required extra time to debrief sensitive topics
- Some activities triggered distress among some participants
- Meeting space
- Participant recruitment issues
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

☐ Other, please specify ________________________________________________

Please complete the following.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent did the HRP program training prepare you to implement the program?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Would you be interested in learning about other Fourth R programs for possible implementation?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

Please complete the following.

<table>
<thead>
<tr>
<th></th>
<th>Definitely not</th>
<th>Not likely</th>
<th>Unsure</th>
<th>Likely</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you plan to implement the HRP Program again?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Would you attend additional HRP Program trainings if you had the opportunity?</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
If you do NOT plan to implement the HRP Program again, why not?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Thinking back to the HRP Program training, is there something specific you can think of that would have helped you feel more prepared to implement the program?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

How long ago were you trained to deliver the HRP Program?

- [ ] I did not receive training
- [ ] Less than 1 year ago
- [ ] 1 to 2 years ago
- [ ] 3 to 4 years ago
- [ ] 5 or more years ago

Did you access the HRP training modules or resources on the Fourth R website for online support?

- [ ] Yes
- [ ] No

What advice would you give someone implementing the HRP Program for the first time?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________
### Part E: Impact of the Healthy Relationships Plus Program

In your opinion, to what extent did participants in the HRP Program...

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>enjoy the program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>participate in the group activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn how to identify healthy/unhealthy relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn about the connections between relationships and substance use/addiction?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn about the connections between relationships and mental health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn about the impacts of substance use and abuse?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrate understanding of personal boundaries and consent?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>develop healthy coping strategies?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>improve strategies for helping a friend with mental health challenges?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>demonstrate improved communication skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrate improved critical thinking and problem solving?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrate awareness of outside influences on relationships (i.e., the media, gender stereotypes)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provide support to each other around difficult issues?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrate awareness of power and control in relationships and the early warning signs of dating violence?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn strategies for seeking help for themselves or a friend?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn strategies for keeping themselves safe in relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn strategies to keep themselves safe if using substances?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Part F: School or Organization Involvement in the Healthy Relationships Plus Program

Has your organization or school implemented other Fourth R programs in the past?

○ Yes

○ No

Please complete the following.
<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>How important is it to your school/organization that you use evidence-based programs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How important is it to your provincial government/ministries that you use evidence-based programs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are you able to choose the programs/resources you will implement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there additional supports in your school/organization for you to implement the HRP Program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive support from an external consultant or other coordinator to implement the HRP Program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent does the HRP Program match your school division or organization's priorities and objectives?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an identified person at the school division or community level to support the program implementation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there additional training opportunities at the school division or organization level on relationships, mental health, and substance use/abuse?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Have you established new community partnerships as a result of the HRP Program?

Do parents of youth in your program value the HRP Program?

Are you aware of other evidence-based programs being used in your school or organization?

- Yes
- No

If you are aware of other evidence-based programs that are being used, please list those programs.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Part G: Facilitator Characteristics

Have you delivered structured group programming in the past (other than the HRP Program)?

- Yes
- No

If you have delivered a structured program in the past, please list the program(s).

________________________________________________________________________

What is your highest level of education achieved?

________________________________________________________________________
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

- Secondary school diploma or equivalent
- Post-secondary certificate, diploma, or degree
- College, CEGEP, or other non-university certificate or diploma
- University certificate or diploma below the bachelor level
- University certificate, diploma, or degree at the bachelor level
- Master's degree
- Doctorate degree
- Other, please specify ________________________________

What is your area of education/experience?

- Psychology
- Sociology
- Counselling
- Education
- Learning supports
- Social work
- Child and youth work
- Other, please specify ________________________________
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

For how many years have you been working with adolescents in a professional capacity?

- Less than 5
- 6 to 10
- 11 to 15
- 16 or more

Are you:

- Male
- Female
- Prefer not to say

Please share any other comments about the Healthy Relationships Plus Program that you may have.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Appendix D: Implementation Survey – Version 2

**HRP Implementation Survey - Enhanced**

**Part A: Group Characteristics**

What youth population participated in the program? (e.g., youth involved in justice system, youth in child protective services, Grade 9-12 students)

________________________________________________________________

How many youth were enrolled in the group?

________________________________________________________________

Approximately, how many youth attended sessions regularly (e.g., 4 out of the 6 enrolled)?

________________________________________________________________
What was the gender composition of this group?

- Male and female participants
- Male participants only
- Female participants only
- Other, please specify: _______________________________________________________

Please comment on how gender composition influenced the group.

__________________________________________________________________________

What was the lowest age of participants in this group?

__________________________________________________________________________

What was the highest age of participants in this group?

__________________________________________________________________________

Was there anything about the composition of this particular group that had an impact on your ability to deliver the program as intended?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Part B: Group Format & Logistics

Did you have a co-facilitator for this group?

☐ Yes

☐ No

Date of first session: (please enter in YYYY/MM/DD format)

________________________________________________________________

Date of last session: (please enter in YYYY/MM/DD format)

________________________________________________________________
What was the session delivery format for this group?

- Daily sessions
- Weekly sessions
- Weekly double sessions
- Biweekly sessions
- Monthly sessions
- Half or full day sessions
- Other, please specify ________________________________________________

When was the group held (i.e., time of day)?

________________________________________________________

Where was the group held? (e.g., your organization, classroom, youth custody)

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Were there any challenges in finding a good time and space for the group?

- Yes
- No

Please describe the challenges you encountered in finding time and space for the group.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Do you have any advice or tips to share about scheduling group sessions?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please check the sessions you completed.

- Completed All Sessions (go to next question)
- Session 1: Getting to Know You
- Session 2: It's Your Choice: Friendships/Relationships
- Session 3: Shaping Our Views
- Session 4: Influences on Relationships
- Session 5: Impact of Substance Use and Abuse
- Session 6: Healthy Relationships
- Session 7: Early Warning Signs of Dating Violence
- Session 8: Safety and Unhealthy Relationships
- Session 9: Rights and Responsibilities in Relationships
- Session 10: Boundaries and Assertive Communication
- Session 11: Taking Responsibility for Emotions
- Session 12: Standing Up for What is Right
- Session 13: When Friendships and Relationships End
- Session 14: Mental Health and Wellbeing
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Session 15: Helping Our Friends
Session 16: Sharing and Celebrating

Skills Please indicate how much of the skills practice components you completed in each of the following sessions.

<table>
<thead>
<tr>
<th>Session</th>
<th>Did not attempt</th>
<th>Attempted but did not complete</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 6: Active Listening</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Session 10: Assertive Communication</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Session 11: Apology</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Session 12: Delay, Negotiation, Refusal</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Session 13: Breaking Up</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>Session 15: Active Listening/Help Seeking</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>
Part C: Identifying and Recruiting Participants

How did you identify and recruit youth to participate in the program?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Were there any challenges with identifying and/or recruiting youth?

☐ Yes

☐ No

Please explain the challenges you encountered with identifying and/or recruiting youth.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Were there any challenges obtaining guardian consent for participating in the program? (not research)

- Yes
- No
- Consent not required

Please explain the challenges you encountered obtaining guardian consent.

________________________________________________________________________

Do you have any advice or tips to share about successful youth recruitment?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Part D: Implementation Experience**

Overall Satisfaction with the Healthy Relationships Plus (HRP) Program:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent was implementing the HRP Program a positive experience?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>To what extent would you recommend the HRP Program to other colleagues?</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Have you accessed the HRP training modules or resources on the Fourth R website for online support?

- O Yes
- O No

Was there a specific session or activity that was well-received by youth? If so, please identify what sessions/activities and why you think it was well-received.

_______________________________________________________________________________
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Was there a specific session or activity that was problematic? If so, please identify what sessions/activities and why it was problematic.

________________________________________________________________

Please offer any feedback or suggestions for improvement to the sessions.

________________________________________________________________

Did you make any modifications to the HRP Program while you were implementing it?

○ Yes

○ No
What modifications did you make? Check all that apply.

- [ ] Shortened program by dropping sessions
- [ ] Shortened sessions by dropping activities
- [ ] Combined more than one session into one
- [ ] Added new activities
- [ ] Added new topics
- [ ] Added supplementary resources (videos, speakers)
- [ ] Changed language used
- [ ] Increased/extended time to discuss certain topics
- [ ] Split sessions across more than one session
- [ ] Other, please specify ____________________________________________
- [ ] Other, please specify ____________________________________________
- [ ] Other, please specify ____________________________________________

What were your primary reasons for modifying the program? **Rank up to your top THREE reasons.**

<table>
<thead>
<tr>
<th>Number 1 reason</th>
<th>Number 2 reason</th>
<th>Number 3 reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted scenarios to youth population</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

| Modified activities to fit needs and experiences of older/more mature youth |  |  |  |
| Other, please specify: |  |  |  |
| Other, please specify: |  |  |  |

Are there any other modifications you made to the program? And if so, what were the reasons for modifying?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Was there anything about the HRP Program that made it difficult to implement? Check all that apply.

☐ Time frames difficult to meet
☐ External influences (disruptions, assemblies)
☐ Youth did not respond well
☐ Mismatch with local culture
☐ Role plays difficult to carry out
☐ I found some of the topics difficult to discuss with youth
☐ I was uncomfortable discussing mental health or harm reduction with youth
☐ Instructions for some activities unclear
☐ Youth resisted role play exercises
☐ Many youth were absent
☐ Pressure or resistance from parents
☐ Youth required extra time to debrief sensitive topics
☐ Some activities triggered distress among some participants
☐ Meeting space
☐ Youth recruitment issues
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

☐ Other, please specify ________________________________________________

Please describe any other challenges you encountered implementing the program with the youth in this group.

Training Please complete the following.

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent did the HRP program training prepare you to implement the program?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Would you be interested in learning about other Fourth R programs for possible implementation?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Thinking back to the HRP training, is there something specific you can think of that would have helped you feel more prepared to implement the program?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Please complete the following.

<table>
<thead>
<tr>
<th>Do you plan to implement the HRP Program again?</th>
<th>Definitely not</th>
<th>Not likely</th>
<th>Unsure</th>
<th>Likely</th>
<th>Definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Would you attend additional HRP Program trainings if you had the opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

If you do NOT plan to implement the HRP Program again, why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What advice would you give someone implementing the HRP Program for the first time?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Part E: Impact of the Healthy Relationships Plus Program

To what extent do you feel the HRP Program was beneficial for youth participants in this group?

- Not at all
- Not very much
- Neutral
- Somewhat
- Very Much

Impact In your opinion, to what extent did youth participants in the HRP Program...
<table>
<thead>
<tr>
<th>Area</th>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>enjoy the program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>participate in the group activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn how to identify healthy/unhealthy relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn about the connections between relationships and substance use/addiction?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn about the connections between relationships and mental health?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>learn about the impacts of substance use and abuse?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>demonstrate understanding of personal boundaries and consent?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>develop healthy coping strategies?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>improve strategies for helping a friend with mental health challenges?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate improved communication skills?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate improved critical thinking and problem solving?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate awareness of outside influences on relationships (i.e. the media, gender stereotypes)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide support to each other around difficult issues?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate awareness of power and control in relationships and the early warning signs of dating violence?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learn strategies for seeking help for themselves or a friend?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learn strategies for keeping themselves safe in relationships?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learn strategies to keep themselves safe if using substances?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Did you observe any other specific benefits or changes in youth in this group as a result of the HRP Program? Please describe, and provide an example here.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Part F: School or Organization Involvement in the Healthy Relationships Plus Program

Has your organization or school implemented the HRP Program or other Fourth R programs in the past?
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

☐ Yes

☐ No

Please complete the following.
<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Not very much</th>
<th>Neutral</th>
<th>Somewhat</th>
<th>Very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>How important is it to your school/organization that you use evidence-based programs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How important is it to your provincial government/ministries that you use evidence-based programs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are you able to choose the programs/resources you will implement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there additional supports in your school/organization for you to implement the HRP Program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you receive support from an external consultant or other coordinator to implement the HRP Program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent does the HRP Program match your school division or organization's priorities and objectives?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there an identified person at the school division or community level to support the program implementation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there additional training opportunities at the school division or organization level on relationships, mental health, and substance use/abuse?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Successes and Challenges of Implementing the HRP/HRP-E

| Have you established new community partnerships as a result of the HRP Program? | Yes | No |
| Do parents of youth in your program value the HRP Program? | Yes | No |

Are you aware of other evidence-based programs being used in your school or organization?

- **Yes**
- **No**

If you are aware of other evidence-based programs that are being used, please list those programs.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Part G: Facilitator Characteristics

How long ago were you trained to deliver the HRP Program?

- I did not receive training
- Less than 1 year ago
- 1 to 2 years ago
- 3 to 4 years ago
- 5 or more years ago

Overall, how many times have you delivered the HRP Program?

- One time
- 2-3 times
- 4-9 times
- 10 or more times
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Have you delivered structured group programming in the past (other than the HRP Program)?

- [ ] Yes
- [ ] No

If you have delivered a structured program in the past, please list the program(s).

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
What is your highest level of education achieved?

- Secondary school diploma or equivalent
- Post-secondary certificate, diploma, or degree
- College, CEGEP, or other non-university certificate or diploma
- University certificate or diploma below the bachelor level
- University certificate, diploma, or degree at the bachelor level
- Master's degree
- Doctorate degree
- Other, please specify ________________________________

What is your area of education/experience?

- Psychology
- Sociology
- Counselling
- Education
- Learning supports
- Social work
- Child and youth work
- Other, please specify ________________________________
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

For how many years have you been working with youth in a professional capacity?

- [ ] Less than 5
- [ ] 6 to 10
- [ ] 11 to 15
- [ ] 16 or more

Are you:

- [ ] Male
- [ ] Female
- [ ] Trans
- [ ] Non-binary
- [ ] Prefer not to say
- [ ] You don't have an option that applies to me. I identify as: ________________________________

Please share any other comments about the Healthy Relationships Plus Program that you may have.

__________________________________________________________________________

End of Block: Default Question Block
Appendix E: Letter of Information (LOI) and Consent Form

Facilitator/Administrator Interview Consent

Facilitator and/or Administrator Interview Letter of Information

Project Title: Evaluation of the Healthy Relationships Plus Enhanced Program

Principal Investigator: Claire Crooks, PhD, Director of Centre for School Mental Health
Faculty of Education, Western University

Research Assistant: Rachelle Graham, Master of Arts Student, Counselling Psychology, Centre of School Mental Health, Western University

Study Information
You are being invited to participate in an interview as a facilitator and/or administrator of the Healthy Relationships Plus - Enhanced Program (HRP-E). The purpose of this study is to learn more about facilitators’ and administrators’ experiences implementing the program and the successes and challenges of the implementation process.

Study Procedures
You will be asked to participate in an interview regarding previous HRP-Enhanced group(s) that you have facilitated and/or helped manage at your organization. The interview will take place over Zoom, a video conference software, with the research assistant. The interview will be semi-structured, meaning a portion of the questions will be prepared ahead of time, however they will be open-ended, leaving room for you to elaborate and/or share additional information. The interview will primarily focus on the successes and challenges of the implementation process, however, may touch upon other related topics. It will take approximately 45 mins to complete. If you agree to participate, we will contact you via email to schedule a Zoom meeting and a link for the meeting will be sent to you. It is mandatory that the interview is recorded to accurately capture your responses. Video and audio recordings will be captured using Zoom. Direct quotes may be used in the reported findings but will not be linked to your name or other identifiable information. Responses from the interview will be transcribed verbatim and all documentation
will be de-identified using a unique study ID.

**Possible Risks and Harms**
There are no known or anticipated risks associated with participating in this study.

**Possible Benefits**
There are no personal benefits for participating in this study. The knowledge provided by participants will help support the evaluation of the program and inform future revisions to program and research design and delivery.

**Voluntary Participation**
Participation in this study is voluntary. You may refuse to participate with no effect on your involvement in the Healthy Relationships Plus Program or any other programs. You do not waive any legal rights by signing this consent form. You may refuse to answer any specific questions at any time. You have the right to withdraw from the study at any time. If you would like to withdraw, please contact the research team listed below. Once the study has been published we will not be able to withdraw your information.

**Confidentiality**
All data you provide will remain confidential and is only accessible to authorized staff at the Centre for School Mental Health at Western University. A list linking your unique study ID with your personal information will be stored in a secure location and kept separate from the information you provide. Your individual data will not be linked to your name or shared with anyone outside of the research team. The information is reported only as group findings. Electronic data will be stored on a secured server at Western University.

The Trint and Dedoose software used to transcribe and analyze the interview are encrypted and located in secure servers based in the United States.

Immediately following the Zoom meeting, video files will be destroyed. Audio files will be used for transcription and destroyed after transcription has been completed. All data collected from this study will be destroyed after seven years. Representatives of the Western University Non-
Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

**Compensation**
You will be provided a $20 gift card for your participation in the interview.

**Consent**
To indicate your consent, please fill out the consent form on the following page.

**Contacts for Further Information**
If you have any questions about your participation in this research please contact Dr. Claire Crooks, Principal Investigator at [519-661-2111 ext. 89245 or ccrooks@uwo.ca](mailto:ccrooks@uwo.ca). You may also contact Rachelle Graham, Research Assistant at [778-996-2495 or rgraha55@uwo.ca](mailto:rgraha55@uwo.ca).

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics [519-661-3036, 1-844-720-9816, email: ethics@uwo.ca](mailto:ethics@uwo.ca). This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential.

**Please keep a copy of this letter for your records. Click arrow below to go to consent form.**
Facilitator and/or Administrator Consent Form

Project Title: Evaluation of the Healthy Relationships Plus Enhanced Program

Principal Investigator: Claire Crooks, PhD, Director of Centre for School Mental Health Faculty of Education, Western University

Research Assistant: Rachelle Graham, Master of Arts Student, Counselling Psychology, Centre of School Mental Health, Western University

Consent I have read the Letter of Information and understand what I have read. The study has been explained to me and all questions have been answered to my satisfaction. Please check which activities you agree to participate in:

☐ Interview

☐ I consent to direct quotes being extracted from the audio-recorded interview for the reporting and analysis of data. To ensure your confidentiality and anonymity direct quotes will not be linked to identifiable information.

Your Name: ____________________________________________
SUCCESES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Date:

________________________________________________________________

If you are consenting to participate in the study, please provide your email address and telephone number below. It will be used to send you a link to the Zoom meeting and contact you to schedule the interview, as outlined in the Letter of Information

Email Address:

________________________________________________________________

Telephone Number:

________________________________________________________________

End of Block: Default Question Block

We thank you for your time spent taking this survey. Your response has been recorded.
Appendix F: Ethics Approval A

Dear Dr. Claire Crooks

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Type</th>
<th>Document Date</th>
<th>Document Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component 1_Facilitator Pilot Email Recruitment Script - V1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Facilitator Pilot Online LOI-Consent_V1</td>
<td>Written Consent/Assent</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Facilitator Pilot Recruitment Reminder - V1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Guardian LOI and Consent-V1 20190101-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Youth LOI and Consent-V1 20190101-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Youth LOI and Consent-V1-20190101-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Youth Pre-Post Pilot Survey-V1 20190101-clean</td>
<td>Online Survey</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Youth Survey Reminder-V1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Youth Tracking Sheets_V1</td>
<td>Paper Survey</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 1_Youth Verbal Recruitment Script V1</td>
<td>Oral Script</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_External Researcher Email Recruitment Reminder - V1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_External Researcher Email Recruitment V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_External Researcher Interview Guide V1_Phase 1</td>
<td>Interview Guide</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_External Researcher Interview Reminder V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
</tbody>
</table>
Documents Acknowledged:

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Type</th>
<th>Document Date</th>
<th>Document Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component 3_External Researcher Online LOI and Consents V1_Phase 1 20191010-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Facilitator Email Recruitment Reminder V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Facilitator Email Recruitment Script V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Facilitator Interview Guide V1_Phase 1</td>
<td>Interview Guide</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Facilitator Interview Reminder V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Facilitator Online LOI and Consent V1_Phase 1 20191010-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Guardian LOI and Consent V1_Phase 1 20191010-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Internal Team Email Recruitment V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Internal Team Focus Group Guide V1_Phase 1</td>
<td>Focus Group(s) Guide</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Internal Team Focus Group Reminder V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Internal Team LOI and Consent V1_Phase 1 20191010-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Youth Interview Email Reminder V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Youth Interview Guide V1_Phase 1</td>
<td>Interview Guide</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Youth Interview Phone Reminder V1_Phase 1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Youth LOI and Consent V1_Phase 1-20191010-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Youth LOI and Consent V1_Phase 1 20191010-clean</td>
<td>Written Consent/Assent</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Youth Verbal Recruitment Script V1_Phase 1</td>
<td>Oral Script</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 3_Facilitator Recruitment Reminder - V1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 3_Facilitator Email Recruitment Script - V1</td>
<td>Recruitment Materials</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Component 3_Facilitator Online LOI-Consent_V1</td>
<td>Written Consent/Assent</td>
<td>13/Sep/2019</td>
<td>1</td>
</tr>
<tr>
<td>Components 1 and 3_Facilitator Implementation Survey-V1 20191010-clean</td>
<td>Online Survey</td>
<td>10/Oct/2019</td>
<td>1</td>
</tr>
</tbody>
</table>

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Kelly Patterson, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).
### Appendix G: Ethics Approval B

**Western Research**

*Date: 4 June 2020*

**To:** Dr. Claire Crooks  
**Project ID:** 114293  
**Study Title:** Evaluation of the Healthy Relationships Plus Enhanced Program  
**Application Type:** NMREB Amendment Form  
**Full Board Reporting Date:** July 3 2020  
**Date Approval Issued:** 04 Jun 2020  
**REB Approval Expiry Date:** 11 Oct 2020

---

Dear Dr. Claire Crooks,

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the amendment, as of the date noted above.

**Documents Approved:**

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Document Type</th>
<th>Document Date</th>
<th>Document Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Component 1_Facilitator Pilot Online LOI-Consent_V2-clean</td>
<td>Implied Consent/Assent</td>
<td>07/May/2020</td>
<td>2</td>
</tr>
<tr>
<td>Component 3_Facilitator Online LOI-Consent_V2-clean</td>
<td>Implied Consent/Assent</td>
<td>07/May/2020</td>
<td>2</td>
</tr>
<tr>
<td>Component 2-Online Youth LOI and Verbal Consent V1-20200505</td>
<td>Verbal Consent/Assent</td>
<td>05/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 2-Online Guardian LOI and Verbal Consent-V1-20200505</td>
<td>Verbal Consent/Assent</td>
<td>05/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Guardian Telephone Recruitment Script_Phase 2 (V2)-clean</td>
<td>Recruitment Materials</td>
<td>05/May/2020</td>
<td>2</td>
</tr>
<tr>
<td>Component 2_iPhone Telephone Script for Verbal Consent-V1-20200505</td>
<td>Recruitment Materials</td>
<td>05/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 2_Youth Email Recruitment Script-V1-20200505</td>
<td>Recruitment Materials</td>
<td>05/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 3_InterviewGuide_Facilitators_V1</td>
<td>Interview Guide</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 3_InterviewGuide_Administrators_V1</td>
<td>Interview Guide</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 4_Focus Group Guide-V1</td>
<td>Focus Group(s) Guide</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 3_Interview Email Recruitment Script-V1</td>
<td>Recruitment Materials</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 3_Interview Email Reminder Script-V1</td>
<td>Recruitment Materials</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 4_Email Recruitment Script-V1</td>
<td>Recruitment Materials</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 4_Phase 1-2_E-mail Reminder- V1</td>
<td>Recruitment Materials</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 4_Phase 2 Email Reminder-V1</td>
<td>Recruitment Materials</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Component 4_Online Sorting and Rating Activity-V1</td>
<td>Online Survey</td>
<td>21/May/2020</td>
<td>1</td>
</tr>
<tr>
<td>Study Procedures-V5_clean</td>
<td>Protocol</td>
<td>29/May/2020</td>
<td>5</td>
</tr>
<tr>
<td>Component 2-Online Youth LOI and Consent-V1-20200505</td>
<td>Written Consent/Assent</td>
<td>05/May/2020</td>
<td>1</td>
</tr>
</tbody>
</table>

---

*Page 1 of 2*
REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Kelly Patterson, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).
Appendix H: Candidate Themes from Step 3

Primary theme 1: Fit – Success and Challenges
Primary theme 2: Engagement – Successes and Challenges
Primary theme 3: Logistical Challenges
Primary theme 4: Flexibility
Primary theme 5: Trauma-informed Delivery

Subtheme: One-to-one Implementation

Secondary theme 1: Buy-in
Secondary theme 2: Positive Partnerships
Secondary theme 3: Facilitator Qualities
# Appendix I: CFIR Domains and Constructs – Original CFIR Model

<table>
<thead>
<tr>
<th>Construct</th>
<th>Short Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. INTERVENTION CHARACTERISTICS</strong></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Intervention Source</td>
</tr>
<tr>
<td>B</td>
<td>Evidence Strength &amp; Quality</td>
</tr>
<tr>
<td>C</td>
<td>Relative Advantage</td>
</tr>
<tr>
<td>D</td>
<td>Adaptability</td>
</tr>
<tr>
<td>E</td>
<td>Trialability</td>
</tr>
<tr>
<td>F</td>
<td>Complexity</td>
</tr>
<tr>
<td>G</td>
<td>Design Quality &amp; Packaging</td>
</tr>
<tr>
<td>H</td>
<td>Cost</td>
</tr>
<tr>
<td><strong>II. OUTER SETTING</strong></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Patient Needs &amp; Resources</td>
</tr>
<tr>
<td>B</td>
<td>Cosmopolitanism</td>
</tr>
<tr>
<td>C</td>
<td>Peer Pressure</td>
</tr>
<tr>
<td>D</td>
<td>External Policy &amp; Incentives</td>
</tr>
</tbody>
</table>
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.</td>
<td></td>
</tr>
<tr>
<td>III. INNER SETTING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>Structural Characteristics</td>
<td>The social architecture, age, maturity, and size of an organization.</td>
</tr>
<tr>
<td>B</td>
<td>Networks &amp; Communications</td>
<td>The nature and quality of webs of social networks and the nature and quality of formal and informal communications within an organization.</td>
</tr>
<tr>
<td>C</td>
<td>Culture</td>
<td>Norms, values, and basic assumptions of a given organization.</td>
</tr>
<tr>
<td>D</td>
<td>Implementation Climate</td>
<td>The absorptive capacity for change, shared receptivity of involved individuals to an intervention, and the extent to which use of that intervention will be rewarded, supported, and expected within their organization.</td>
</tr>
<tr>
<td>1</td>
<td>Tension for Change</td>
<td>The degree to which stakeholders perceive the current situation as intolerable or needing change.</td>
</tr>
<tr>
<td>2</td>
<td>Compatibility</td>
<td>The degree of tangible fit between meaning and values attached to the intervention by involved individuals, how those align with individuals’ own norms, values, and perceived risks and needs, and how the intervention fits with existing workflows and systems.</td>
</tr>
<tr>
<td>3</td>
<td>Relative Priority</td>
<td>Individuals’ shared perception of the importance of the implementation within the organization.</td>
</tr>
<tr>
<td>4</td>
<td>Organizational Incentives &amp; Rewards</td>
<td>Extrinsic incentives such as goal-sharing awards, performance reviews, promotions, and raises in salary, and less tangible incentives such as increased stature or respect.</td>
</tr>
<tr>
<td>5</td>
<td>Goals and Feedback</td>
<td>The degree to which goals are clearly communicated, acted upon, and fed back to staff, and alignment of that feedback with goals.</td>
</tr>
<tr>
<td>6</td>
<td>Learning Climate</td>
<td>A climate in which: a) leaders express their own fallibility and need for team members’ assistance and input; b) team members feel that they are essential, valued, and knowledgeable partners in the change process; c) individuals feel psychologically safe to try new methods; and d) there is sufficient time and space for reflective thinking and evaluation.</td>
</tr>
<tr>
<td>E</td>
<td>Readiness for Implementation</td>
<td>Tangible and immediate indicators of organizational commitment to its decision to implement an intervention.</td>
</tr>
<tr>
<td>1</td>
<td>Leadership Engagement</td>
<td>Commitment, involvement, and accountability of leaders and managers with the implementation.</td>
</tr>
<tr>
<td>2</td>
<td>Available Resources</td>
<td>The level of resources dedicated for implementation and on-going operations, including money, training, education, physical space, and time.</td>
</tr>
<tr>
<td>---</td>
<td>---------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3</td>
<td>Access to Knowledge &amp; Information</td>
<td>Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.</td>
</tr>
</tbody>
</table>

### IV. CHARACTERISTICS OF INDIVIDUALS

<table>
<thead>
<tr>
<th>A</th>
<th>Knowledge &amp; Beliefs about the Intervention</th>
<th>Individuals’ attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Self-efficacy</td>
<td>Individual belief in their own capabilities to execute courses of action to achieve implementation goals.</td>
</tr>
<tr>
<td>C</td>
<td>Individual Stage of Change</td>
<td>Characterization of the phase an individual is in, as he or she progresses toward skilled, enthusiastic, and sustained use of the intervention.</td>
</tr>
<tr>
<td>D</td>
<td>Individual Identification with Organization</td>
<td>A broad construct related to how individuals perceive the organization, and their relationship and degree of commitment with that organization.</td>
</tr>
<tr>
<td>E</td>
<td>Other Personal Attributes</td>
<td>A broad construct to include other personal traits such as tolerance of ambiguity, intellectual ability, motivation, values, competence, capacity, and learning style.</td>
</tr>
</tbody>
</table>

### V. PROCESS

<table>
<thead>
<tr>
<th>A</th>
<th>Planning</th>
<th>The degree to which a scheme or method of behavior and tasks for implementing an intervention are developed in advance, and the quality of those schemes or methods.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Engaging</td>
<td>Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modeling, training, and other similar activities.</td>
</tr>
<tr>
<td>1</td>
<td>Opinion Leaders</td>
<td>Individuals in an organization who have formal or informal influence on the attitudes and beliefs of their colleagues with respect to implementing the intervention.</td>
</tr>
<tr>
<td>2</td>
<td>Formally Appointed Internal Implementation Leaders</td>
<td>Individuals from within the organization who have been formally appointed with responsibility for implementing an intervention as coordinator, project manager, team leader, or other similar role.</td>
</tr>
<tr>
<td>3</td>
<td>Champions</td>
<td>“Individuals who dedicate themselves to supporting, marketing, and ‘driving through’ an [implementation]” [101] (p. 182), overcoming indifference or resistance that the intervention may provoke in an organization.</td>
</tr>
<tr>
<td>4</td>
<td>External Change Agents</td>
<td>Individuals who are affiliated with an outside entity who formally influence or facilitate intervention decisions in a desirable direction.</td>
</tr>
</tbody>
</table>
### Executing

Carrying out or accomplishing the implementation according to plan.

### Reflecting & Evaluating

Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular personal and team debriefing about progress and experience.
Appendix J: Codebook

RG Thesis Codebook

SUCCESSES

Buy-In - Success – All comments regarding buy-in in relation to the successes of running the HRP/HRP-E. May include comments regarding multi-level buy-in: all staff/whole organization has buy-in from all levels including the upper levels, middle, and the ground staff running the program. Includes comments related to organizational buy-in (all staff and administrator team) and facilitator buy-in (the staff actually running the program). May include comments related to how they achieved buy-in. Example: through providing education on what the program is and allowing time for questions and/or meetings about the program & working collaboratively with the agency.

Relative Advantage - Perception of the advantage of implementing the HRP-E versus an alternative solution. Benefits of the HRP-E are clearly visible and observable to those involved in organizing and implementing the program. Includes all statements regarding the benefits and advantages of the HRP-E.

Positive Partnership – All comments related to positive partnerships. Partnership qualities that have been highlighted as leading to success are: receptive partnerships, historical partner, collaborative and supportive partnerships (from both ends – the receiving agency and the delivering agency), and when partnering agencies are on the same page. Ensuring the fit of the program within the partnering agency that you are working with and having open and transparent conversations about the program and implementation.

Praise – All statements regarding praise of the program

Facilitator Qualities – All codes related to facilitator qualities

- Relationship with youth - All codes related rapport/relationship with youth
  - Existing rapport - Already had an established relationship/rapport with youth - was either known or liked by youth
  - Building rapport – Facilitator takes the time to build rapport and make connections with youth

- General Facilitator Qualities – All codes under this parent code are examples of facilitator qualities that were identified as helping the success of the program
  - Non-judgmental
  - Open
  - Good – Facilitator described as being good at what they do/good at facilitation/good at working with high-risk youth
  - Safe/supportive adult
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

- **Humour** – Facilitator is humorous/uses humour in sessions
- **Flexible**
- **Illustrative** – Facilitator is illustrative in their delivery style
- **Experienced**
- **Approachable**
- **Authority** – Facilitator being in a position of authority or being an expert in their field was beneficial (e.g., being a nurse providing the program)
- **Observant/aware**
- **Playful**
- **Note taking** – Facilitator taking notes led to success or aided the facilitation process
- **Self-disclosure & active participation** – Facilitator uses own personal experiences & gives as much as expecting youth to - participating alongside youth.
- **Team player**
  - *Prepared ahead of time* – Comments related to preparing for program
  - *Committed* – Facilitator knows the material, dedicated, fully bought in, and prepared to support youth

**Program Specific Successes**

- **Manual** – The manual as a guide to delivery. Everything is provided - scripts, visuals, explanation, activities to build rapport, tips, resources etc. Includes group guidelines.
- **Evidence-based** - Involvement in research; Efficacious; Evidence informed program lead to successful implementation
- **Group format** – Youth have a chance to come together, share strategies. Normalizing and validating. Chance to reach youth individually that otherwise would not have.
- **Content** – Well-rounded, comprehensive, interactive, and engaging content with good educational components. Good curriculum. Highlights that things are circumstantial and includes preventative skill building. Important content.
- **Name of program** - (Both success & challenge) Success: Identified as a good name. Challenge: Poor name based on negative connotation and youth's assumptions of what the group is about - targeting
- **Structure of Delivery** - Sequencing and flow of program. Structure of sessions. Framework for meaningful discussion & opportunity for good conversations

**Fit**

- **General fit** – Overall fits well with the organization they work with and the youth they serve. Good fit for all youth irrespective of context. This code is used to code fit more broadly – e.g., yes this fit the needs of our organization and youth.
- **Organizational** – Fit of the program within the organization
  - **Gap** – Fit the need of the organization, no other groups that fit this need, balances out what able to provide youth
  - **Curriculum** – Compliments existing curriculum
  - **Philosophical** – Aligns with agency’s philosophy
- **Youth** – Fit of the program for youth
  - **Met youth’s needs** – Program met the needs of youth
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

- Medium level of need – Program being provided to, or best fit for youth with medium level of risk
- Developmentally appropriate – Program is developmentally appropriate for youth
- Relevant – Relevant to what youth are going through
- Resonates with youth – Resonates with youth and topics they want to discuss

One-to-one Successes
- Help youth focus – One-to-one facilitation helped youth to focus in the material and discussions
- Worksheets – Worksheets used to support facilitation
- Accommodate special needs – One-to-one facilitation allowed facilitators to accommodate special needs of youth (e.g., youth with FASD)
- Ability to do deep work – One-to-one facilitation allowed youth to engage in deep work with regard to the material and their personal experiences
- Keep youth safe – One-to-one facilitation kept youth safe - e.g., prevented potential triggering by other youth

Engagement
- Engagement within group – Factors and techniques that led to successful youth engagement within sessions
  - Socialization - Time to socialize before, during, after group - naturally hanging out
  - Meals/food – Providing youth with food or meals
  - Positive reframing – Positively reframing concepts, address concerns by reframing content, concerns, etc., in a positive way that would appeal to youth
  - Importance - Tapping into what’s important to youth; understanding youth’s values to and tapping into those values
  - Talk with, not at – Avoid didactic facilitation, incorporate youth voice and choice, make facilitation more conversational than like a lecture
  - Youth share interests – Allow youth to share interests within group or for media examples
- Applicability/Making connections - Making connections: incorporate/make connections to previous situations. Using skills: using skills learned in group in situations that arise, in external situations, real life, other treatments, etc.
  - Review – Review material from previous weeks
- Recruitment – Recruitment techniques & successes
  - Peer referral – Youth refer peers for participation in group
  - Engage youth – Recruitment techniques to engage youth prior to group commencing
  - Change language - Change the language used to describe group - make it less demonizing and more appealing
  - Provide value – Providing value of the group to youth and explaining what the group is and why it’s helpful to them or their situation; explaining the benefits of the group to the youth referred to the group
• Negotiate with youth – Get youth to try the program and then can stop if want to, discuss program and their involvement in it
  o Incentives – Provide youth with incentives for attending group – e.g. food, prizes, put on resume
  o Attending school – Youth that are already attending school
  o Self-referral – Youth refer themselves to the program
  o Targeted recruitment – Pre-group interview, select youth that are group ready
• Role-play & Engagement techniques
  o Made discussions – Change material to be discussion based - e.g., instead of making a youth role-play, discussing the scenario
  o Modify – Modify material to make it more appealing/safe for youth
  o Acknowledge discomfort – Acknowledging youth’s discomfort when engaging in certain activities such as role-play
  o Role model first – Role model activities or role play first before asking youth to do it
  o Silliness – Use silliness as a method to engage youth/make activities feel less intimidating or awkward
• Youth Engagement – Youth’s participation and engagement during groups
  o Not boring – Youth did not find the program to be boring
  o Supportive of each other – Youth were supportive of one another in sessions/throughout the group
  o Youth thankful – Youth were thankful for the group and lessons learned
  o Good conversations – Youth liked having a chance to share and be heard/enjoyed conversations in the group. Youth had meaningful and truthful conversations. Chance to share experiences & be validated by others.
  o Consent – Youth expressed appreciation for learning about consent
  o Kids learn from kids – Youth had opportunities to learn from others
  o Lots of participation – Youth were engaged and participated in activities
• Connection – Youth may come for the incentives and stay for the connection. Regular connections to staff and others
  o Peer leadership – Coded when peer leadership or opportunities for peer leadership are mentioned
  o Slow to start – Youth’s engagement was slow to start at the beginning of the group. Maybe they were not interested or reluctant to participate but participation and engagement improved as the group progressed
  o Youth enjoyment – Youth enjoyed the group
  o Youth want more – Youth expressed that they did not want the group to end, wanted to continue with the group or other programming

Flexibility
• Material Flexible – Can modify to meet youth’s needs
• 2 Facilitators – Codes related to having 2 facilitators
  o Back-up staff – At a minimum need back up staff, multiple people that can run it, overstaffed, support staff
  o Division of roles – Having 2 facilitators allowed for the division of roles in implementation
**SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E**

- **Manage triggers** – Having 2 facilitators made managing triggers easier. For example, one facilitator was able to stay with the group and continue facilitation while the other could address the youth in need.

- **Flexible delivery** – Both the program itself allows for flexible delivery but also the organization works in ways that meet clients’ needs.

- **Scheduling** – Scheduling successes
  - **Scheduling successes school** - Using class time, using lunch time, best age given school context and responsibilities (mindful of context)
  - **Combining sessions** - Combining sessions or modifying program so that less weeks (e.g., 12 instead of 16)

- **General techniques** – General ways that flexibility helped facilitation
  - **Facilitators as partners** – Facilitators partnered with youth
  - **Support workers involvement** – Involved others in the implementation process or to support youth with material outside of the sessions – continuity of care
  - **Backup plan** – Having backup plans for sessions
  - **Homework** – Tasks to try every week, action items
  - **Parent involvement** – Involving parents in the implementation process or to support youth with material outside of the sessions – continuity of care

- **Creativity** – Creative delivery, creative ways of using resources and managing challenges. At both an individual and organizational level

- **Organizational Flexibility** – Ways the organization was flexible. The organization’s flexibility being identified as a success
  - **Transportation** – Either go to youth or pick up youth so they can attend

**Mindful Delivery & Trauma Informed Care**

- **Mindful delivery**
  - **Listen to youth** – Listen to what they are saying and where they are at
  - **Harm reduction lens** – Employed a harm reduction lens throughout implementation
  - **Know youth situation** – Know youth’s situation ahead of time, know population, know youth context – what are they going through right now, understand the setting – e.g., youth going back to school setting
  - **Change language** – Change language to be more appropriate for youth/less triggering. For example, using different words if a youth does not understand OR changing “parent” to “caregiver” for youth who may not have strong relationships with parents
  - **Meet youth where at** – Meet youth where that are at - don’t push youth, go at youth’s pace
  - **Mental wellness check** – Incorporate mental wellness checks into implementation process

- **Trauma-informed approach**
  - **Breaks** - Incorporating breaks into sessions, use breaks when needed or if youth are becoming distressed
  - **Debrief/Check-ins** – Engage in debriefing of sessions should youth become distressed. Incorporate check-ins with youth at any point during the facilitation process – may be regular or as needed.
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

- **Transparency** - Explaining what the program is and what it is not - directly to the youth themselves. Being open about the purpose of the group and the benefits it may provide and well as your roles and responsibilities. Addressing concerns about the group openly and honestly.
- **Safety protocols** – Incorporating various safety protocols into the implementation process. May be ones from the manual or additional protocols.
- **Right to pass** – Youth have the right to pass/not share.
- **Provide/review calming skills** – Providing youth with calming skills and reviewing these skills throughout sessions. May be skills provided in the manual or additional skills.
- **Safe space** – relaxing, comforting, inclusive.
- **Non-judgement** – Non-judgemental facilitation and engagement with youth.
- **Trigger disclaimer** – Providing youth with a disclaimer beforehand that some material may be triggering to them.
- **Validation** – Validating youths’ emotions, responses, and experiences.

**Misc. Successes**

- **Organizational** – Successes related to the organization
  - **Managerial Support** - Support from managers, supervisors, principles etc. to run program. Organization allows for different delivery methods and provides what is needed within means to be successful. Good, supportive working relationship.
  - **Resources** – Provided staff with resources to run it & time to prepare.
- **Supported by CSMH** – Being supported by the CSMH was identified as a success.
- **Gender Composition** – Gender composition of the group identified as contributing to the success of the program.
- **Length of program** – The length of the program was identified as something leading to success - e.g., allowed time to develop rapport with youth.
- **Consistency** – Providing consistency for the youth involved.
- **Empowering** – Program was empowering to youth.

**CHALLENGES**

**Fit** – Does not fit the agency well or the organization that wants to program. Problems with parents, or others in organization not approving of the content. Goals, intent for program, philosophies do not align well.

**Higher Needs Youth** – Challenges in providing program to higher needs youth

- **Not being serviced** – Youth with higher needs are not receiving the program.
- **Lower school attendance** – Youth with higher needs have lower attendance at school.
- **Not group ready** – Youth with higher needs are not group ready - e.g., they are not in the right headspace when coming to group, experience challenges that may prevent them from participating - may be internal (e.g., anxiety) or external (e.g., do not have a permanent residence/constantly moving).
One-to-one Challenges

- **Miss benefit of group** – Do not reap the benefits of being in a group. Lack sharing strategies, lack validation from other peers, lack connection with peers
- **Difficult to make engaging** – One-to-one material is difficult to make engaging
- **Lack activities** – Less one-to-one activities provided as program was designed for groups
- **Difficult to build rapport** – Program lacks activities to build rapport in one-to-one setting
- **Uni-focused** – Lacks diversity in experiences as there are no other youth. Program may become tunnel visioned

Engagement

- **Before group starts** – Engagement challenges prior to the group commencing
  - Gaining youth interest - External and internal factors preventing youth from wanting to participate. Mental health issues, anxious/nervous to try something new; First session = hurdle; Hard to engage youth; youth mandated to participate/didn’t enthusiastically opt. in to participate
  - Stereotyping and stigma - Stigma regarding what it means to be identified as a kid that goes to group by both youth and parent - either preventing the group from being run at that organization or as a reason for kids not to participate.
  - Parental concern - Concern about what the group is, what it's about, topics discussed etc.
- **Within group engagement** – Engagement challenges that occur during the group
  - Literacy difficulties – Some youth struggle with literacy – hard to engage in material
  - Sharing only in group with staff present – Youth encouraged not to share experiences and support one another outside of the group setting due to agency policy
  - Ensuring a safe space – Hard to ensure group is a safe space for all
  - Group dynamics – Group conflicts and general challenges that work with high-risk youth – posturing, having guards up, strong personalities
  - Sharing – lack of control – Sharing may trigger others or youth share too much
  - Youth attendance & participation - Reluctant to show up and participate in certain activities, resistance to share and participate, couldn’t run some days based on youth’s headspace

Logistical Challenges

- **Time and Effort** – Challenges related to time and effort required to run program
  - Competing roles - Facilitators having other duties and roles to fulfill
  - A lot of work – Running the program is a lot of work
  - A lot of content - The program includes a lot of content
  - Length of program - Long group to commit to/run. Hard to get approval from staff and hard to get youth to commit
  - Time restraints – Long conversations makes it hard to stay on time
- **Facilitators** – Challenges related to facilitators
  - 2 facilitators – Stepping on each other’s toes
  - Leaving roles – Facilitators leaving roles hinders implementation
  - Limited staff – Not enough staff to run the program. Hard to find facilitators
• **General** – General Challenges
  o **Buy-in** – Resistance from organization, staff, and/or others in context where HRP-E is being implemented
  o **Budget** – Lack of budget for program
  o **Leadership changes** – Changes in leadership hinder implementation efforts

• **Competing Priorities** - Other roles, responsibilities and priorities take precedence over HRP-E or ability to run HRP effectively - e.g. finding time, being mindful that in secondary setting of school, balancing academic needs with emotional needs, etc.

• **Scheduling** – Scheduling Challenges
  o **General scheduling challenges**
    ▪ Too many different people running it – Challenges related to too many people running the program leading to inconsistencies in implementation
    ▪ Schedule of staff running – Schedule of staff running the program does not align. Staff’s schedule is restricted
  o **Scheduling challenges – school**
    ▪ Parameters of structured school day – Parameters of a structured school day make it hard to schedule the program
    ▪ Lunch time issues – Challenges related to running the program at lunch
    ▪ Class time issues – Challenges related to using class time to run the program
    ▪ Staying after school – Challenges related to running the program after school – kids don’t want to stay after school
  o **Scheduling challenges – community**
    ▪ Dysregulation from home visits – Youth in live-in care are dysregulated when coming back from visits, limiting when program may be run
  o **Scheduling challenges – youth justice** – All challenges related to scheduling the program in the youth justice sector

• **Partner Relationships & Protocols** – Challenges related to partner relationships and agency protocol
  o **Research** – Challenges related to engaging in the research process - e.g., additional ethics
  o **Legal pieces** – Legal aspects of running the program in specific organizations
  o **Who can run?** - Determining who can run the program within partnering agency – diff regulations per school board, identifying partners to run program, what everyone’s roles would be

**COVID as a challenge** – COVID being identified as a challenge to implementation

**Misc. Challenges**
• **Building long-lasting connections** – Difficult to cultivate long lasting connections with youth receiving care
• **Outdated material (media examples)** - Media examples are outdated and unrelatable for youth
• **Facilitator knowledge and ability** – Facilitators’ lack of experience, knowledge, and skill
• Incorrect Marketing – Program not marketed accurately - Including people not understanding what the program is really about.
Appendix K: Example of Thematic Map used in Data Analysis
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Appendix L: Candidate Themes from Step 4

Primary Theme 1: Fit of the HRP/HRP-E
Primary Theme 2: Flexibility as a Key to Successful Implementation
Primary Theme 3: Trauma-informed Delivery as a Mode to Successful Implementation

Secondary Theme 1: The HRP/HRP-E Program
Secondary Theme 2: Facilitator Qualities
Curriculum Vitae

Name: Rachelle Graham

Post-secondary Education and Degrees:

- University of British Columbia (UBC)
  - Vancouver, British Columbia, Canada
  - B.A. Psychology, 2013-2018

- University of Queensland (UQ)
  - Brisbane, Queensland, Australia
  - 1-year Undergraduate Exchange Program, B.A at UBC, 2014-2015

- The University of Western Ontario (UWO)
  - London, Ontario, Canada
  - M.A. Counselling Psychology, 2019-Present

Honours and Awards:

- Canada Graduate Scholarship (CGS-M), Social Science and Humanities Research Council (SSHRC)
  - 2020

- Graduate Student Summer Term Bursary, University of Western Ontario
  - 2020

- Ontario Graduate Scholarship – Declined
  - 2020

- M.A Entrance Scholarship, University of Western Ontario
  - 2019

- Undergraduate Student Research Award, Natural Sciences and Engineering Council (NSERC)
  - 2018

- Go Global Award: Global Seminar Programs, University of British Columbia
  - 2017

- Arts Research Abroad Award, University of British Columbia
  - 2017

- Go Global International Learning Program Award University of British Columbia
  - 2015
The Choquette Family Foundation Global Student Mobility Award, University of British Columbia 2014

University of Queensland
Commendation for High Achievement in Psychology 2014-2015

University of Queensland
Deans Commendation for Academic Excellence 2014-2015

**Related Research Experience**

Research Assistant
Centre for School Mental Health, UWO 2019-2021

Research Assistant
Innovations and Scale Up Lab, UWO 2020-2021

Research Manager
Centre for Infant Cognition, UBC 2018-2019

Part-time Research Manager
Centre for Infant Cognition, UBC 2017-2018

Volunteer Research Assistant
Centre for Infant Cognition, UBC 2016-2017

**Related Work Experience**

Intern Psychotherapist
Vanier Children’s Mental Wellness, London ON 2020-2021

HRP-E Facilitator (Intern Psychotherapist)
Children’s Aid Society, London, ON 2020-2021

Special Needs Assistant
Spare Time Childcare Society, Vancouver, BC 2016-2017
SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Behaviour Interventionist
2014-2016

Certificates & Qualifications
InterRAI ChYMH Screener + Assessor
Child and Parent Resource Institute
2020

Healthy Relationships Plus Program – Enhanced Facilitator
Centre for School Mental Health
2019

Posters & Presentations:


SUCCESSES AND CHALLENGES OF IMPLEMENTING THE HRP/HRP-E

Service

Ad Hoc Reviewer
Journal of Interpersonal Violence, SAGE Publishing
2020

Ad Hoc Reviewer
Journal for School Psychology
2020