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Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Psychology

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Abstract

Child welfare-involved youth require support to enhance their relationship skills given their susceptibility to engaging in high-risk interpersonal behaviours. This case study explored the feasibility of implementing an evidence-based healthy relationships program, the Healthy Relationships Program - Enhanced (HRP-E), with child welfare-involved youth. Over 9 months, four HRP-E groups were facilitated at an Ontario Children's Aid Society, involving 28 youth. Interviews were conducted with facilitators (n = 5) and youth (n = 13) to examine their view of the program. Facilitators completed surveys that evaluated the facilitation of each session and overall program implementation. Thematic analysis of the data were conducted and results indicated that the HRP-E is perceived as a valuable program that is relevant and useful for child welfare-involved youth but requires trauma-informed facilitation and commitment of child welfare agency resources. The outcomes of this study contribute to understanding the factors to consider when implementing a healthy relationships program with child welfare-involved youth.

Keywords

Child Welfare, Healthy Relationships Program, Violence Prevention, Implementation Science, Feasibility, Trauma-Informed Practice

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Summary for Lay Audience

Child welfare services in Ontario provide essential support for children and youth who are experiencing, or at risk of experiencing, maltreatment from their guardians or caregivers. Maltreatment can consist of physical, sexual, and emotional abuse, neglect, or abandonment. Child welfare-involved youth are at risk of developing poor relationship skills because of their past experiences of maltreatment and the instability of their relationships with guardians and caregivers. Poor relationship skills make child welfare-involved youth at risk of becoming both victims and perpetrators of violence and abuse. Child welfare-involved youth may benefit from participating in a program that enhances their relationship skills. There has been limited research on or development of healthy relationship programming for youth involved in Ontario child welfare. The present study aimed to address this gap by examining the implementation of a healthy relationships program within an Ontario child welfare agency.

A healthy relationships program was facilitated at an Ontario Children's Aid Society for youth involved in child welfare services. The researchers interviewed the program facilitators and youth to understand their view of the program. The program facilitators also completed a survey that evaluated their experience facilitating each program session and implementing the overall program. The findings from the present study identified that the program was relevant and useful for the youth. However, the program requires modifications that consider the impact of maltreatment, and that child welfare agencies provide resources to support program implementation and the well-being of program participants. The findings contribute to understanding how to appropriately implement a healthy relationships program with child welfare-involved youth and, thereby, how society can better support the needs of this vulnerable population.

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Table of Contents

Abstract.....	i
Summary for Lay Audience.....	ii
Acknowledgments.....	iii
Table of Contents.....	iv
List of Figures.....	v
List of Tables.....	vi
List of Appendices.....	vii
Introduction.....	1
Literature Review.....	1
Relationship Skill Development for Child Welfare-Involved Youth.....	2
Attachment Theory.....	3
Importance of Relationship Skills.....	4
The Fourth R Program.....	5
Healthy Relationship Plus Program – Enhanced.....	6
Trauma-Informed Practice.....	7
Present Study.....	8
Method.....	9
Participants.....	9
Procedure.....	11
Measures.....	12
Data Analysis.....	13
Ethical Considerations.....	15
Trustworthiness.....	15
Results.....	16
Assertion: Feasibility Impacted by Unique Life Experiences.....	17
Theme: Fit of HRP-E Program with CAS-involved Youth.....	18
Theme: Trauma-Informed Facilitation.....	26
Theme: Commitment of Child Welfare Agency Resources.....	36
Discussion.....	42
Need and Relevancy of the HRP-E for CAS-Involved Youth.....	42
Trauma-Informed Practice Modifications for HRP-E Program.....	42
Child Welfare Agency Resources Required for HRP-E Implementation.....	47
Implications.....	49
Limitations.....	51
Summary.....	52
References.....	53
Appendices.....	62
Curriculum Vitae.....	100

List of Figures

Figure 1	
<i>Evolution of the HRP-E Program Implementation, Structure and Retention</i>	11
Figure 2	
<i>Research Procedure</i>	13
Figure 3	
<i>Impact of Unique Life Experiences on HRP-E Feasibility: Major Themes and Categories</i>	17

List of Tables

Table 1	
<i>HRP-E Program Satisfaction: Key Findings and Exemplar Quotes</i>	19
Table 2	
<i>Need and Relevance of HRP-E for Youth: Key Findings and Exemplar Quotes</i>	21
Table 3	
<i>HRP-E Learning Outcomes: Key Findings and Exemplar Quotes</i>	24
Table 4	
<i>Trauma-Informed Program and Session Structure: Key Findings and Exemplar Quotes</i>	27
Table 5	
<i>Trauma-Informed Program Content and Activities: Key Findings and Exemplar Quotes</i>	30
Table 6	
<i>Trauma-Informed Learning Process: Key Findings and Exemplar Quotes</i>	32
Table 7	
<i>Trauma-Informed Support for Youth Participants: Key Findings and Exemplar Quotes</i>	34
Table 8	
<i>Commitment of Child Welfare Agency Resources for HRP-E Implementation: Key Findings and Exemplar Quotes</i>	37

List of Appendices

Appendix A: Facilitator Letter of Information and Consent Form.....	62
Appendix B: Youth Letter of Information and Consent Form	67
Appendix C: Youth Letter of Information and Assent Form.....	71
Appendix D: Guardian Letter of Information and Consent Form	75
Appendix E: Session Tracking Sheets	78
Appendix F: Implementation Survey.....	79
Appendix G: Interview Protocol for Facilitator Participants.....	94
Appendix H: Interview Protocol for Youth Participants - Summer 2019	95
Appendix I: Modified Interview Protocol for Youth - Fall 2019	96
Appendix J: Description of Final Codes.....	98

Introduction

Child welfare-involved youth are susceptible to engaging in high-risk interpersonal behaviours due to their experiences of maltreatment and insecure relationships with caregivers (Crooks et al., 2011; Ellis & Wolfe, 2009; Lansford et al., 2007). Healthy relationship programming has been recommended for child welfare-involved youth considering that these skills are crucial to the youths' well-being, particularly as they navigate adulthood (Forenza et al., 2017; Osgood et al., 2010; Reilly, 2003). To date, there is minimal research on or development of evidence-based healthy relationship programs for youth involved in Ontario child welfare. Literature has also highlighted the need for research to examine the implementation science behind the facilitation of evidence-based programs in a child welfare context (Gopalan et al., 2019; Maher et al., 2009). The present study aims to address these gaps in research by exploring the feasibility of implementing an evidence-based healthy relationships program with youth at an Ontario child welfare agency.

Literature Review

Child welfare agencies in Ontario are mandated by the *Child and Family Services Act* to care for children 15 years and younger by investigating child maltreatment cases and providing support to children experiencing maltreatment (Gough, 2005). Since January 2018, as part of an amendment made to the *Child, Youth and Family Services Act*, youth ages 16 and 17 are now eligible for child welfare services on a voluntary basis (Ministry of Children and Youth Services, 2018). Child welfare services offer support for children and youth who have experienced maltreatment through providing protection, residential support, adoption services, and additional care required to ensure their safety and well-being (Gough, 2005).

In 2018 there were approximately 148, 536 child maltreatment-related investigations in Ontario and 26% of these cases were substantiated (Fallon et al., 2020). In regards to out-of-home placements, 97% of all investigations led to no placement, 3% resulted in the child being placed with informal kinship, 1% led to the child being placed in foster care, and less

than 1% of children were moved to a residential treatment centre or group home (Fallon et al., 2020). The Ontario Association of Children's Aid Societies (n.d.) reported a monthly average of 10, 000 children and youth in care during the 2018-2019 fiscal year.

In the 2018 substantiated cases, the primary maltreatment present in each case was evaluated by child welfare workers, with 45% of cases identified as predominately involving exposure to intimate partner violence, 19% physical abuse, 12% neglect, 12% emotional maltreatment, and 3% sexual abuse (Fallon et al., 2020). Ninety percent of children in the welfare system in Ontario have experienced multiple forms of maltreatment (Wekerle et al., 2009). Child welfare-involved youth report having experienced different types of maltreatment, with 60% reporting physical and emotional abuse, 40-50% neglect, and 20-25% sexual abuse (Wekerle et al., 2007).

When child welfare workers assessed the child's functioning and well-being during the initial investigation, 37% of children had at least one functioning challenge (Fallon et al., 2020). Most commonly, the child's functioning problem was identified as depression, anxiety, or academic and learning difficulties (Fallon et al., 2020). Children were also identified as having functioning challenges such as, attachment-related problems, developmental concerns, conduct issues, suicidal ideation, inappropriate sexual behaviour, and drug use (Fallon et al., 2020).

Relationship Skill Development for Child Welfare-Involved Youth

While child welfare services provide crucial support for children and youth, these services cannot always mitigate the impact that maltreatment and unstable relationships with caregivers can have on the development of healthy relationship skills. Experiencing maltreatment has been found to increase the likelihood of engaging in violent offences (Crooks et al., 2011; Lansford et al., 2007). Youth who have experienced maltreatment are also at high risk of forming friend groups with strong peer-group control, which further increases their likelihood of engaging in violent acts (Ellis & Wolfe, 2009). Research highlights the need for relationship skills training and substance use education for youth who have a history of abuse given their vulnerability to developing high-risk friend groups (Ellis & Wolfe, 2009; Yoon et al., 2019). Individuals who have experienced maltreatment

are also more susceptible to being perpetrators of relationship violence (Lansford et al., 2007). Evidently, the experience of abuse can interfere with one's ability to relate to and form bonds with others in a healthy and non-violent manner.

Research indicates that involvement with child welfare services can also interfere with the development of healthy relationship skills. Child welfare-involved youth were found to be susceptible to experiencing relationship violence (Wekerle et al., 2009). In a study by Forenza and colleagues (2017), child welfare-involved youth reported difficulties enacting skills they felt would contribute to a healthy relationship. The outcomes of this study suggested implementing healthy relationship education for child welfare-involved youth as a means to address their difficulty demonstrating these skills (Forenza et al., 2017). Many child welfare-involved youth require additional support to develop healthy relationship skills.

Attachment Theory

Attachment theory contributes to understanding why child welfare-involved youth may experience challenges forming healthy relationships. This theory contends that the relationships developed with caregivers can impact how the individual forms future relationships (Bowlby, 1944; 1973). Specifically, the presence of a secure bond and positive interactions with one's caregivers increases the likelihood of developing healthy relationship skills. According to Bowlby, experiencing maltreatment and being in care can increase the risk of developing unhealthy relationship skills because of the frequent separation and abuse experienced from caregivers.

A review of research on the impact that childhood maltreatment can have on the child-caregiver bond found that this experience can reduce the child's ability to understand emotions, communicate, and initiate perspective-taking in future relationships (Page, 1999). Bowlby (1944; 1973) found that unstable experiences with caregivers can increase the individual's tendency to use aggressive and delinquent behaviors in future relationships. Research indicates that individuals who develop insecure attachment styles are more likely to engage in a variety of risk behaviours, including alcohol and drug use, and antisocial behaviours (Oshri et al., 2015). The experience of maltreatment and being

in care can disrupt the formation of healthy child-caregiver attachment and thereby reduce the child's capacity to develop relationship skills.

The Commission to Promote Sustainable Child Welfare (2012) found that the longer a child is involved in care, the more likely they are to reside in multiple placements, which can further interfere with the child developing a secure relationship with a caregiver. Almost half of the Ontario child welfare investigations in 2018 involved a child who had been involved in a previous investigation (Fallon et al., 2020). This ongoing involvement with child welfare services could influence the child to perceive their living situation and their relationship with caregivers as unpredictable. Although child welfare agencies aim to support the healthy development of children, it is challenging for these services to fully alleviate the impact that the disrupted child-caregiver bond can have on the development of healthy relationship skills.

Importance of Relationship Skills

Child welfare-involved youth are at risk of developing poor relationship skills, which can negatively impact their well-being. Relationship skills are imperative for the transition from welfare care to living independently as a self-supporting adult. Youth often struggle during the transition out of care as evidenced by their high rate of unemployment or underemployment, housing insecurity or homelessness, financial insecurity, involvement with the criminal justice system, early parenthood, poor physical and mental health, and experiences of victimization during the transition (Kovarikova, 2017; Reilly, 2003). Vulnerable youth often do not have the privilege of having a guardian to guide them through the transition to adulthood. Youth require the skills to develop a support system for themselves since they may not have an existing system due to the instability of caregiver and family relationships (Osgood et al., 2010). Storer and colleagues (2012) interviewed adults who had previously been in care and they reported that their lack of autonomy while being in care interfered with their development of skills for adulthood. For instance, one adult participant who had been in care noted:

Because [when you] live in foster homes a lot of stuff is kind of done for you or the decision is made for you, you don't really make it yourself, so when you turn 18

you're not too sure what to do for yourself because you've been crippled for so long by the system because the system does it for you. (Storer et al., 2012, p. 1857)

Healthy relationships are also essential to supporting youth while they navigate adulthood and the unanticipated challenges that can arise (Osgood et al., 2010; Reilly, 2003). Youth in care found that the main struggle they experienced when transitioning from care to independent living was a lack of supportive relationships (Goodkind et al., 2011). Youth who had been in care reported that the ability to develop healthy relationships was crucial during the transition out of care and was more essential than other formal services (Geenen & Powers, 2007). Legault and colleagues (2006) found that child welfare-involved youth with positive support networks had better psychological adjustment. Loneliness was a significant concern for youth during the transition to adulthood due to the limited supportive relationships they had and their lack of skills to develop positive relationships (Kovarikova, 2017). A literature review on education programming for child welfare-involved youth stressed the importance of teaching relationship skills to promote the well-being of youth (Directions Evidence and Policy Research Group, 2007).

The Fourth R Program

The Fourth R program (www.youthrelationships.org) is an evidence-based healthy relationships program that could address the need for child welfare-involved youth to enhance their relationship skills. The Fourth R program is a prevention program that focuses on fostering healthy relationship skills to reduce engagement in high-risk behaviours and promote positive mental health (Townasley et al., 2017; Wolfe et al., 2009). The program is built upon a practice of skill development and harm reduction. Youth participate in role plays to practice using their skills in real-life scenarios. This program develops the youths' skills, critical thinking, and problem-solving ability (Townasley et al., 2017).

The Fourth R program has been found to reduce the risk of violent offending for youth who have experienced child maltreatment; this effect continued two years after the curriculum was delivered, without requiring a booster session (Crooks et al., 2011). Further, the Fourth R program has been found to improve youths' ability to identify abuse in romantic

relationships, even when it was subtle abuse (Crooks et al., 2008). Youth who participated in the Fourth R program also had improved awareness about violence and sexual health (Crooks et al., 2008). In addition, the Fourth R program reduced dating violence and increased condom use 2.5 years after program participation (Wolfe et al., 2009).

Ellis and Wolfe (2009) found that youth who have experienced maltreatment are vulnerable to peer-group control, which can lead to an increased likelihood of engaging in violence. The Fourth R program addresses the influence of peer pressure and has been shown to improve peer pressure resistance in youth (Wolfe et al., 2012). A randomized controlled trial that explored the outcomes of an adapted Fourth R program for small groups found that it reduced the susceptibility of youth to bullying victimization, which was mediated by a higher intention to obtain mental health support (Exner-Cortens et al., 2019). The adapted small group Fourth R program was also found to significantly decrease depressive symptoms in youth with initial high depression scores (Lapshina et al., 2019). Teachers who facilitated the Fourth R were also highly satisfied with the program and were impressed by the Fourth R content and educational approaches in contrast to other programs (Crooks et al., 2013).

Healthy Relationship Plus Program – Enhanced

The Fourth R approach could be beneficial for child welfare-involved youth, given the evidence that this program fosters healthy relationship skills which, in turn, reduce the use of violence and engagement in high-risk behaviours. Specifically, the Healthy Relationship Plus Program - Enhanced (HRP-E) could be useful for this population as it is an adapted Fourth R program modified to meet the needs of vulnerable youth ages 12-18 years (Townesley et al., 2017). This version of the Fourth R program addresses the unique needs of vulnerable youth by using a trauma-informed and harm reduction approach. Adaptations were made to the Fourth R scenarios to include higher-risk situations that match the experiences of vulnerable youth.

Further, the Fourth R program was designed to be delivered within a classroom setting and aligns with specific curriculum expectations for academic credit. Conversely, the HRP-E uses a more flexible implementation model that supports the delivery of the program in

settings outside a classroom. Therefore, the HRP-E program may be better suited for a child welfare agency context than the general Fourth R program. The HRP-E program has a recommended group size of 6-12 participants and consists of 16 sessions that are each 1 hour, although in many cases, it is implemented in eight 2-hour sessions. The skill-based activities in this version of the Fourth R program focus on: healthy relationships, violence intervention, high-risk sexual behaviour, sexual exploitation, safety planning, mental health literacy, suicide prevention, substance use, help-seeking practices, and peer pressure (Townnsley et al., 2017).

Duppong Hurley and colleagues (2013) conducted focus groups with youth in group homes on the relationship challenges they faced and how to make a healthy relationships program relevant to their life. Interestingly, the topics the youth identified aligned with the topics the HRP-E reviews including, learning about boundaries, trust, commitment, peer pressure, drugs and alcohol, depression, communication skills, and the impact of sexual activity (Duppong Hurley et al., 2013). The youth specifically mentioned that they would value a program that used relevant examples of dating situations, provided opportunities to role-play and practice skills, and to learn in a non-judgemental environment (Duppong Hurley et al., 2013). The identified topics and approaches support the potential relevancy of the HRP-E for child welfare-involved youth, given the similar program content and educational methods.

Trauma-Informed Practice

A study on trauma-related symptoms experienced by child welfare-involved youth in Ontario found that 59% of youth experience minimal trauma symptoms, 30% moderate trauma symptoms, and 11% severe trauma symptoms (Gallito et al., 2017). Considering the prevalence of trauma symptoms among this population, it is crucial that programming for child welfare-involved youth utilizes trauma-informed practice (TIP). The Substance Abuse and Mental Health Services Administration (2014) defines that:

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the

system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (p. 9)

Steele and Malchiodi (2012) outline that TIP requires all levels of service to understand the impact that trauma can have on individuals, families, and communities so they are aware of potential triggers and can reduce the risk of re-traumatization. Services need to be provided in a safe and respectful context that clearly defines roles and boundaries as trauma often occurs within relationships where boundaries are unclear or are not respected (Hopper et al., 2009). All aspects of service should aim to provide the client with autonomy and control, since trauma is often related to disempowering circumstances (Hopper et al., 2009; Steele & Malchiodi, 2012). Services that are trauma-informed provide a predictable environment and use a strength-based approach to facilitate a sense of control and empowerment (Hopper et al., 2009). TIP also promotes coordination across services to facilitate holistic care since trauma can impact one's psychological, social, physical, and cognitive functioning (Steele & Malchiodi, 2012). Services that use TIP support opportunities for positive interpersonal experiences as they recognize that trauma is often relational and healthy relationships support the healing process (Steele & Malchiodi, 2012).

TIP is valuable for all organizations, given the widespread impact of trauma in society, but is particularly essential for providers serving clients who are susceptible to trauma. For instance, the National Child Traumatic Stress Network (NCTSN, n.d.) highlights the importance of integrating TIP into the child welfare system considering the high prevalence of trauma experienced by children and families receiving services. The HRP-E is a promising program for child welfare-involved youth since it follows TIP guidelines to meet the needs of vulnerable youth who are more likely to be impacted by trauma. The present study identifies additional TIP approaches to use when implementing the HRP-E within a child welfare context.

Present Study

This research uses a case study design to explore the feasibility of implementing the HRP-E program with youth at the Children's Aid Society [CAS]. The case study design uses Stake's instrumental structure wherein the phenomena of focus was defined by the

researcher (Stake, 2003). Stake's case study design has been recognized as being compatible with real-life research due to its constructivist approach that allows the case to take on a more natural and fluid form (Boblin et al., 2013). The present study used Stake's case study design due to its ability to support an in-depth and detailed understanding of the factors that influence feasibility.

Research Questions

Bowen and colleagues (2009) outline feasibility studies as aiming to understand whether an intervention is relevant and useful to a specific context and population, thereby informing whether further examination is warranted. In following a perspectivism framework, this research will focus on the opinions and views of public stakeholders, in this case, HRP-E facilitators and participants at a child welfare agency, to produce and illuminate knowledge on the HRP-E program (Tebes et al., 2014). The case study used an exploratory approach to investigate the following research questions: *How do youth and facilitators view the fit and feasibility of the HRP-E program with child welfare-involved youth? What factors should be considered when implementing the HRP-E program with child welfare-involved youth?*

Method

Participants

The Children's Aid Society of London & Middlesex facilitated the HRP-E program for youth 14-19 years of age who are or have been involved in welfare services. The program was co-facilitated by a staff member from the Children's Aid Society of London & Middlesex and a staff from the Centre for School Mental Health (CSMH) at Western University. Purposive sampling was used for this study; the researcher selected participants on the basis that they were participating in or facilitating the HRP-E program at the Children's Aid Society.

There were four HRP-E program groups that were recruited to participate in the research. The HRP-E program groups were delivered in 2019 with one in the spring, one in the summer, and two in the fall. Each group implemented the program in eight 2.5-hour

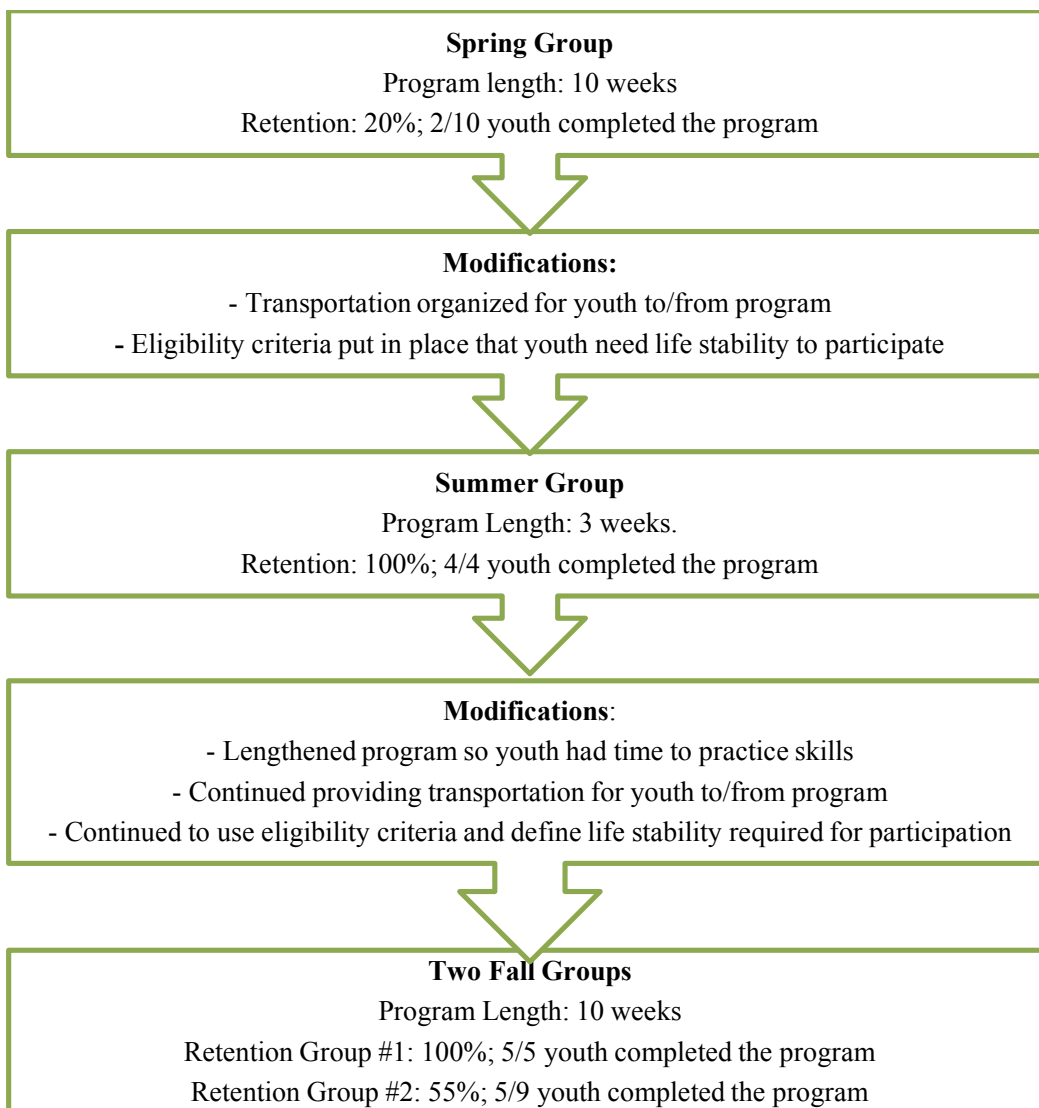
sessions and scheduled two additional sessions for program introduction and finale. The spring and fall groups facilitated one session per week for a total of 10 weeks. The summer group facilitated a session every Tuesday, Wednesday, and Thursday for a total of 3 weeks and engaged in additional extracurricular activities following each HRP-E session.

Throughout the facilitation of the four HRP-E groups, modifications were made to program implementation and structure to meet the needs of the population and context. The changes seemed to have a positive influence on the retention of youth participants. Figure 1 outlines the evolution of the HRP-E program implementation and structure, as well as the retention rate of each group.

Participants included 13 youth aged 14-18 years who had varying involvement with CAS as the youth were living in group homes, with a foster family, or with their biological family. The youth were recruited for the study at the end of the HRP-E group. Consistent with CAS guidelines, participants aged 16 and older were able to provide consent while younger participants required guardian consent and assent. The sample also had five facilitator participants who were recruited before starting the HRP-E program. It is important to note that one of the facilitators was involved in facilitating all four HRP-E groups and completed the measures and an interview for each group. See Appendices A-D for all consent forms.

Figure 1

Evolution of the HRP-E Program Implementation, Structure and Retention



Note. The life stability eligibility criteria required youth to have stable housing, have supportive relationships in their life, not be engaged in heavy substance abuse, and not have any recent hospitalization for mental health-related symptoms in order to participate in the HRP-E.

Procedure

The purpose of this research was to achieve a comprehensive understanding of feasibility through gathering implementation information in three formats. Facilitators completed two

measures during and following the HRP-E program investigating their experience implementing the program. Post-implementation, interviews were completed with youth and facilitator participants to examine their experience participating in or facilitating the HRP-E program. Figure 2 displays a summary of the research procedure.

Measures

Session Tracking Sheet. The facilitators completed session tracking sheets after each HRP-E session to report on the activities that were completed, session modifications, and challenges and successes experienced during the session (see Appendix E). Session tracking sheets included questions such as: *'Was there a specific section or activity that was well-received?'* and *'Was there a specific section or activity that was problematic?'*. This measure was used to analyze program fidelity and understand implementation factors to consider within this context.

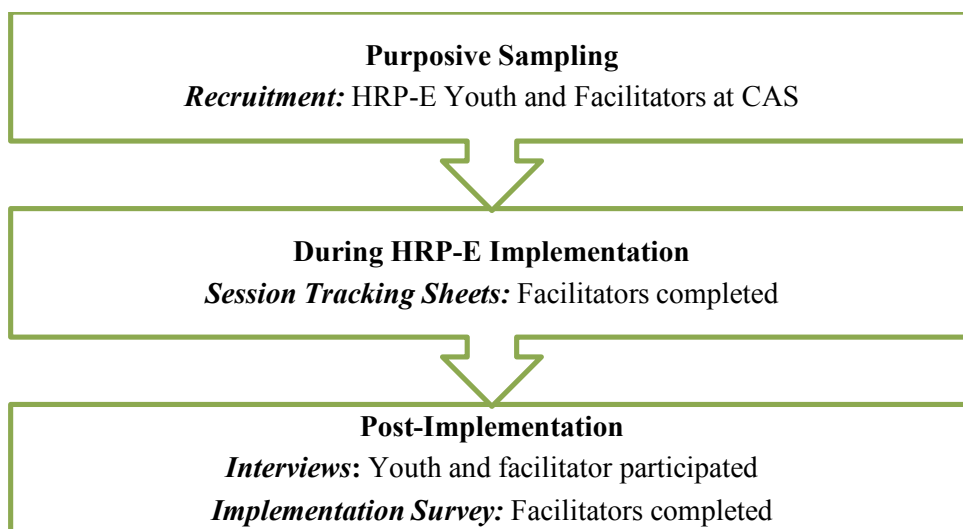
Implementation Survey. Post-intervention, facilitators completed an online implementation survey that examined the HRP-E structure, retention, engagement, and the facilitator's experience implementing the HRP-E. The spring and summer group facilitators completed an implementation survey, which was then slightly adapted for the fall group facilitators to include additional implementation questions and to revise some questions for the purpose of clarity (see Appendix F). The surveys included Likert-scale and open-ended questions that examined implementation factors (e.g., *'To what extent was implementing the HRP Program a positive experience?'* and *'Was there anything about the HRP Program that made it difficult to implement? Check all that apply'*). The purpose of the implementation survey was to understand the facilitator's overall view of the program and quantify important implementation factors.

Semi-Structured Interviews. Following participation in the HRP-E program, each youth and facilitator participated in a semi-structured interview that examined their view of the program, resources required to implement the program, and the fit of the program within a child welfare context (see Appendix G, H). The interviews were audiotaped and transcribed verbatim. The findings from the interviews with the spring and summer groups identified that the program content was sensitive for the youth participants considering

their experiences of maltreatment, and unstable relationships with caregivers and family. Following the interviews with the spring and summer HRP-E groups, the interview guide for youth was modified to include questions that specifically examined the sensitive nature of the program content (see Appendix I). The youth interviews included questions such as, ‘*How was your experience participating in the Fourth R program?*’ and ‘*Did you learn any specific skills and strategies in the program? Have you used any of these skills or strategies?*’. The facilitator interviews included questions such as, ‘*What was your experience like facilitating the Fourth R program at the Children’s Aid Society?*’ and ‘*What resources do you think are required to implement the Fourth R program with youth at a child welfare agency?*’. The interviews with youth ranged from 6 to 22 minutes in length, and facilitator interviews ranged in length from 30 to 60 minutes. The participants received a \$20.00 gift card as compensation for their participation in the interview.

Figure 2

Research Procedure



Data Analysis

Qualitative analysis of interviews and the open-ended questions from the implementation surveys was conducted through a multi-phase thematic coding process. Initial transcription of the interviews was conducted using the Trint automated transcription software. The automated Trint transcriptions were reviewed and verified against the interview audio

recordings, and revisions were made to the transcriptions to ensure that they accurately represented the interview recordings.

The transcriptions were uploaded onto Dedoose (V. 8.3.17), which is a web-based mixed-methods analytic software. The coding analysis was conducted on Dedoose through an iterative process of identifying, refining, and redefining codes. Data collection, code jotting, and the coding procedure was recorded in a journal and through a memo process on Dedoose (Saldaña, 2016). Meetings were held with the senior researcher and lab team to review the analytic memos and refine the codes and themes to ensure that they reflected the findings.

The data were analyzed and organized using the codes-to-theory model for qualitative inquiry outlined by Saldaña (2016; p. 23). The data were first organized by codes that were then arranged into categories and the categories were then classified into themes that represented an overall assertion (Saldaña, 2016). The codes were recorded and revised in a codebook (Saldaña, 2016). The final codebook used 38 codes and six themes to organize the data (see Appendix J). All excerpts of a code were exported into a document and analyzed for key findings. A three-row graph was used to organize each code by code definition, the key findings from the code's excerpts, and the exemplar excerpts that reflected the code. The exemplar excerpts were edited for clarification. Each code graph was examined to identify cross-cutting themes, and a preliminary model was developed to describe the themes. The preliminary thematic model was reviewed and refined through consultation with the senior researcher and lab team. A final model was developed with one overarching assertion, three themes, and a total of 12 categories (see Figure 3).

The information from the implementation surveys and session tracking sheets were examined to clarify the interview findings. These measures were also used to quantify views on program structure and content, retention and engagement, and program fidelity.

The Western University Non-Medical Research Ethics Board and the Children's Aid Society of London & Middlesex approved all research procedures and materials.

Ethical Considerations

The study followed the Tri-Council Policy Statement-2 [TCPS-2] ethic guidelines for research involving humans (Canadian Institutes of Health Research [CIHR] et al., 2018). The TCPS-2 defines the three core ethics principles as respect for persons, concern for welfare, and justice (CIHR et al., 2018). To uphold TCPS-2 principles, participants' identifiable information was not linked to the data, and research materials were locked in a secure location and database through Centre for School Mental Health to protect the confidentiality of participants. Youth and facilitators were provided with information on the study procedure within the letter of information (see Appendix A-D) and were given the opportunity to ask questions so they could make an informed decision about their participation. Due to the use of semi-structured interviews, researchers acknowledged that topics might be discussed that were not outlined in the consent form, which makes it difficult for participants to provide informed consent. To address this ethical concern, participants were made aware of this aspect of semi-structured interviews in the consent form and were told that they could stop the interview at any time if they were uncomfortable or did not wish to proceed.

In accordance with the concern for welfare principle, the researchers considered that participants might have had emotional experiences during the HRP-E program that could resurface when completing the interview (CIHR et al., 2018). To support the welfare of participants, the interviews took place at the Children's Aid Society of London & Middlesex where resources were readily accessible for the participants should they require emotional support. In addition, the researcher who conducted the interviews is a Counselling Psychology student and has been trained to address emotional reactions. Overall, the research sought to uphold the TCPS-2 principles to protect the well-being of participants and the community.

Trustworthiness

This research used qualitative methods that aim to establish trustworthy data that is credible, confirmable, and dependable (Shenton, 2004). The research applied data triangulation to support the credibility of the data. The triangulation of data were achieved

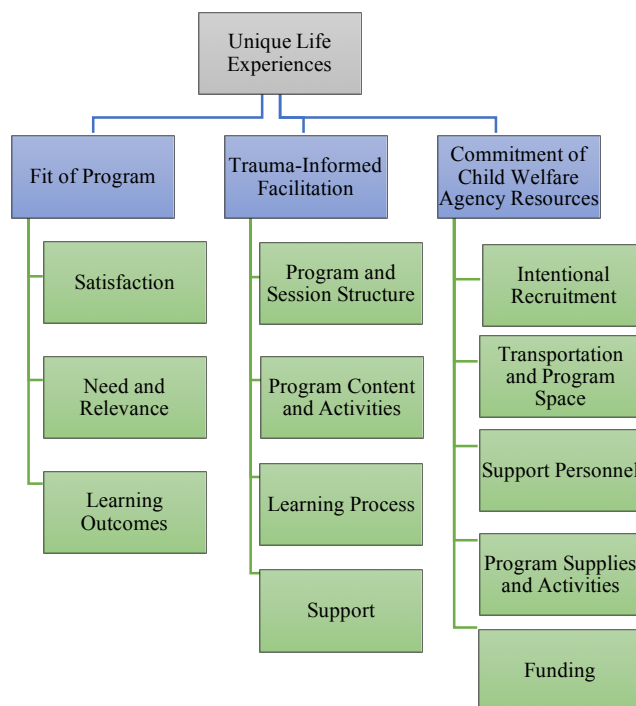
by examining the experiences of youth and facilitators through interviews, session tracking sheets, and implementation surveys. To support the confirmability of the research results, the interviews were audio-recorded to ensure that the data accurately represented the participants' responses to interview questions. To increase both the confirmability and dependability of the research, the researcher kept an audit trail that details all research activities, data collection, and analysis. In addition, all coding processes were recorded and refined in a codebook throughout the collection of data (Saldaña, 2016).

Results

The overall assertion identified by the researcher is that the unique life experiences of CAS-involved youth impacted the feasibility of the HRP-E program within this context. All codes were organized into three themes which reflect the underlying primacy of understanding the unique life experiences of CAS-involved youth. The themes were organized into 12 categories that represent the key findings. The results are organized by theme, and review the findings and exemplar excerpts of each theme and category. Figure 3 outlines the themes and categories related to the assertion that the unique life experiences of CAS-involved youth influenced the feasibility of the HRP-E within this context.

Figure 3

Impact of Unique Life Experiences on HRP-E Feasibility: Major Themes and Categories



Assertion: Feasibility Impacted by Unique Life Experiences

The feasibility of the HRP-E program with CAS-involved youth was impacted by the unique life experiences shared by the youth participants, each having been involved with child welfare services. As reviewed, CAS-involved youth have typically experienced trauma and instability in significant relationships, and these unique experiences shared by participants were found to impact their experience of the HRP-E program. The youths' experience of the HRP-E program has implications for the manner in which this program should be implemented.

The life experiences shared by participants had an impact on program satisfaction, the need and relevance of the program, and the learning outcomes. The program content was sensitive for CAS-involved youth as it often connected to their challenging and sometimes traumatic experiences. A trauma-informed approach to facilitation was required in order to support youth while they explored these sensitive topics. Considering the sensitive nature

of the program content, commitment of child welfare agency resources was a necessity to ensuring that adequate supports were available for the youth and facilitators.

Theme: Fit of HRP-E Program with CAS-involved Youth

Category: HRP-E Program Satisfaction

Overall, youth and facilitators reported that they enjoyed participating in and facilitating the HRP-E program. The HRP-E program was identified as satisfying because it provided the youth with relevant skills and knowledge, as well as opportunities for positive interpersonal experiences. Table 1 displays the HRP-E program satisfaction key findings and exemplar quotes that outline youth and facilitator satisfaction, view of program activities, and relationship-building that contributed to satisfaction. Facilitators explained that they enjoyed seeing how the youth bonded and grew throughout the program. All facilitators rated their implementation experience as very positive and indicated that they would recommend the program to colleagues. Youth commented that they looked forward to coming to the group sessions and that they would recommend the program to other youth. *"...I was very excited to go to the group. I was like - I am going to group! Peace out, guys!"* (Youth 01).

The facilitators and youth also reported that the program topics and activities were engaging and enjoyable. *"I really liked how interactive it was. It wasn't just, here we are going to take notes, and we are going to look at this PowerPoint, it was not a history class kind of feeling"* (Youth 08).

Table 1*HRP-E Program Satisfaction: Key Findings and Exemplar Quotes*

Key Findings	Exemplar Quotes
Youth Satisfaction	<i>“In the summer when they were trying to get me into this, I was like, this sounds really stupid... But once I met the people and gave it a chance, it wasn't that bad. It was actually really fun. I'm sad it is ending because I'm going to miss my friends” (Youth 10).</i>
Facilitation Satisfaction	<i>“My experience was definitely a positive experience. I think it is a great curriculum, and I think it really meets the needs of our youth” (Facilitator 03).</i>
Program Activities	<i>“I liked the activities immediately. The warm-up games... I liked those. It made it easier to talk about” (Youth 03).</i>
Positive Social Experience	<i>“Despite some of the social challenges of the Tuesday group, they all ended up having a positive social experience - which most of them struggle with outside of the group” (Fall Groups- Implementation Survey).</i>
Bonding	<i>“It brought the person that you were partnered with together, it created a bond so...the topics were not as uncomfortable. Then you didn't feel closed off” (Youth 03).</i>
Common Experiences	<i>“It's a group of people who are all involved in CAS, and they have that common experience. And I don't know how often they get to embrace that identity with other people in their lives. It's uncomfortable for them to talk about being involved with CAS or living in a foster home with peers at school” (Facilitator 01).</i>

Relationship-building seemed to be central to the reported satisfaction with the HRP-E program. “... *The community that was...developing between and among the youth participants drew them in...*” (Facilitator 05). The HRP-E program offered a unique opportunity for youth to both learn and experience healthy relationships. Results indicated that most youth had a positive social experience in the group, and for some youth, this was a novel experience. The unique experiences shared by youth, given their involvement with CAS, enhanced relationship-building. Facilitators and youth commented that being with peers with common experiences made it a non-judgmental space to explore their experiences, discuss sensitive topics, and learn. When commenting on how they found being with a group of CAS-involved youth, Youth 06 stated that “...*it's better if someone has had the experience that you might have had, that it [makes it] easier to talk about.*”

Youth also described feeling more empowered to be themselves and share their views because of this sense of safety that derived from relationships developed in group. Many youth explained that they felt understood by group members and that others cared about their experiences and views. *“It felt like people actually cared about what I was saying; when I was talking, they were listening”* (Youth 06). This sense of being understood and cared for made youth feel less isolated with their experiences of pain and trauma. For instance, one youth reported that the HRP-E discussions helped them recognize *“...that other people dealt with friends or family with mental health problems”* (Youth 13).

The relationships built within the HRP-E made youth feel more comfortable to come to the program and engage with program material. Facilitators commented that as relationships were developed, engagement and participation improved. For instance, Facilitator 04 described that:

...you could see those relationships building. And I found that once we were at that stage, facilitation became significantly easier... I noticed a lot more participation... You could see everybody’s comfort level increase and feel safer in the group and feel more able to take on risks and to share.

The youth seemed satisfied with the HRP-E due to the unique experiences they shared that made the program an environment where they felt comfortable, understood, and accepted.

Category: Need and Relevance of HRP-E for CAS-involved Youth

Youth and facilitators indicated that there is a need for the HRP-E program for CAS-involved youth and that the content is relevant for this population. Table 2 outlines the key findings and exemplar quotes that represent the HRP-E need and relevance category. Youth described that the HRP-E program applied to their present circumstances and provided them with opportunities to learn how to navigate these situations. For instance, Youth 02 commented: *“I think I enjoyed most learning about different coping mechanisms and how to deal with stress because there's an abundance of that in my life.”*

Youth explained that they appreciated that the program discussed important and sensitive topics that are often neglected and avoided in their personal lives. Although the content was sometimes challenging for youth, considering their experiences of trauma and unstable

relationships, they all felt it was crucial to have these conversations and that they benefited from this exploration. *“It didn't feel real in a bad way, [it felt] real like this could really happen, and you need to think about it”* (Youth 01). A healthy relationships program provides relevant and useful information for CAS-involved youth, given their life experiences.

Table 2

Need and Relevance of HRP-E Program for Youth: Key Findings and Exemplar Quotes

Key Findings	Exemplar Quotes
Applicable to Life	<i>“Yeah, I think they are especially for groups of kids my age because we're all in high school, and we're just starting our lives, and we need to know what to be careful of and knowing signs that you might be in a toxic or abusive relationship... And same with peer pressure, drugs and alcohol... All the topics were really important”</i> (Youth 10).
Prepared for Reality	<i>“I think they are really important to talk about because it might not be the nicest thing to talk about, but it's a reality. And it's important to know that... these things are happening and what to look out for and how to be careful and keep safe”</i> (Youth 10).
Necessary Conversations	<i>“I know it came up a few times in our group where they were saying, I haven't had these conversations before... Saying that this is their first time having a conversation about you know mental health and well-being with supportive youth and in a safe environment which is very important”</i> (Facilitator 01).
Breaking the Cycle	<i>“Giving them the tools to manage relationships going forward that's very important as far as breaking the cycle, maybe reducing recidivism”</i> (Facilitator 03).
Unique Responsibilities	<i>“...A real reality for them is to navigate these big systems, and they're responsible for themselves in a lot of ways that I think their peers are not. So I think that giving them these... tools can really be used practically to help benefit them as they move on”</i> (Facilitator 02).

When highlighting the importance of the HRP-E for youth, facilitators emphasized that many youth had not had the opportunity to explore these topics before and that they valued the information. For instance, a facilitator reported that following the session on personal rights in a relationship, a youth indicated that he did not know he had rights in a

relationship, which "*...is an example of how critical some of these messages are... That's a message he had not gotten before, that his experiences maybe hadn't reinforced to him...*" (Facilitator 2). This information was valuable to this youth, given that they "*...said they were going to bring [the Personal Rights in a Relationship Sheet] home and put it on their wall*" (Spring Group Session Tracking Sheets).

Youth also commented that the HRP-E content and skills were useful, because they were unaware of this valuable information. "*We talked about different coping strategies and thinking about suicide or doing stuff related to it, and I felt that helped me because I didn't really know about the other coping strategies, so I learned some new things*" (Youth 06). Considering that most youth had challenging family relations, they did not always have a guardian that could support them in learning these skills. The HRP-E provided CAS-involved youth with a safe space to explore these topics. Facilitators commented that if the youth attended this program in the community without other CAS-involved youth, they might not have felt as comfortable to engage in the program content. Overall, the HRP-E provided youth with the opportunity to develop necessary skills in a unique environment where they felt safe and understood by their peers due their common involvement with CAS.

The HRP-E skills are also crucial given consideration of the cycle of intergenerational child welfare involvement (Wall-Wieler et al., 2018). The research is inconclusive on whether this cycle is perpetuated by former CAS-involved individuals being highly monitored as parents or if they require support to develop skills for parenthood (Widom et al., 2015). Although research has not yet identified the exact factors that perpetuate this cycle, the HRP-E is a useful program to addressing this cycle of involvement. The HRP-E equips youth with foundational relationship skills that can be used in parental roles and to support system navigation abilities. Facilitators noted the importance of having a healthy relationships program for CAS-involved youth to interrupt this cycle and provide youth with the necessary skills to develop healthy relationships.

Results also highlighted the need for CAS-involved youth to develop these skills given consideration of their unique responsibilities. CAS-involved youth are often navigating how to develop healthy relationships and boundaries with their family members. Many of

these youth will need to make these decisions independently as they age out of care, which makes the HRP-E skills and content necessary to support their forthcoming responsibilities. CAS-involved youth also have to navigate different systems as they age out of care and require these skills and knowledge so they can support their well-being during this transition.

I think it's really helpful for kids who are struggling with mental health or have had trauma in the past... Because maybe children who have had trauma are dealing with mental health and don't know how to reach out to people. If they attend this group, then they could keep to themselves, but also remember things to help them through it. (Youth 11)

There is a significant need for CAS-involved youth to engage in a healthy relationships program to support their transition out of care.

Category: HRP-E Learning Outcomes

The HRP-E supported youth to develop new skills and knowledge. This was evident from the reports of the application of skills, feeling prepared for the future, reinforcing their skills, growth in perspective-taking, and considering how to integrate their learning into their life. Facilitators and youth reported that youth were using and applying a variety of HRP-E skills they learned, such as breathing techniques, assertive communication, active listening, respectful interactions, and peer pressure resistance techniques. The youths' high performance on the final HRP-E quiz activity demonstrated that they all retained information from the program. The key findings and exemplar quotes related to the HRP-E learning outcomes are outlined in Table 3.

Table 3*HRP-E Learning Outcomes: Key Findings and Exemplar Quotes*

Key Findings	Exemplar Quotes
Application of Skills	<i>"I know one of the youth also used assertive communication to let their worker know that one of the strategies that's on their IEP in their schools for coping doesn't work... she used those communication skills to speak to her worker, and the worker is currently in touch with the school principal to get that going" (Facilitator 05).</i>
Prepared for the Future	<i>"So if that ever happens again, I could do this instead of what I did because what I did wasn't the best to fix the situation. So I did learn a lot" (Youth 01).</i>
Reinforced Skills	<i>"...The strategies that I normally apply, our facilitator, would mention... that it is a really good thing to do and would reconfirm what I'm thinking. So there's reassurance and boosting confidence" (Youth 08).</i>
Perspective-Taking	<i>"... The different opinions... there are two sides of everything, and you have to see both" (Youth 01).</i>
Consideration	<i>"...So even though, you know, we might not be changing behaviors, I think it's a first step just to be aware..." (Facilitator 05).</i>

Many youth reported that the HRP-E program prepared them with skills and information to navigate future situations. When commenting on what they gained from the HRP-E program, Youth 10 stated:

Yeah, just like preparation and more knowledge. And that bad things can happen to anybody, and you never think it's going to be you until it does. I think it's good to realize that we are never perfectly safe, and you're supposed to be in charge of keeping yourself safe.

Youth reported that practicing skills in the group made them feel equipped to address real-life situations. Specifically, Youth 11 described how practicing the skills in group was useful, *"so if something were to happen in the real world, you'd know how to do it with strangers."*

The HRP-E also enhanced the youths' confidence as they learned that the approaches they were already using in their life were useful and appropriate. This reinforcement was reassuring for the youth and made them feel more confident about their ability to navigate

life circumstances. Youth described that the HRP-E also provided them with opportunities to understand situations from different perspectives.

Youth and facilitators frequently reported that the youth were considering how they could integrate their new awareness and skills from the HRP-E program into their life. For instance, the youth reflected on how this new information impacted their view of the approaches they used in previous situations. Some youth seemed to understand the program content and gain new perspectives but had challenges applying the skills and knowledge. A facilitator in the summer group reported that one youth could:

...read the red flags and she knows the material, and she has all the correct information, but somehow she is not implementing it into her own life. And I think one of the downsides to having our program so quick, we were having six sessions a week, is it did not allow for the processing time. (Facilitator 03)

As outlined in the program evolution in Figure 2, the program was lengthened after the summer group as they noted that delivering the program in three weeks may not provide the youth with enough time to process the information. Some youth may require more time to translate the knowledge to practice, but nevertheless contemplation is an essential first step for skill development. Youth and facilitator reports indicated that youth were considering how to apply this new information to their life but may not be at a stage where they are ready to use these skills. The HRP-E program has valuable learning outcomes for CAS-involved youth as they all developed a greater understanding of skills that support healthy relationships.

The HRP-E appears to be a valuable program for CAS-involved youth. The unique life experiences of CAS-involved youth contributed to the HRP-E being a satisfying program as it filled a need and provided youth with relevant skills and knowledge. When determining fit, it was highlighted that given the experiences of CAS-involved youth, it is crucial to consider the facilitation and organization requirements that impact the feasibility of the HRP-E within this context.

Theme: Trauma-Informed Facilitation

Many of the program recommendations provided by the facilitators and youth identify trauma-informed modifications for the HRP-E program. Considering the youths' experiences of trauma and unstable relationships, it is essential that programming for CAS-involved youth uses TIP. The suggested trauma-informed approaches can be applied to the program and session structure, the HRP-E activities and content, and to supporting the youths' learning process and well-being. These techniques are outlined in Tables 4 to 7.

Category: Trauma-Informed Program and Session Structure

Youth and facilitators recommended adaptations to the program and session structure in order to support youth while they explore sensitive topics, allow space for information processing and application, and facilitate a more predictable schedule. Table 4 describes the key findings and exemplar quotes related to developing a trauma-informed program and session structure for CAS-involved youth.

Table 4*Trauma-Informed Program and Session Structure: Key Findings and Exemplar Quotes*

Themes	Exemplar Quotes
Debriefing	<i>"Some of the conversations were heavy for these youth because of their personal experiences, and I felt at times there wasn't adequate space to debrief with the youth about the experience that they had in the session" (Facilitator 01).</i>
Information Overload	<i>"When we sat and talked for a long time, it was a lot of information to go through in my head" (Youth 06).</i>
Breaks	<i>"We didn't have the break until a few minutes before dinner. So then it wouldn't be much of a break... The same break just somewhere in the middle... So you could get a little break and then get back into it again" (Youth 07).</i>
Predictable Schedule	<i>"I think the schedule was kind of all over the place... Like we don't even pay attention to the agenda anymore because that's not happening" (Youth 01).</i>
Processing and Application	<i>"It didn't allow for the processing time... So that would be something that I would do differently... allow for those times in between not only so that the information sinks in, but they also have time to practice..." (Facilitator 03).</i>
Two-Part Program	<i>"This two-part format would benefit in a few ways - able to offer the programs at a slower pace instead of trying to cram in two sessions in one. It would allow me to potentially target and separate youth by age a little better... I could target the younger youth and give them the softer skills at 14, and see them again when their worker thinks they are ready for the next phase" (Spring-Summer Groups - Implementation Survey).</i>

Youth and facilitators reported that the youth needed more time to process the program content due to the sensitive nature of the information for these youth. *"I think with our group, in particular, it was a lot of content to cover in a very short period of time"* (Youth 02). The sessions delivered two HRP-E topics which facilitators thought was too much content for youth to process in one session. When delivering the HRP-E program for CAS-involved youth, facilitators should consider reducing the number of topics delivered in one session.

Facilitators and youth also reported that they needed time for debriefing throughout the session due to the complex emotions that arose for youth. Facilitators commented that sessions should allocate time for debriefing with the youth as they navigate these uncomfortable topics. Providing time for debriefing is an essential TIP as it provides facilitators with the opportunity to attend to the youths' well-being and needs.

Youth commented that there should be more frequent breaks throughout the session as they felt it was a lot of information to absorb and that they needed more space to process the information. Youth also reported that having frequent breaks would support their concentration as they found it challenging to stay focused for long periods of time. *"I thought it was hard to sit there for an hour and a half, I felt it was long. And we do have a break, but sometimes it's like can we have an early break?"* (Youth 10). The HRP-E session structure should provide time for frequent breaks to support the youths' engagement and exploration of uncomfortable topics.

Youth commented that they would appreciate a predictable schedule, which is a common preference for individuals who have experienced trauma (Steele & Malchiodi, 2012). It was challenging for facilitators to balance achieving a predictable schedule while also being flexible to meet the youths' needs.

I think time was a big challenge for us... I think this group required a lot of additional processing time... Then we're trying to squeeze all this content in while also balancing the fact that they're having these great discussions... And we don't push content when they're not in a place to receive it, so that I found was challenging at times. (Facilitator 02)

The facilitators reported that having more time allocated to program activities and the overall session would allow them to provide a more predictable schedule while also supporting the youths' needs. The youth also proposed that there should be more time, so the schedule did not have to be changed. *"If we had more time, we could plan it better. I know we did a pretty good job planning it out. But had to rush through a few things because we just took too long"* (Youth 01).

Session tracking sheets revealed that facilitator perceived 45% of sessions to have just the right amount of time allocated, 22% of sessions felt too short, 11% of sessions felt too long

and for 22% of the sessions the facilitators felt unsure about their perspective on time allocation or did not report their perspective. The facilitators' report on completed activities in the session tracking sheets indicated that 67% of program activities were completed, 28% of activities were not completed, and 5% of program activities were reported as not applicable or were not reported. Facilitators managed to balance a variety of responsibilities while accomplishing most session goals and completing many program activities. However, it is evident that with more time allocated to sessions, the facilitators would be better equipped to balance their responsibilities, and the youths' engagement and processing would be supported.

In order to have more time and reduce the amount of content covered in each session, facilitators and youth advised for that the program to be delivered over a longer period of time. A lengthened program duration would provide more opportunities for youth to process information and practice skills within and between sessions. One hypothesis as to why some youth had difficulty applying the HRP-E skills was because the condensed program structure did not provide adequate time to process and practice skills. A facilitator suggested changing the format of the HRP-E into a two-part program to provide youth with the time and space needed to absorb and process the information. A two-part program would also allow youth to go through the program at a pace that aligns with their individual needs. In accordance with TIP, the HRP-E structure should allocate more time for information processing, debriefing, and breaks in order for the session schedule to be more reliable and to support the youth while they explore sensitive topics.

Category: Trauma-Informed Program Activities and Content

In order to be trauma-informed, facilitators had to bring awareness and innovation to program activities to ensure they supported the youths' well-being. The modifications suggested for program activities and content are to have flexible facilitation, use language that eases information processing, use a strength-based approach, and deliver developmentally appropriate content. Table 5 outlines the key findings and exemplar quotes related to the recommended adaptations for program activities and content.

Table 5*Trauma-Informed Program Content and Activities: Key Findings and Exemplar Quotes*

Key Findings	Exemplar Quotes
Flexibility	<i>"So you might have this plan, you're really prepared... But they come in sometimes with their own life stressors and other challenges, and that changes the dynamic.... That challenged my own facilitation skills because I have to be innovative in ways to implement it" (Facilitator 05).</i>
Language	<i>"I had to break it down to language that would be more accessible to them. And once you had broken down the language for them, they were able to give their responses really well" (Facilitator 05).</i>
Strength-Based	<i>"We need to flip this to be reflecting on positive things, acknowledging that these are some signs and symptoms of depression and anxiety. But flip that exercise, the my level of wellness [exercise], to be more positive" (Facilitator 03).</i>
Developmental Stage	<i>"Due to the age and personal experience of the group, we selected activities/videos and scenarios that were relevant to their age group and relative to their experience..." (Spring-Summer Groups - Implementation Survey).</i>

The youth participants were typically coping with unpredictability within their personal lives due to changes to their living situation, experiencing stressful circumstances, and coping with mental health and trauma symptoms. The youths' unpredictable daily life and the emotions that arose due to the sensitive program content resulted in unanticipated situations occurring within sessions. *"Because life is unpredictable for them, what sometimes they bring to the sessions is also unpredictable"* (Facilitator 05). Facilitators needed to be creative and flexible in their delivery of program content so they could attend to the youths' fluctuating needs. For example, an interactive activity was altered to be sedentary because the group seemed unable to engage in something active due to their needs during that session. Overall, facilitators described the delivery of the HRP-E program within this context as requiring a balance between attending to participants' needs and achieving program goals.

Facilitators made modifications to program language to ensure the content was appropriate and relevant for CAS-involved youth. For instance, facilitators mentioned not using family-

focused language when discussing supports as that was often not relevant to the youths' experiences. This person-centered use of language is highlighted as an essential component of TIP as it is more empowering for an individual to hear information relevant to their context (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012). Trauma-informed practices focus on empowerment in order to address the lack of control and autonomy survivors often experience (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012). Facilitators also reported breaking down the content into language that eased information processing for the youth. As research outlines, TIP considers that trauma can sometimes interfere with language development and processing, and thereby it is essential to use basic and straightforward language (Steele & Malchiodi, 2012).

TIP emphasizes the use of a strength-based approach in order to support survivors to rebuild their sense of empowerment (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012). Facilitators reported that they adapted program activities and content by integrating a strength-based approach. For example, facilitators modified the wellness activity to focus on the youths' strengths and on building supports rather than the youth evaluating their current well-being. Facilitators commented that for CAS-involved youth, an evaluation of their well-being can often highlight the negative aspects of their life, which can be distressing for the youth. When delivering the HRP-E for CAS-involved youth, program activities and content should be modified to ensure they underscore the youths' strengths.

Lastly, program content and activities were adapted by facilitators to ensure they matched the youths' experiences and developmental stage. Facilitators reported that it was essential for them to ensure that the youth were able to process the program content considering their developmental stage. In accordance with TIP, facilitators modified the program content to match the youths' processing capacity to ensure the content would not be overwhelming and distressing for them (Steele & Malchiodi, 2012). For instance, some youth had not been exposed to drugs, so the harm reduction activities were adjusted to align with the youths' experiences and developmental stage. In addition, facilitators selected program videos and scenarios that matched the youths' experiences. When facilitating the HRP-E for CAS-involved youth, it is crucial to be aware of the youths' developmental stage and, given their stage, determine what content the youth can process. Facilitators modified

program content and activities to ensure the program was trauma-informed by being flexible facilitators, using appropriate language, using a strength based-approach, and delivering developmentally-appropriate content.

Category: Trauma-Informed Learning Process

Facilitators reported that a trauma-informed learning process was crucial for the youth participants, considering the sensitive nature of the program content. Facilitators stressed the importance of recognizing the complexity of processing program content for the youth, the impact of the youths’ previous experiences on learning, and the value of using a collaborative approach to learning. Table 6 outlines the key findings and exemplar quotes related to facilitating a trauma-informed learning process for CAS-involved youth.

Table 6

Trauma-Informed Learning Process: Key Findings and Exemplar Quotes

Key Findings	Exemplar Quotes
Complexity of Processing	<i>"...as the information appears to be very triggering for them. Each topic has multiple layers that require more thought and processing" (Spring-Summer Groups - Implementation Survey).</i>
Impact of Previous Experiences	<i>"...In other groups, maybe they've never experienced it, so it's easier to say, yeah, it would be wrong if someone would do that... than oh I've experienced that and it didn't seem wrong, but it's wrong? It's a harder knot to unravel" (Facilitator 02).</i>
Collaborative	<i>"I think when we brainstorm together, we co-create the solutions for the scenarios... I felt there was a greater buy-in to this because it was not just me telling them this is what the youth in the scenario should be doing" (Facilitator 05).</i>

Youth and facilitators reported that although the HRP-E topics were sometimes uncomfortable for the youth, they were nevertheless essential for their learning and growth. When commenting on the sensitive nature of the program content, Youth 01 noted that “...you got to get through the triggers, you know, the pain to learn.” Facilitators described how the content was often complicated and conflicting for the youth to process, given their experiences. For instance, the concept of victim-blaming led to multiple layers of

processing for the youth because many of their parents had been victims, which often had a negative impact on the youths' life. The complicated nature of processing often meant that youth needed additional time and support to absorb the information. As mentioned, facilitators and youth suggested having more time in session to accommodate the complexity of processing program content for CAS-involved youth.

The facilitators also underscored the need to be respectful of the youths' previous experiences and the potential for these experiences to interfere with the learning process. The youths' previous experiences sometimes did not align with the program content and made the youth resistant to learning new perspectives. For instance, many youth reported having personal experiences of or witnessing others experience suicidal ideation and unhealthy relationships. The facilitators reported that the youth had predetermined views on the topics based on their experiences, which made them resistant to processing the perspectives and ideas presented in the HRP-E program. Facilitators described that these situations required them to balance respecting the youths' views while also not validating unhealthy perspectives. In order to remain trauma-informed, facilitators must avoid invalidating the youths' experiences, considering that many survivors doubt the validity of their own experiences (Steele & Malchiodi, 2012). Facilitators reported that being respectful of the youths' experiences was essential to maintaining the youths' engagement and that exposing them to alternative views hopefully broadened the youths' perspective on the topic.

In order to validate the youths' experiences, facilitators also emphasized the importance of having a collaborative discussion with youth rather than imposing the program views on the youth. Youth and facilitators described how the collaborative approach to learning was more engaging for the participants because the youth felt that their perspectives were valued. A trauma-informed learning process for CAS-involved youth required facilitators to be aware of the complexity of processing sensitive topics, respecting the youths' experiences, and delivering the content in a collaborative manner.

Category: Trauma-Informed Support

Facilitators and youth reported that receiving emotional support from facilitators and other youth participants was crucial to the youths' well-being while they explored sensitive program content. The key findings and exemplar quotes related to trauma-informed support for youth participants are described in Table 7.

Table 7

Trauma-Informed Support for Youth Participants: Key Findings and Exemplar Quotes

Key Findings	Exemplar Quotes
Facilitator Support	<i>"The facilitator said you can leave at any time if you find this too much and they even came out to help and support you if you did leave, that was a very nice thing to see" (Youth 02).</i>
Peer Support	<i>"One of the youth was getting fairly emotional...and all the youth stood up and came over and gave her a hug. And I mean that was pretty explicit support" (Facilitator 01).</i>
Scope of Program	<i>"How are the facilitators inviting and providing a space for those discussions to happen, but it doesn't become therapy... So I think the responsibility goes back to the facilitators and their own preparedness to do this program because there are additional considerations for doing a program such as the HRP with vulnerable youth" (Facilitator 05).</i>

The youth expressed that they felt well supported during the HRP-E program. Most youth reported that the support they received during the HRP-E group was sufficient and that they did not need external supports to cope with the program content. For instance, when the researcher inquired about requiring external support during the program, Youth 06 stated, *"No, I felt like people here were good enough that I didn't need to talk to anybody else."* The youth commented that the most useful program support was debriefing with facilitators or having time on their own to process the information.

There was one part where I had to leave the room... They were touching on mental health... And I had a really hard time with that because there's a lot of mental health that I'm experiencing... But me and one of the counsellors had a chat and figured out how we could maybe deal with it better. (Youth 11)

Facilitators also described examples of peer-to-peer support that occurred when participants were exhibiting emotional reactions to program content. The youth reported

that they felt well-supported throughout the program and felt comfortable asking facilitators for support when they required it.

Most of the youth had unpredictable day-to-day lives and were coping with a variety of challenges related to their living situation, managing mental health and trauma symptoms, and other difficult circumstances. Facilitators were aware of this unpredictability and aimed to provide youth with the care they required to support their well-being while engaging in the program. Facilitators underscored the importance of being aware of the youths' needs and well-being, and being flexible to meet these needs. *“The best kind of advice... would be to be super mindful of your youth always and then be responsive to those needs as best you can...”* (Facilitator 02). Facilitators reported that having information on the youths' current and past wellness and living situation allowed them to anticipate potential challenges and provide the youth with adequate support.

One of our youth had been talking about self-injuring and had told somebody else in the group that prior to that session...It was really helpful to know, we're not going to not cover these subjects, but we just need to be mindful that for a lot of our youth, this was something that was very real in their lives, pretty recently, if not currently. And so I think just kind of having that awareness so we could monitor group reactions and make sure that everybody was [supported] because... I'm not necessarily sending this youth home after a heavy session to an environment where they're able to unpack and talk about this with anybody. (Facilitator 04)

However, facilitators cautioned that background information does not always predict the youths' needs, making it essential for facilitators to actively monitor the youths' well-being. Overall, facilitators advised that HRP-E facilitators in this context need to be flexible in order to balance attending to the youths' needs while also getting through program content.

Facilitators discussed the importance of providing support in a manner that distinguishes them as a facilitator and not a counsellor. Given the focus of the HRP-E as a psycho-educational program, it is ill-equipped to be a counselling service for the youth. Facilitators recognized the importance of being aware of the scope of the program and thereby intentional about their role. Facilitators noted that it was challenging to navigate supporting youth through emotional experiences while not taking on a counselling role. Facilitators reported that in order to maintain their scope of practice while ensuring the youth were

adequately supported, it was essential for them to connect the youth with community services or to their caseworker if they needed counselling support.

The scope of the program should be highlighted when doing outreach so caseworkers can determine what additional supports the youth may require throughout the program. Based on the present findings, materials were developed that outline the content of the HRP-E and supports the youth may require during the HRP-E program. These materials were developed for distribution to the youths' guardians, caseworkers, and other support personnel. Different materials were developed for mental health providers, foster parents, and group home workers to highlight specific actions that those individuals could take within their specific roles. For HRP-E facilitators to appropriately support CAS-involved youth, they must maintain the scope of the program as psycho-educational and provide the youth with appropriate referrals.

As outlined, the results illuminated that in order for the HRP-E to address the needs of CAS-involved youth, facilitators must be committed to implementing TIP. Specifically, facilitators in the present study recommended that HRP-E facilitators have training in TIP as well as clinical experience supporting trauma survivors. The HRP-E is viewed as feasible for CAS-involved youth if facilitators are knowledgeable about TIP and are committed to integrating these approaches into the program.

Theme: Commitment of Child Welfare Agency Resources

Facilitators advised that in order to ethically implement the HRP-E program, child welfare agencies need to have the resources to engage in intentional recruitment, provide transportation and program space, personnel dedicated to supporting the program, program supplies and activities, and financial support (see Table 8). It would be unethical to implement a program that covers sensitive topics without securing adequate resources considering the vulnerability of CAS-involved youth.

Facilitators identified advantages of child welfare agencies offering a healthy relationships program for CAS-involved youth rather than referring the youth to an external program. For instance, facilitators noted that having an in-house program allows CAS to ensure that

there are efficient and appropriate referrals, quality control of the program, awareness of the needs of CAS-involved youth, and adequate coordination of care for the youth. Facilitators highlighted that child welfare agencies need to provide appropriate program resources to support the youth participants.

Table 8

Commitment of Child Welfare Agency Resources for HRP-E Implementation: Key Findings and Exemplar Quotes

Key Findings	Exemplar Quotes
Recruitment Criteria	<i>"In the first time around...we had really poor attendance, part of that was due to the nature of those participants. We had a lot of significant mental health and some addiction issues, lots of instability like housing instability, and so forth...We mitigated a challenge by having some criteria for participants" (Facilitator 03).</i>
Transportation	<i>"I feel like because they have drivers, it's a good location... because there are many times that I would not have been able to get here or home if there wasn't a ride" (Youth 10).</i>
Support Personnel	<i>"All of our youth had a caseworker, somebody linked with their family, and so you did always have that larger support of being able to reach out to their caseworker or their social worker..." (Facilitator 04).</i>
Program Supplies and Activities	<i>"Take the time to learn the material and prepare resources for future sessions... Making them in color and laminating - so they are both visually engaging, prepped to last, and ready to go for next time!" (Spring-Summer Groups – Implementation).</i>
Funding	<i>"I think there's an absolute fit. Is it going to be prioritized in a budget in four years? I don't know. And I think we need to look at how we would sustain something like this, because I think it is absolutely crucial" (Facilitator 03).</i>

Category: Intentional HRP-E Recruitment

Facilitators emphasized that child welfare agencies need to have a recruitment process wherein they screen youth to determine if they are appropriate for the HRP-E program. In the spring group, facilitators reported that the youth had unstable daily lives due to housing insecurity and a lack of support, which made it challenging for them to attend and engage

in the program content. Facilitators noted that many of the youth also had pre-existing conflicts with other participants as they had been in group homes or other CAS care together. Due to the instability and pre-existing conflict among the participants, 8 out of 10 youth dropped out of the spring HRP-E group. The facilitators for the spring HRP-E group reported that:

This group of youth was extremely high needs - in terms of basic needs (i.e., stable housing), mental health challenges, etc. For many youth, these challenges prevented them from coming to group consistently at all, and when youth were able to attend, they often came to group in a difficult headspace. Group dynamics became an issue in the first session- many youth knew each other, however previous conflicts and issues resulted in some youth having to be removed from the group. (Spring-Summer Groups - Implementation Survey)

Facilitators reported that it was challenging for participants to engage in the program when their emotional resources were allocated to supporting themselves through their unpredictable day-to-day lives. Facilitators questioned whether it was appropriate for the youth to engage in a program that covers sensitive material when their emotional resources were required to manage their present circumstances. *“But even if you make it to group are you in a place to really be in a group. And there were times I don’t think they were emotionally okay to be doing that”* (Facilitator 02). In order to address these concerns in subsequent groups, the facilitators screened participants to ensure that the youth had appropriate stability and supports to be able to engage in the program more fully and safely.

So this time around, we had talked about ensuring that they had stable housing because that was a huge factor or they weren't actively involved in heavy substance abuse and that they haven't had a recent hospitalization and can demonstrate more stability. So we were a bit more selective this time. So those were challenges that we'd had previously that I feel like we've mitigated... (Facilitator 03)

Facilitators also recommend that the youths' fit for the program is monitored, since their stability and wellness can change throughout the program.

Facilitators also discussed concern about having a group of youth with varying levels of risk, although this was not a challenge during the four groups involved in this study. For instance, Facilitator 03 mentioned their concern for future groups mixing youth with varying levels of risk, *“How do you reduce the risk of somebody who's maybe naive and*

impressionable befriending somebody who's really high risk and potentially recruiting or just involved in a frightening peer group.” Facilitators acknowledged that groups with a varied mix of risk-oriented participants could result in those youth engaging in high-risk behaviours potentially being a negative influence on lower-risk youth.

Overall, implementing eligibility criteria and screening participants seemed to support better program retention and safety. Intentional recruitment of youth seems to be necessary to support the well-being of youth by preventing potentially problematic group dynamics and ensuring the youth can cope with the sensitive program content.

Category: Transportation and Program Space

Vulnerable youth often experience significant barriers to receiving services because of the complicated situational and personal circumstances they are managing (Bright et al., 2010; Steele & Malchiodi, 2012). Facilitators discussed the importance of coordinating the youths’ transportation to and from the group to make the program more accessible for this vulnerable population. Youth reported that they would not have been able to attend the group without the transportation offered. Hosting the program at CAS meant that the facilitators had access to the CAS volunteer drive system to coordinate transportation for the youth. Child welfare agencies must provide transportation for youth to reduce the barriers CAS-involved youth have to overcome to attend this valuable program.

Child welfare agencies also need to provide an appropriate space for the HRP-E program to be held. The HRP-E program for the four groups was held in a room at CAS, and the youth had varying views on this program location. Some youth reported discomfort coming to CAS for the program because it brought up uncomfortable memories for them.

Kids hate it here. It's like this building has, and some of the people in it have been the cause of trauma for many people, and people just don't want to revisit that. So I think maybe if it was held in a different location, people would be more willing to appear and do it. (Youth 02)

Whereas, some youth indicated that CAS was a comfortable location for the program because they were familiar with the setting and felt safe there.

I actually really like it here because I come here all the time... And I'm really used to this environment. And I actually like being in a room where it's not too crowded, but it's not huge... And I know that it's a friendly environment here. (Youth 11)

It is inconclusive whether CAS is a suitable location to host the HRP-E program for CAS-involved youth, given the mixed perspectives. The program space should be easily accessible for facilitators and provide them with the ability to store materials in order to reduce the tasks that facilitators have to manage during the sessions. Child welfare agencies need to provide transportation and program space in order to support youth attendance and facilitator preparation.

Category: HRP-E Support Personnel

Facilitators reported that support personnel are required to coordinate recruitment, logistics, facilitation, and care. For recruitment, it is valuable to have CAS front-line workers and administration engaged to provide the program with appropriate referrals and screen the youth to ensure they fit with the program.

Facilitators described that implementing the HRP-E at CAS also requires significant logistical support. For instance, facilitators noted that resources are required to coordinate youth transportation, snacks, program supplies, and program activities. For facilitation, there must be two facilitators in order to manage the different needs of the group adequately. Facilitators also mentioned that it was useful to have CAS staff who could support program coordination and delivery if facilitators were absent.

Facilitators thought being able to connect with the youth's caseworker, particularly in situations where a youth was struggling, was an invaluable resource for supporting the youth's well-being. For the four HRP-E groups, one of the facilitators was based at CAS and facilitators indicated this was crucial to coordinating the youths' care because the facilitator had knowledge of and connection to services for CAS-involved youth. Facilitators also suggested that agencies develop a list of CAS and local community resources for distribution to program participants to make them aware of services, should they require support throughout or following the program. Child welfare agencies need to

allocate significant staff time and energy in order to adequately support the facilitation of the HRP-E with CAS-involved youth, beyond the actual program hours.

Category: HRP-E Program Supplies and Activities

Facilitators suggested that child welfare agencies prepare HRP-E materials and supplies, making them readily available to facilitators and thereby reducing tasks that facilitators have to manage in session. Facilitators also recommended that child welfare agencies review program materials before implementation to make population-specific adaptations to the program handouts. After making appropriate adaptations, facilitators suggested creating reusable program materials for each session because this reduced the preparation time required for sessions. The facilitators reported that the reduction of preparation time increased their capacity to attend to the needs of the youth because they had more time and energy available to manage group dynamics.

Facilitators identified reinforcement and engagement supplies, such as food, gift card prizes, and fidget toys, as crucial to supporting youth engagement and information processing. Facilitators reported that organizing extracurricular activities for the youth was another valuable incentive, as well as being a relationship builder for the youth. Child welfare agencies are advised to provide sufficient time and resources to develop HRP-E supplies and activities to support effective program implementation within this context.

Category: HRP-E Funding

Child welfare agencies require adequate funding to support the implementation of the HRP-E program. Funding is required for program space, transportation for youth, facilitators, support personnel, and program supplies and activities. When the program is hosted at CAS, it reduces the financial cost considering that no additional program space is required, and the CAS volunteer drive system provides transportation for youth at a subsidized cost. Without adequate program funding, the HRP-E would not be feasible or sustainable within a child welfare context.

Discussion

The focus of this study was to evaluate the feasibility of a healthy relationships program for youth involved with the Children's Aid Society. Mixed methods data were collected for four pilot groups, conducted over nine months. The pattern that emerged is that the program is relevant and promising for CAS-involved youth; however, there is a need to make trauma-informed modifications to the implementation of the program in this setting.

Need and Relevancy of the HRP-E for CAS-Involved Youth

The results of the present study highlight the need for and relevancy of a healthy relationships program for CAS-involved youth. The HRP-E addresses essential life skills that many of the youth identified as never having explored. These life skills are crucial to supporting these youth with their transition to adulthood and their overall well-being. Literature has underscored the need for child welfare-involved youth to develop healthy relationship skills given their vulnerability to engaging in risky behaviours, as well as their need for interpersonal supports as they transition to adulthood (Geenen & Powers, 2007; Osgood et al., 2010; Reilly, 2003). These skills are also valuable for child welfare-involved youth considering their susceptibility to being perpetrators and victims of relationship abuse and other violent offences (Crooks et al., 2011; Ellis & Wolfe, 2009; Indias et al., 2019; Lansford et al., 2007; Wekerle et al., 2009). The youth in the present study reported that the program prepared them for future challenging situations. The present study found that while the HRP-E fits the needs of CAS-involved youth, the feasibility of the program relies on facilitators using a trauma-informed approach and the child welfare agency being committed to supporting the program.

Trauma-Informed Practice Modifications for HRP-E Program

For a program to be trauma-informed, TIP must be integrated into all aspects of implementation. This includes program eligibility criteria, recruitment, location, transportation, program content, facilitation, support, and coordination of care. TIP involves providing client-centred care, a predictable and respectful environment, empowerment and autonomy, opportunities for healthy relationship building, and

coordination of care (Steele & Malchiodi, 2012). A study examining experiences of foster care staff implementing a trauma-informed model found that consistency, equalization of power, attending to the youths' needs, and youth empowerment were essential to creating a safe space for trauma survivors (Hall & Semanchin Jones, 2018). Hanson and colleagues (2016) found that there are a variety of examples of what constitutes TIP, which can make the application of this model unclear. The results of the present study identified TIP techniques that can be integrated into the facilitation of the HRP-E program for CAS-involved youth to enhance program feasibility.

Client-Centred Programming

Trauma-informed services require providers to be knowledgeable about trauma reactions and provide services in a manner that supports individuals impacted by trauma (Steele & Malchiodi, 2012). HRP-E facilitators commented that a trauma-informed approach to program facilitation requires facilitators to be mindful of the youths' well-being, to be flexible in adapting the program, and to provide support to meet the youths' needs. Facilitators in the present study found that having information on the youths' background and their well-being was useful to being able to proactively adjust the program to support the youth. The child welfare agency's confidentiality and privacy policies must be reviewed to determine if it is ethical and appropriate to share the youths' information.

Awareness and Adaptations to Meet Youth Needs

Facilitators recommended that before and during implementation of the HRP-E program, population-specific adaptations to program material should be undertaken as needed. Adapting programs for implementation in child welfare contexts is essential, given the unique needs of child welfare-involved youth (Maher et al., 2009). Specifically, Barkan and colleagues (2014) stressed the importance of making adaptations that consider the youths' trauma-related symptoms, the unpredictability of their environment, and their vulnerability due to their age and life experiences.

Flexible Facilitation

Flexibility is also acknowledged as a critical TIP as it recognizes the variety and unpredictability of trauma-related symptoms (Steele & Malchiodi, 2012). Facilitators in the present study identified flexibility as key to HRP-E implementation in order to accommodate for the unpredictability of the youths' lives, experiences, and well-being. This finding echoes other research wherein Ontario child welfare workers reported that the flexibility of an implemented child neglect prevention program was crucial within this context (Weegar et al., 2018).

The HRP-E facilitators also recognized the need to be flexible in order to accommodate for the youths' learning processes. Trauma symptoms can impact and interfere with one's capacity for information processing, and thereby trauma-informed services need to consider delivering content at an appropriate pace (Steele & Malchiodi, 2012). When former youth in care were asked what factors supported their educational success, many of the youth reported that having the education match their processing pace was essential as they recognized that their emotional challenges often interfered with their processing capacity (Rutman & Hubberstey, 2018). In the present study, facilitators and youth indicated that less information should be covered in a session to accommodate for the varied processing needs. Language development in youth can also be impacted by exposure to trauma (Steele & Malchiodi, 2012). HRP-E facilitators found that they also required more time in session to break down the program content into language the youth could process. The sessions need to be structured to accommodate for the youths' processing needs by having more time allocated to delivering each topic, more scheduled breaks, and having the opportunity to tailor the content into concepts that are more readily understood.

Program Support for Youth Participants

TIP also recognizes that trauma survivors often benefit from being reassured that they are emotionally safe when they are exploring sensitive content or are in challenging situations, given that their emotional needs were not met in the past (Steele & Malchiodi, 2012). HRP-E facilitators acknowledged the importance of being aware of the youths' well-being and supporting them when they indicated that they were experiencing uncomfortable emotional reactions or trauma-related symptoms.

Trauma-informed approaches also require facilitators to establish clear boundaries with the youth, so they know what to expect from the relationship (Kezelman & Stavropoulos, 2012; Hummer et al., 2010). Boundaries in relationships develop trust and consistency, which are valuable for child welfare-involved youth whose relationships are often unstable and fraught with unclear boundaries (Kezelman & Stavropoulos, 2012; Hummer et al., 2010). Facilitators reported that it was essential to balance supporting the youth with knowing the scope of their role as a facilitator. HRP-E facilitators need to be aware of their role in order to ensure the emotional safety of youth participants and provide appropriate referrals for youth if they require additional support.

Predictable Program Environment and Schedule

In order to provide trauma survivors with an environment that feels safe, it is critical to have consistency and predictability (Steele & Malchiodi, 2012). Survivors are often able to feel more grounded and safe in predictable environments, considering that trauma is typically related to unpredictable circumstances. Former youth in care reported that going to school and having a predictable schedule provided them with relief and a sense of control (Rutman & Hubberstey, 2018). Youth in the present study noted that they would appreciate having a more stable and predictable session structure. Session schedules would often change due to unanticipated circumstances which then left facilitators without the time needed to complete planned activities. To support consistency and predictability, the HRP-E session schedule needs to allocate a sufficient amount of time to accommodate unanticipated challenges that arise.

Respectful Program Environment

Facilitators discussed the importance of respecting the youths' views even when they did not align with the program content. Specifically, facilitators emphasized that respecting the youths' views required them to avoid imposing the program content on the youth while also not validating unhealthy perspectives. Being respectful of one's experiences and views is an essential TIP since many trauma survivors question the validity of their own experience (Steele & Malchiodi, 2012). Developing a respectful HRP-E environment

requires facilitators to respect the youths' perspectives and provide them with a non-judgmental space to explore their ideas.

Promoting Empowerment and Autonomy in Program

Trauma-informed environments facilitate empowerment by providing survivors with a safe and supportive space to be themselves (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012). The HRP-E was cited by youth and facilitators as a non-judgmental space where youth felt their views and opinions mattered. It was valuable for the youth to be in an environment with peers who had similar experiences because it made them feel safer to be themselves and share their experiences.

Facilitators also noted that they delivered the HRP-E content through collaborating with the youth rather than imposing the content on the youth. This collaborative approach aligns with the TIP of supporting autonomy and equalization of power (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012). TIP also suggests facilitating empowerment through the use of strength-based approaches that highlight the survivor's skills and abilities (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012). Some of the activities in the HRP-E were adapted by facilitators to make them more strength-based as they acknowledged the importance of highlighting positive factors in the youth's life.

Supporting Healthy Relationship Building in Program

TIP aims to facilitate opportunities for positive interpersonal experiences because it acknowledges that trauma often occurs within unhealthy relationships, and thereby positive interpersonal experiences can support the healing process (Steele & Malchiodi, 2012). Youth and facilitators indicated that the relationships developed in the group were valuable and contributed to program satisfaction. Previous research has also highlighted the importance of having relationship building opportunities for child welfare-involved youth. For instance, former youth in care felt that developing relationships with peers involved in child welfare would have been valuable support while they were in high school (Rutman & Hubberstey, 2018). Parents who were aging out of care also mentioned appreciating the social connections they made with other child welfare-involved youth in a parenting

program as it reduced their sense of isolation (Schelbe et al., 2018). Specifically, facilitators in Schelbe and colleague's research (2018) noted the value of scheduling downtime in the program because it provided opportunities for relationship building that contributed to the parents' program satisfaction. The facilitators must allocate time in the HRP-E program structure to support relationship building, given the value of positive interpersonal experiences for these youth.

As outlined in the literature and the present study, the HRP-E program must be delivered in accordance with TIP to ensure the safety and well-being of CAS-involved youth. Within a child-welfare context, HRP-E facilitators should aim to implement the program in a manner that supports positive interpersonal experiences, and is client-centered, predictable, respectful, and empowering.

Child Welfare Agency Resources Required for HRP-E Implementation

Commitment of child welfare agency resources is required to implement the HRP-E for CAS-involved youth. Considering the vulnerability of this population, resources are essential to ensuring that CAS-involved youth can safely navigate the sensitive HRP-E content. Facilitators in the present study highlighted that agencies need to have the capacity to provide staff support, coordination of care for the youth, resources for recruitment, transportation, and financial support.

Staff Support for Coordinating and Facilitating HRP-E

Research has emphasized the importance of having staff engagement and commitment to program implementation when facilitating a program for vulnerable youth (Bright et al., 2010). Specifically, Bright and colleagues (2010) note that facilitating a program for vulnerable youth requires complex system coordination that needs to be supported by all staff. The facilitators in the present study described that the support from child welfare agency staff was essential to recruitment, retention, facilitation, and ensuring the youth were well supported throughout the program. For the HRP-E to be safely implemented with CAS-involved youth, CAS front-line workers and administration need to be committed to work as a team to coordinate the program.

Coordination of Care and Support for HRP-E Participants

Coordination of care is a TIP that is necessary when implementing the HRP-E program within this context (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012). The National Child Traumatic Stress Network (NCTSN; 2016) explicitly states that organizations aiming to follow TIP need to "... act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive." NCTSN (n.d.) explains that in order to develop a trauma-informed child welfare system, child welfare staff need to collaborate with agencies and systems to coordinate the care of their clients.

Significant staff time and energy were required to coordinate the care of child welfare-involved youth engaging in a program through the education system (Maher et al., 2009). Maher and colleagues (2009) highlighted the need for organizations to commit to this coordination in order to support the program and the youths' well-being. Facilitators in the present study reported that it is crucial that HRP-E facilitators have the capacity and ability to connect with caseworkers to coordinate the youths' care. Overall, child welfare agencies need to have the capacity to provide staff support to coordinate the youths' care so the youth can safely engage in the HRP-E program.

Intentional Recruitment of Program Participants

Intentional recruitment of HRP-E participants is a strategy that child-welfare agencies can engage in to reduce the risk of peer contagion. Peer contagion occurs when an individual is influenced to engage in high-risk behaviours due to their exposure to peers who engage in high-risk behaviours (Dishion & Tipsord, 2011). Child welfare agencies can reduce the possibility of peer contagion by recruiting youth with similar risk levels to be in an HRP-E group rather than mixing youth who engage in varying levels of risk-oriented behaviours.

Addressing Barriers to Attend Program

Transportation may seem like a luxury resource for program implementation. However, vulnerable youth experience many barriers to attending programs, and transportation was

identified as a significant challenge. For instance, youth in a residential centre noted that transportation was the main reason they were unable to participate in an off-site program (Bright et al., 2010). In the present study, youth mentioned that they required the transportation offered in order to participate in the program. It is necessary to provide youth with transportation to make the HRP-E an accessible and feasible program for child welfare-involved youth.

Financial Resources Required for Program Facilitation at CAS

Lack of funding is perceived as a crucial factor that impedes the feasibility and sustainability of programs within the Ontario child welfare system (Weegar et al., 2018). Other child welfare locations have also found that the lack of resources and funding interfered with the implementation of programs within child welfare agencies (Gopalan et al., 2019; Schelbe et al., 2018). Child welfare staff reported that they have demanding responsibilities, which makes it challenging to prioritize supporting program implementation (Gopalan et al., 2019). NCTSN (n.d.) underscored that a necessary component of a trauma-informed child welfare system is providing adequate support for child welfare staff. Child welfare staff need to be supported by child welfare agencies, so they can support the HRP-E program while also maintaining their well-being, given their demanding responsibilities. For the HRP-E program to be feasible and sustainable, adequate resources need to be granted to welfare agencies so they can support this valuable program.

Implications

The results of the present study identified that there is a need for healthy relationships programming for CAS-involved youth. CAS-involved youth benefit from learning social and emotional skills that support their well-being and prepare them for the transition to adulthood. As reviewed, child welfare-involved youth are susceptible to engaging in high-risk behaviours that do not support community well-being. It is essential that as a society, we allocate the necessary resources to support this vulnerable population to develop skills that promote well-being.

The study results provide a rationale for policy and system change to better meet the needs of CAS-involved youth by providing the resources required for programming. In order to make a healthy relationships program feasible and sustainable for CAS-involved youth, societal resources need to support program implementation within this context. Given the vulnerability of CAS-involved youth, the appropriate resources must be provided to ensure the program can attend to the well-being of the youth.

The results identified program resources of particular necessity, including intentional recruitment, accessible and convenient program space, support personnel, program supplies and activities, and, most importantly, funding. The results contribute to the body of literature that illuminates the need for policies to support the allocation of resources to organizations caring for child welfare-involved youth. Future research that supports the advocacy for policy change by identifying the needs of CAS-involved youth and the resources required to meet the youths' needs is recommended. Quasi-experimental research should be conducted to clarify the impact of healthy relationships programming on CAS-involved youth.

Trauma-informed facilitation techniques identified in the present study demonstrate ways facilitators can apply the TIP model. The result acknowledged the importance of using trauma-informed techniques that facilitate client-centred care, a predictable and respectful environment, empowerment and autonomy, and opportunities for healthy relationship building. The results highlight that these techniques should be applied to program and session structure, program content and activities, learning process, and support. The identified techniques contribute to the body of literature on program implementation for CAS-involved youth. Given the unique needs of vulnerable youth, it is essential to understand how to implement a program for this population. Future research should continue to explore the implementation science behind programming for CAS-involved youth. Further understanding of implementation factors will improve the ability of organizations to facilitate programming within a child welfare context. Overall, the result of the present study contributes to understanding how to support the well-being of CAS-involved youth through providing appropriate programming.

Limitations

The case study and qualitative design of the present study limits the generalizability of the findings. The results of the present study should be understood with a consideration of the scope of case study research, the impact of real-world settings, researcher characteristics, participant composition, and the research funding.

The present case study provided an understanding of implementing a healthy relationships program within one Ontario child welfare agency. The scope of case study results is limited to the specific case since it aimed to understand a sole experience that may not apply to other circumstances (Stake, 2003). This case study is useful to adding to the body of literature on programming for child welfare-involved youth but cannot make any general claims from the results (Stake, 1995).

The results of the present study are also limited by the natural extraneous variables present in real-world settings that can influence findings. Throughout the research process, the HRP-E went through various changes and alterations to fit within the real-world setting. For instance, following the first implementation of the HRP-E, alterations were made to eligibility criteria and program structure based on the feedback from the initial participants. The results of the present study should be interpreted with the awareness of the natural changes that occurred.

It is also important to consider the biases of the primary researcher that influenced the findings of the present study. The primary researcher defined what they believe represents the present case (Stake, 2003). As a Master of Arts in Counselling Psychology candidate, the researcher has been trained to attend to emotional reactions and has received education on TIP. The findings of this case need to acknowledge the impact of the primary researcher's counselling training on the interpretation of the case study.

The research and program participant make-up also impacts the outcomes of the present study. Eight out of 10 youth dropped out of the spring HRP-E group. Facilitators reported that they believed the youths' housing instability, mental health challenges, and previous conflicts with other participants interfered with their ability to participate. The results of

the present study were impacted by the changes that occurred to the spring HRP-E group to make it suitable for a group of only two youth. As well, no youth from the spring HRP-E group participated in the present study, and thereby the results can only interpret the youths' experience in the spring group through the perspective of facilitator participants.

Lastly, the results of the present research should acknowledge the context and funding of the study (Stake, 2003). The present research is a preliminary exploration of the feasibility of implementing the HRP-E with child welfare-involved youth and is part of a larger implementation project. The HRP-E implementation project is being funded by the Public Health Agency of Canada to examine the fit of the HRP-E with vulnerable youth.

Summary

The present study contributes to understanding the need for, and fit of, a healthy relationships program for child welfare-involved youth and implementation factors to consider within this context. Despite the limitations of the present study, the results are useful to understanding how programs can meet the needs of child welfare-involved youth. In summary, the results found that the HRP-E program is perceived as a relevant and useful program for child welfare-involved youth but requires trauma-informed facilitation and commitment of child welfare agency resources. The findings contribute to understanding how to implement a program with child welfare-involved youth to support their development of healthy relationship skills. It is evident that healthy relationship programming is valuable for CAS-involved youth and has the potential to equip this vulnerable population with the knowledge and skills required to enhance their well-being. Further exploration of healthy relationship programming within a child-welfare context is crucial to understanding how society can adequately support the needs of these vulnerable youth.

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Study Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

Principal Investigator: Claire Crooks PhD, Associate Professor, Faculty of Education, Western University

Contact Information: [REDACTED]

Research Assistant: Bridget Houston, MA Candidate, Counselling Psychology, Faculty of Education, Western University

Contact Information: [REDACTED]

Letter of Information

As a facilitator for the Fourth R program for youth at the Children's Aid Society of London & Middlesex you are being invited to participate in this research project.

Voluntary Participation: The participation in this study is voluntary. Your decision in regards to participation or withdrawing from the study will not impact your facilitation of the Fourth R program at the Children's Aid Society of London & Middlesex. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. We will provide you with any new information that may affect your decision to stay in the study. You do not waive any legal right by consenting to this study.

What is the purpose of this study?

The purpose of this study is to explore the feasibility of implementing the Fourth R program with youth at a child welfare agency.

What will I be expected to do?

There are two research components. In the Consent Form (see attached) you will select the specific research activities that you consent to participate in. You do not need to take part in all research activities to participate in the research. The research activities include:

- *Session Tracking Sheet:* The Session Tracking Sheet is a survey that is completed after each Fourth R session in which you will report on the activities that were completed during the session. Each sheet takes approximately 10 minutes to complete.
- *Semi-Structured Interview:* An audio-recorded in-person interview that asks you to report on your view of the Fourth R program, the resources you think are required to facilitate this program, and the fit of the program at the Children's Aid Society. The interviews are semi-structured so topics may be discussed that were not outlined above depending on what topics you bring forth in the interview. The interview will take approximately one hour. It is mandatory that the interview is audio-recorded.

How will the interviews be used?

The interviews will be used to understand your view of the Fourth R program. The data from the interviews will be reported as aggregated data and direct quotes that are not linked to your identifiable information. In the consent form you will indicate whether you consent to direct quotes being extracted from the audio-recorded interview for the reporting and analysis of data.

Where will the research take place?

All the research activities will take place at the Children's Aid Society of London & Middlesex.

Will I be reimbursed for my travel costs?

You will be provided with travel vouchers to use for your travel to and from the Children's Aid Society for research activities.

Will I be compensated for participating in this study?

You will be compensated with a \$20.00 gift card for your participation in the interview.

How will my information be kept confidential and anonymous?

Your participation will remain confidential and data collected will only be accessed by the principal investigator and research assistant. The data will not be linked to any of your personal identifiable information. Your data will be kept in locked storage and a secure online database through the Centre of School Mental Health at Western University for a period of seven years and then it will be destroyed. Immediately after all research activities, the data will be transferred onto the Western database or to the locked storage. The Trint and Dedoose software used to transcribe and analyze the data are encrypted and secure servers based in the United States. Transcription of the audio files will occur within a year of the interview, following transcription the audio files will be destroyed.

What happens if I change my mind and wish to withdraw?

You are able to withdraw from participating in the study at any time. However, the research team is unable to withdraw your data from the study following your participation given that the data is not linked to any identifiable information.

What are the potential benefits or harms associated with participation in this study?

The study has potential benefits to society as a whole. The outcomes of the proposed research will contribute to understanding how to implement a healthy relationships program with youth at the Children's Aid Society. There are no significant harms to participating in this study. However, the interview asks you to recall your experience in the Fourth R which could bring about emotional discomfort.

How can I get a copy of the research results?

The research results will be finalized in April 2020 and the researchers will provide you with a copy of the results at the scheduled Fourth R Meeting.

Where do I get questions answered?

If you have any questions regarding the research procedure you may contact the principal investigator, Dr. Claire Crooks [REDACTED] or research assistant, Bridget Houston [REDACTED]

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 [REDACTED]. 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.

This letter is yours to keep for future reference.

Participant Consent Form

Study Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

Principal Investigator: Claire Crooks PhD, Associate Professor, Faculty of Education, Western University

I have read the Letter of Information, the research study has been explained to me and all my questions about the research procedure have been answered. I agree to participate in (please select all the research activities that you consent to participate in):

Session Tracking Sheets

Audio-Recorded 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.

Participant's Name (please print):

Participant's Signature:

Date:

I consent to being contacted with schedule reminders for the research activities. Please provide your signature next to the preferred method of contact for schedule reminders.

Telephone: _____ Telephone number:

(participant signature)

Email: _____ Email address:

(participant signature)

Research Assistant to complete:

My signature indicates that I have explained the study to the research participant named above and I have answered the participant's questions.

Researcher's Name (please print):

Researcher's Signature:

Date:



Western

Centre for School
Mental Health

Appendix B

Youth Letter of Information and Consent Form

Study Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

Principal Investigator: Claire Crooks PhD, Associate Professor, Faculty of Education, Western University

Contact Information: [REDACTED]

Research Assistant: Bridget Houston, MA Candidate, Counselling Psychology, Faculty of Education, Western University

Contact Information: [REDACTED]

Letter of Information

As a participant for the Fourth R program you are being invited to participate in this research project.

Voluntary Participation: Participation in this study is voluntary. Your decision in regards to participation or withdrawing from the study will not impact your participation in the Fourth R program. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. We will provide you with any new information that may affect your decision to stay in the study. You do not waive any legal right by consenting to this study.

What is the purpose of this study?

The purpose of this study is to explore the experiences of participating in or facilitating the Fourth R program within the Children's Aid Society.

What will I be expected to do?

You will be invited to participate in an audio-recorded in-person interview that asks you to report on your experience participating in the Fourth R program. The interviews are semi-structured so topics may be discussed that were not outlined above depending on what topics you bring forth in the interview. The interview will take approximately one hour. It is mandatory that the interview is audio-recorded.

How will the interviews be used?

The interviews will be used to understand your view of the Fourth R program. The data from the interviews will be reported as aggregated data and direct quotes that are not linked to your identifiable information. In the consent form you will indicate whether you consent to direct quotes being extracted from the audio-recorded interview for the reporting and analysis of data.

Where will the research take place?

All the research activities will take place at the Children's Aid Society of London & Middlesex.

Will I be reimbursed for my travel costs?

You will be provided with travel vouchers to use for your travel to and from the Children's Aid Society of London and Middlesex for research activities.

Will I be compensated for participating in this study?

You will be compensated with a \$20.00 gift card for your participation in the interview.

How will my information be kept confidential and anonymous?

Your participation will remain confidential and data collected will only be accessed by the principal investigator and research assistant. The data will not be linked to any identifiable information. Your data will be kept in locked storage and a secure online database through the Centre of School Mental Health at Western University for a period of seven years and then it will be destroyed. Immediately after all research activities, the data will be transferred onto the Western database or to the locked storage. The Trint and Dedoose software used to transcribe and analyze the data are encrypted and secure servers based in the United States. Transcription of the audio files will occur within a year of the interview, following transcription the audio files will be destroyed.

What happens if I change my mind and wish to withdraw?

You are able to withdraw from participating in the study at any time. However, the research team is unable to withdraw your data from the study following your participation given that the data is not linked to any identifiable information.

What are the potential benefits or harms associated with participation in this study?

The study has potential benefits to society as a whole. The outcomes of the proposed research will contribute to understanding how to implement a healthy relationships program with youth at the Children's Aid Society. There are no significant harms to participating in this study. However, the interview asks you to recall your experience in the Fourth R which could bring about emotional discomfort.

How can I get a copy of the research results?

The research results will be finalized in April 2020 and the researchers will provide you with a copy of the results at the scheduled Fourth R Meeting and/or by email if your provide consent for this form of communication.

Where do I get questions answered?

If you have any questions regarding the research procedure you may contact the principal investigator, Dr. Claire Crooks [REDACTED] or research assistant, Bridget Houston [REDACTED]. 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 [REDACTED]. 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.

This letter is yours to keep for future reference.

Participant Consent Form

Study Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

Principal Investigator: Claire Crooks PhD, Associate Professor, Faculty of Education, Western University

I have read the Letter of Information, the research study has been explained to me and all my questions about the research procedure have been answered. I agree to participate in an:

Audio-Recorded 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.

Participant's Name (please print):

Participant's Signature:

Date:

I consent to being contacted with schedule reminders for the research activities. Please provide your signature next to the method of contact you consent to for schedule reminders.

Telephone: _____ Telephone number:

(participant signature)

Email: _____ Email address:

(participant signature)

I consent to:

End of Study results being emailed to me.

Research Assistant to complete:

My signature indicates that I have explained the study to the research participant named above and I have answered the participant's questions.

Researcher's Name (please print):

Researcher's Signature:

Date:



Western

Centre for School
Mental Health

Appendix C

Youth Letter of Information and Assent Form

Study Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

Principal Investigator: Claire Crooks PhD, Associate Professor, Faculty of Education, Western University

Contact Information: [REDACTED]

Research Assistant: Bridget Houston, MA Candidate, Counselling Psychology, Faculty of Education, Western University

Contact Information: [REDACTED]

Letter of Information

As a participant for the Fourth R program you are being invited to participate in this research project.

Voluntary Participation: Participation in this study is voluntary. Your decision in regards to participation or withdrawing from the study will not impact your participation in the Fourth R program. Even if you assent to participate you have the right to not answer individual questions or to withdraw from the study at any time. We will provide you with any new information that may affect your decision to stay in the study. You do not waive any legal right by assenting to this study.

What is the purpose of this study?

The purpose of this study is to explore the experiences of participating in or facilitating the Fourth R program within the Children's Aid Society.

What will I be expected to do?

You will be invited to participate in an audio-recorded in-person interview that asks you to report on your experience participating in the Fourth R program. The interviews are semi-structured so topics may be discussed that were not outlined above depending on what topics you bring forth in the interview. The interview will take approximately one hour. It is mandatory that the interview is audio-recorded.

How will the interviews be used?

The interviews will be used to understand your view of the Fourth R program. The data from the interviews will be reported as aggregated data and direct quotes that are not linked to your identifiable information. In the assent form you will indicate whether you assent to direct quotes being extracted from the audio-recorded interview for the reporting and analysis of data.

Where will the research take place?

All the research activities will take place at the Children's Aid Society of London & Middlesex.

Will I be reimbursed for my travel costs?

You will be provided with travel vouchers to use for your travel to and from the Children's Aid Society of London and Middlesex for research activities.

Will I be compensated for participating in this study?

You will be compensated with a \$20.00 gift card for your participation in the interview.

How will my information be kept confidential?

Your participation will remain confidential and data collected will only be accessed by the principal investigator and research assistant. The data will not be linked to any identifiable information. Your data will be kept in locked storage and a secure online database through the Centre of School Mental Health at Western University for a period of seven years and then it will be destroyed. Immediately after all research activities, the data will be transferred onto the Western database or to the locked storage. The Trint and Dedoose software used to transcribe and analyze the data are encrypted and secure servers based in the United States. Transcription of the audio files will occur within a year of the interview, following transcription the audio files will be destroyed.

What happens if I change my mind and wish to withdraw?

You are able to withdraw from participating in the study at any time. However, the research team is unable to withdraw your data from the study following your participation given that the data is not linked to any identifiable information. To withdraw from the study, contact the research team.

What are the potential benefits or harms associated with participation in this study?

The study has potential benefits to society as a whole. The outcomes of the proposed research will contribute to understanding how to implement a healthy relationships program with youth at the Children's Aid Society. There are no significant harms to participating in this study. However, the interview asks you to recall your experience in the Fourth R which could bring about emotional discomfort.

How can I get a copy of the research results?

The research results will be finalized in April 2020 and the researchers will provide you with a copy of the results at the scheduled Fourth R Meeting and/or by email if you provide assent for this form of communication.

Where do I get questions answered?

If you have any questions regarding the research procedure you may contact the principal investigator, Dr. Claire Crooks [REDACTED] or research assistant, Bridget Houston [REDACTED]. 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 [REDACTED]. 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.

This letter is yours to keep for future reference.

Interview Youth Assent Form

Study Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

Principal Investigator: Claire Crooks PhD, Associate Professor, Faculty of Education, Western University

I have read the Letter of Information, the research study has been explained to me and all my questions about the research procedure have been answered. I agree to participate in an:

Audio-Recorded Interview

I assent 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.

Participant's Name (please print):

Participant's Signature:

Date:

I assent to being contacted with schedule reminders for the research activities. Please provide your signature next to the method of contact you assent to for schedule reminders.

Telephone: _____ Telephone number:

(participant signature)

Email: _____ Email address:

(participant signature)

I assent to:

End of Study results being emailed to me.

Research Assistant to complete:

My signature indicates that I have explained the study to the research participant named above and I have answered the participant's questions.

Researcher's Name (please print):

Researcher's Signature:

Date:



Western

Centre for School
Mental Health

Appendix D

Guardian Letter of Information and Consent Form

Study Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

Principal Investigator: Claire Crooks PhD, Associate Professor, Faculty of Education, Western University

Contact Information: [REDACTED]

Research Assistant: Bridget Houston, MA Candidate, Counselling Psychology, Faculty of Education, Western University

Contact Information: [REDACTED]

Your child is being invited to participate in this study because your child is participating in the Fourth R program.

Voluntary Participation: Your child's participation in this study is voluntary. Your decision in regards to your child's participation or withdrawing from the study will not impact your child's participation in the Fourth R program. Even if your child consents to participate your child has the right to not answer individual questions or to withdraw from the study at any time. We will provide you with any new information that may affect you and your child's decision to stay in the study. You do not waive any legal right by consenting to this study.

What is the purpose of this study?

The purpose of this study is to explore the experiences of participating in or facilitating the Fourth R program within the Children's Aid Society

What will I be expected to do?

Your child will be invited to participate in an audio-recorded in-person interview that asks them to report on their experience participating in the Fourth R program. The interviews are semi-structured so topics may be discussed that were not outlined above depending on what topics your child brings forth in the interview. The interview will take approximately one hour. It is mandatory that the interview is audio-recorded.

How will the interviews be used?

The interviews will be used to understand your child's view of the Fourth R program. The data from the interviews will be reported as aggregated data and direct quotes that are not linked to your child's identifiable information. In the consent form you will indicate whether you consent to direct quotes being extracted from the audio-recorded interview for the reporting and analysis of data.

Where will the research take place?

All the research activities will take place at the Children's Aid Society of London & Middlesex.

Will I be reimbursed for my travel costs?

Your child will be provided with travel vouchers to use for your travel to and from the Children's Aid Society of London and Middlesex for research activities.

Will I be compensated for participating in this study?

Your child will be compensated with a \$20.00 gift card for participation in the interview

How will my information be kept confidential?

Your child's participation will remain confidential and data collected will only be accessed by the principal investigator and research assistant. The data will not be linked to any identifiable information. Your child's data will be kept in locked storage and a secure online database through the Centre of School Mental Health at Western University for a period of seven years and then it will be destroyed. Immediately after all research activities, the data will be transferred onto the Western database or to the locked storage. The Trint and Dedoose software used to transcribe and analyze the data are encrypted and secure servers based in the United States. Transcription of the audio files will occur within a year of the interview, following transcription the audio files will be destroyed.

What happens if I change my mind and wish to withdraw?

You and your child are able to withdraw from participating in the study at any time. However, the research team is unable to withdraw your child's data from the study following their participation given that the data is not linked to any identifiable information. To withdraw from the study, contact the research team.

What are the potential benefits or harms associated with participation in this study?

The study has potential benefits to society as a whole. The outcomes of the proposed research will contribute to understanding how to implement a healthy relationships program with youth at the Children's Aid Society. There are no significant harms to participating in this study. However, the interview asks your child to recall their experience in the Fourth R which could bring about emotional discomfort.

How can I get a copy of the research results?

The research results will be finalized in April 2020 and the researchers will provide you with a copy of the results at the scheduled Fourth R Meeting and/or by email if you and your child provide consent for this form of communication.

Where do I get questions answered?

If you have any questions regarding the research procedure you may contact the principal investigator, Dr. Claire Crooks [REDACTED] or research assistant, Bridget Houston [REDACTED]. 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 [REDACTED]. 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.

This letter is yours to keep for future reference.

Guardian Consent Form

Project Title: Implementation of a Healthy Relationships Program with Youth at the Children's Aid Society

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

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:**

- I give permission for my child to participate in an audio-recorded interview.
- Direct quotes being extracted from the audio-recorded interview for the reporting and analysis of data. To ensure your child's confidentiality and anonymity direct quotes will not be linked to identifiable information.
- I give permission for the end of study results to be emailed to my child.

Your Child's Name (please print):

Your Name (please print): _____

Your Signature: _____

Date: _____

My signature indicates that I have explained the study to the research participant named above and I have answered the participant's questions.

Researcher's Name (please print):

Researcher's Signature:

Date:



HEALTHY RELATIONSHIPS PLUS ENHANCED PROGRAM

SESSION INFORMATION

Please complete the following questions as you go through the program. These will be submitted at the end of the program.

Session #1 – Getting to Know You

Activity	(✓) If it was completed
Warm Up	
Welcome and Introduction	
Activity – Partner Introductions	
Activity – Developing Guidelines for the Group	
Activity – Youth Voice – Discovering Concerns of Youth: Fishbone Activity and Numbered Heads	
Activity – Greatest Strength	
Cool Down	

1) In general, was the time allotted for the session:

Too long Just right Too short

2) Was there a specific section or activity that was well-received? If so, please identify what section(s) and describe why you think it was well-received?

3) Was there a specific section or activity that was problematic? If so, please identify what section(s) and why it was problematic.

4) Please offer any other feedback or suggestions for improvement to the activities.

Appendix F

Implementation Survey

HRP Implementation Survey - Enhanced -Component 1 & 3**Implementation Survey for the Healthy Relationships Program (HRP)**

This survey asks questions about your experiences with implementing the HRP including successes and challenges. The survey takes **approximately 10 minutes to complete**. Your name is not included on any part of this survey and will not be used in any report.

Completing this survey is voluntary. At any time, you can choose to stop the survey or not answer a particular question. Completing this survey has no influence on your role of facilitator for the HRP or any other programs.

Please answer the each question based on the most recent group you implemented.

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 where students were removed from class
- 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)

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

	Did not attempt	Attempted but did not complete	Completed
Session 6: Active Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 10: Assertive Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 11: Apology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 12: Delay, Negotiation, Refusal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 13: Breaking Up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 15: Active Listening/Help Seeking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:

	Not at all	Not very much	Neutral	Somewhat	Very much
To what extent was implementing the HRP Program a positive experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent would you recommend the HRP Program to other colleagues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes
- 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.

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

Skip To: Q30 If Did you make any modifications to the HRP Program while you were implementing it? = 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 _____

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

	Number 1 reason	Number 2 reason	Number 3 reason
Adapted scenarios to youth population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced or dropped activities to continue important discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced or dropped activities because the group already knew each other well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced or dropped activities to stay within time limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Added supplementary resources (videos, speakers) to have more relevant and effective discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modified activities due to group size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modified activities to accommodate students' individual needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modified activities to fit needs and experiences of older/more mature youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- Other, please specify _____

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

Please complete the following.

	Not at all	Not very much	Neutral	Somewhat	Very much
To what extent did the HRP program training prepare you to implement the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you be interested in learning about other Fourth R programs for possible implementation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

	Definitely not	Not likely	Unsure	Likely	Definitely
Do you plan to implement the HRP Program again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you attend additional HRP Program trainings if you had the opportunity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

	Not at all	Not very much	Neutral	Somewhat	Very much
enjoy the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
participate in the group activities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn how to identify healthy/unhealthy relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn about the connections between relationships and substance use/addiction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn about the connections between relationships and mental health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn about the impacts of substance use and abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrate understanding of personal boundaries and consent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
develop healthy coping strategies?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
improve strategies for helping a friend with mental health challenges?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

demonstrate improved communication skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrate improved critical thinking and problem solving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrate awareness of outside influences on relationships (i.e. the media, gender stereotypes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
provide support to each other around difficult issues?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
demonstrate awareness of power and control in relationships and the early warning signs of dating violence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn strategies for seeking help for themselves or a friend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn strategies for keeping themselves safe in relationships?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
learn strategies to keep themselves safe if using substances?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

- Yes
- No

Please complete the following.

	Not at all	Not very much	Neutral	Somewhat	Very much

How important is it to your school/ organization that you use evidence-based programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How important is it to your provincial government/ ministries that you use evidence-based programs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent are you able to choose the programs/ resources you will implement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there additional supports in your school/organization for you to implement the HRP Program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you receive support from an external consultant or other coordinator to implement the HRP Program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent does the HRP Program match your school division or organization's priorities and objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there an identified person at the school division or community level to support the program implementation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are there additional training opportunities at the school division or organization level on relationships, mental health, and substance use/abuse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you established new community partnerships as a result of the HRP Program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do parents of youth in your program value the HRP Program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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 _____

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.

Appendix G

Interview Protocol for Facilitator Participants

Objective

The objective of the interview is to understand participants' view of the Fourth R program, the resources required to implement the program, and the fit of the program in this context.

Interview Guide

Interviews will take place at the Children's Aid Society of London & Middlesex where resources are easily accessible should the interview evoke emotional responses. The interviews follow a semi-structured format and will be audio recorded. The framework of the interview will follow the procedure below. Questions for follow-up, clarification and probing will be asked when it is necessary and appropriate to addressing the objectives of the interview.

Interview Procedure

Audio-Recording Set-Up

The researcher will first confirm that the participant consented to participating in an audio-recorded interview in their consent form. The audio-recording device will then be set up in the room prior to the participant arrival. When the participant arrives the researcher will ask the participant "Just as a reminder this interview is being audio-recorded. Are you still comfortable with participating in an audio-recorded interview?" If the participant responds that they are still comfortable with participating in an audio-recorded interview proceed to Introduction Script. If the participant responds that they are not comfortable with participating in an audio-recorded interview turn off the recorder and do not proceed with the interview.

Introduction Script

The researcher will introduce the interview to the participant: "The purpose of this interview is to hear about your views on the Fourth R program, the resources you think are required to facilitate this program, and the fit of the program at the Children's Aid Society. You are welcome to skip any question if you do not want to answer them. As well, you can stop the interview at any time. Do you have any questions before we get started?"

Questions

1. What was your experience like facilitating the Fourth R program at the Children's Aid Society?
 - *Probe:* What did you enjoy? What didn't you enjoy? Why?
2. How do you think the youth participants impacted the facilitation of the Fourth R program?
3. What resources do you think are required to implement the Fourth R program with youth at a child welfare agency?
4. Do you think that the Fourth R program is a good fit in a child welfare agency?

Appendix H

Interview Protocol for Youth Participants – Summer 2019

Objective

The objective of the interview is to understand participants' view of the Fourth R program, the resources required to implement the program, and the fit of the program in this context.

Interview Guide

Interviews will take place at the Children's Aid Society of London & Middlesex where resources are easily accessible should the interview evoke emotional responses. The interviews follow a semi-structured format and will be audio recorded. The framework of the interview will follow the procedure below. Questions for follow-up, clarification and probing will be asked when it is necessary and appropriate to addressing the objectives of the interview.

Interview Procedure

Audio-Recording Set-Up

The researcher will first confirm that the participant consented to participating in an audio-recorded interview in their consent form. The audio-recording device will then be set up in the room prior to the participant arrival. When the participant arrives the researcher will ask the participant "Just as a reminder this interview is being audio-recorded. Are you still comfortable with participating in an audio-recorded interview?" If the participant responds that they are still comfortable with participating in an audio-recorded interview proceed to Introduction Script. If the participant responds that they are not comfortable with participating in an audio-recorded interview turn off the recorder and do not proceed with the interview.

Introduction Script

The researcher will introduce the interview to the participant: "The purpose of this interview is to hear about your experience participating in the Fourth R program, and what you think would have improved your experience. You are welcome to skip any question if you do not want to answer them. As well, you can stop the interview at any time. Do you have any questions before we get started?"

Questions

1. How was your experience participating in the Fourth R program?
 - *Probe:* What did you enjoy? What didn't you enjoy? Why?
2. Did you learn any specific skills and strategies in the program? Have you used any of these skills or strategies?
3. What could have improved your experience participating in the Fourth R program?
4. Do you think other youth would attend the Fourth R program?
 - *Probe:* What if it was facilitated at a different location other than the Children's Aid Society? Did you like that the program was facilitated at the Children's Aid Society?

Appendix I

Modified Interview Protocol for Youth- Fall 2019

Objective

The objective of the interview is to understand participants' view of the Fourth R program, the resources required to implement the program, and the fit of the program in this context.

Interview Guide

Interviews will take place at the Children's Aid Society of London & Middlesex where resources are easily accessible should the interview evoke emotional responses. The interviews follow a semi-structured format and will be audio recorded. The framework of the interview will follow the procedure below. Questions for follow-up, clarification and probing will be asked when it is necessary and appropriate to addressing the objectives of the interview.

Interview Procedure

Audio-Recording Set-Up

The researcher will first confirm that the participant consented to participating in an audio-recorded interview in their consent form. The audio-recording device will then be set up in the room prior to the participant arrival. When the participant arrives the researcher will ask the participant "Just as a reminder this interview is being audio-recorded. Are you still comfortable with participating in an audio-recorded interview?" If the participant responds that they are still comfortable with participating in an audio-recorded interview proceed to Introduction Script. If the participant responds that they are not comfortable with participating in an audio-recorded interview turn off the recorder and do not proceed with the interview.

Introduction Script

The researcher will introduce the interview to the participant: "The purpose of this interview is to hear about your experience participating in the Fourth R program, and what you think would have improved your experience. You are welcome to skip any question if you do not want to answer them. As well, you can stop the interview at any time. Do you have any questions before we get started?"

Questions

1. How was your experience participating in the Fourth R program?
 - *Probe:* What did you enjoy? What didn't you enjoy? Why?
2. Were there any topics that you found particularly uncomfortable to discuss?
 - *Probe:* What did you find helpful to support you through these difficult conversations? Did the program itself offer you support? Did you reach out to people outside of the program to get support?
 - *Probe:* What do you think could have helped support you to have these uncomfortable conversations?

- *Probe:* How did the discomfort of these conversations impact your view of the program? Do you think these discussions were still useful even though they were uncomfortable?
- 3. Did you learn any specific skills and strategies in the program? Have you used any of these skills or strategies?
 - *Probe:* Do you think that you will use any of the skills and strategies you learned in the future?
- 4. What could have improved your experience participating in the Fourth R program?
- 5. Do you think other youth would attend the Fourth R program?
 - *Probe:* What if it was facilitated at a different location other than the Children's Aid Society? Did you like that the program was facilitated at the Children's Aid Society?

Appendix J

Description of Final Codes

Codes	Description
Program Satisfaction	Youth and facilitator general satisfaction with the HRP-E program.
Fit with the Children's Aid Society	The fit of the HRP-E program with CAS.
<i>Facilitation</i>	
Flexibility & Balance	Strategy of being flexible when facilitating HRP-E with CAS-involved youth.
Facilitator Qualification and Professional Background	Facilitator qualifications and professional background impact on HRP-E implementation.
Awareness of Youth's Background and Current Well-Being	Need for facilitators to be aware of youths' personal background and current well-being while facilitating HRP-E.
Preparation	Preparation required to facilitate the HRP-E program.
Scope of Program	Facilitator being aware of the scope of the program as psycho-educational.
<i>Group Process</i>	
Recruitment Considerations	Considerations for recruiting youth participants.
Retention & Engagement	Youths' retention and engagement with HRP-E.
Common Experience	Impact of having a group of youth who have had shared experiences.
Group Make-Up	How the group make-up impacts the HRP-E program.
Managing Group Dynamics	Managing group dynamics that impact HRP-E facilitation.
Relationship Building	Relationships that were developed throughout the HRP-E program.
<i>Learning Outcomes</i>	
Application of Knowledge and Skills	Youth application of knowledge and skills they learned in HRP-E. Examples of youth using/not using knowledge and skills learned in HRP-E.
Awareness and Connecting Information to Life	Youth connecting HRP-E skills/information to their life context.
Non-Specific Educational Outcomes	General learning outcomes of HRP-E
Impact of Previous Knowledge on Learning	How youths' previous knowledge and experiences impacted the learning process and outcomes.
Learning Process	The learning process of youth participants.
Prepared for Future	HRP-E learning outcomes impacting youth's preparation to address future situations.
Perspective Taking	HRP-E impacting youth's ability to understand situations from different perspectives.

Reinforced Skills	HRP-E reinforcing the skills the youth already have.
<i>Program Content</i>	
Relevancy and Need	View on the relevancy of program content for youth and the need for a program like HRP-E for CAS-involved youth.
Discussions	View of program discussions.
Activities	View of program activities.
Videos	View of videos used in HRP-E.
Sensitive Content	View of uncomfortable aspects of HRP-E content for CAS-involved youth.
Self-Care for Sensitive Content	Descriptions on how the youth participants coped with sensitive program content.
Adaptations to Meet Population Needs	Adjustments to program content that were made or suggested to meet population needs.
<i>Program Format</i>	
Program Structure	View of program structure and suggestions to program structure (e.g., length of program).
Session Structure	View of session structure and suggestions for session structure (e.g., breaks in sessions).
<i>Resources</i>	
Community Referrals and Connection	Community referrals and connections that are useful/not useful resources for CAS-involved youth.
Extracurricular Activities	Activities outside the HRP-E curriculum that could be/were facilitated with the HRP-E group. View of extracurricular activities.
Funding	Funding required to facilitate the program with CAS-involved youth.
Logistics	Transportation and coordination required to get youth to program.
Program Materials	Program materials required to facilitate HRP-E with youth at CAS.
Program Space	Program space requirements and suggestions.
Reinforcement and Engagement Supplies	Supplies required to support youth program engagement.
Support Personnel	People that supported HRP-E implementation and suggestions of support personnel required for implementation.

Bridget Houston

Curriculum Vitae

Education

09/18-Present: Master of Arts in Counselling Psychology, Western University

09/12-04/16: Bachelor of Arts, First Class Honours in Psychology, St. Francis Xavier University (St. FX)

Undergraduate Honours Thesis

Houston, B. E., & Austen, E. *A self-generation intervention to reduce binge drinking in undergraduate university students.*

- Poster presented at the Psychological Health & Well Being Research Cluster Conference, Sherbrooke, QC (2016, May).
- Oral presentation at the 40th Annual Science Atlantic Undergraduate Psychology Conference, Moncton, NB (2016, May).
- Oral presentation to St. FX Administration on Binge Drinking Prevention Strategies, Antigonish, NS (2016, April).
- Poster presented at the 14th Annual St. Francis Xavier University Student Research Day, Antigonish, NS (2016, March).

Academic Awards

05/2019-Present: *Social Sciences and Humanities Research Council, Canada Graduate Scholarships to Honour Nelson Mandela*

09/15-05/2016: *Nova Scotia Health Research Foundation, Undergraduate Scotia Scholar*

05/2016: *Craig McDonald Mooney Prize in Psychology, St. FX University*

- Student with the highest average in Psychology over their final three years

Publication

Johnson, P., **Houston, B.**, & Kraglund-Gauthier, W. (2019). Decolonizing the classroom in social justice learning: Perspectives on access and inclusion for participants living with disabilities. In J. Hoffman, P. Blessinger, & M. Makhanya (Eds.), *Strategies for fostering inclusive classrooms in higher education: International perspectives on equity and inclusion* (Vol. 16, pp. 83-95). Bingley, UK: Emerald Publishing Limited.

Crooks, C. V., Jaffe, P., Dunlop, C., Kerry, A., **Houston, B.**, Exner-Cortens, D., & Wells, L. (2019). *Primary prevention of violence against women and girls: Current knowledge and program effectiveness*. London, ON: Western University, Centre for Research & Education on Violence Against Women & Children.

Research Experience

02/2019-04/2019: Research Assistant, Centre for School Mental Health, Western University

10/2017-03/2018: Research Assistant, Coady International Institute, Nova Scotia

9/2016-03/2017: Research Assistant, Child Care Matters Study, University of Toronto

Related Work Experience

09/2019-Present: Intern Counsellor, Fanshawe College Counselling Centre, London, ON

12/2017-08/2018: Prime Worker Residential Counsellor, The Salvation Army, Toronto, ON

09/2017-11/2017: Community Residential Facility Attendant, The Salvation Army, Victoria, BC

09/2015-04/2016: Bringing in the Bystander Coordinator and Educator, St. FX Students' Union

09/2014-04/2016: Sexual Violence Policy Implementation Committee at St. FX, Nova Scotia

09/2013-04/2014: Preventing Violence at St. FX Initiative, Antigonish Women's Resource Centre