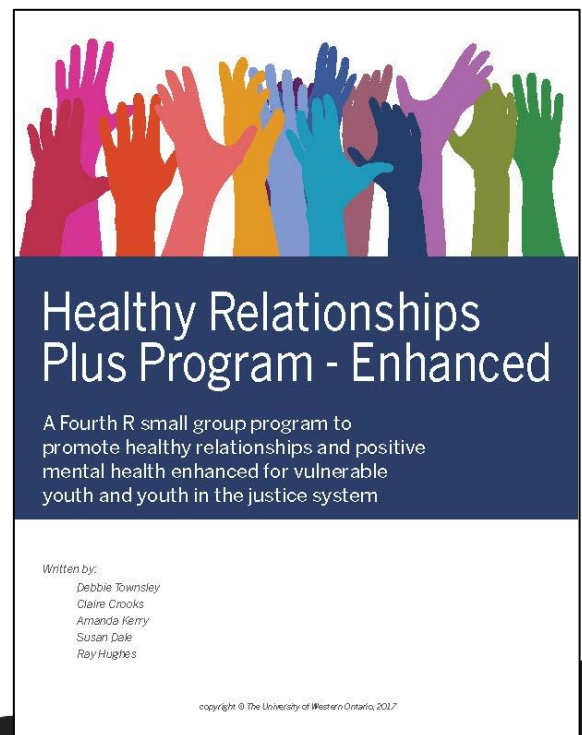


# Implementation of the Healthy Relationships Plus Program – Enhanced with Youth at the Children’s Aid Society of London and Middlesex

Lessons Learned and Next Steps

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## Table of Contents

Overview of the Healthy Relationships Plus Program-Enhanced.....	3
Potential Fit with CAS-Involved Youth .....	3
Research Project.....	4
Research Activities .....	4
Main Finding: Youths' Life Experiences Impact HRP-E Feasibility.....	5
Section One: Fit of the Program .....	6
1. Youth and facilitators reported that they enjoyed participating in and facilitating the HRP-E program.....	6
2. Relationship-building seemed to be central to the reported satisfaction with the HRP-E program.....	6
3. The HRP-E provided a comfortable context for youth .....	6
4. Youth enjoyed program activities.....	7
5. Program content was relevant to experiences and present circumstances .....	7
6. The HRP-E met a clear need.....	8
7. Participants learned new skills and knowledge .....	8
Overall conclusions - Does the HRP-E fit with CAS-involved youth? .....	9
Section Two: Trauma-Informed Facilitation .....	10
What is Trauma-Informed Practice? .....	10
1. Program and session structure may need to be modified .....	11
2. Trauma-informed modifications to program content and activities .....	13
3. Accommodate the learning process of the group .....	14
4. Be aware of youths' needs and provide appropriate support .....	15
Section Three: Required Program Resources .....	17
1. Intentional recruitment .....	17
2. Transportation .....	18
3. Program space .....	18
4. Support personnel .....	18
5. Program supplies and activities .....	19
Moving Forward.....	20
Future Research.....	20
Summary .....	20
References.....	21

## Overview of the Healthy Relationships Plus Program-Enhanced

- Program designed to enhance healthy relationships skills, promote positive mental health and reduce engagement in high-risk behaviours
- Skill-based activities 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
- To develop skills, critical thinking and problem-solving ability, participants engage in role plays and other interactive activities to practice using their skills in real-life scenarios
- Designed for vulnerable youth ages 12-18 years
- Addresses the needs of vulnerable youth by using a trauma-informed and harm reduction approach, and includes higher-risk scenarios that match the experiences of vulnerable youth
- Uses a flexible implementation model that supports the delivery of the program in settings outside of a classroom
- Consists of 16 sessions that are 1 hour each, although in many cases, it is implemented in eight 2-hour sessions
- Recommended group size of 6-12 participants (Townsend et al., 2017)

### *Potential Fit with CAS-Involved Youth*

Child welfare-involved youth are susceptible to engaging in high-risk interpersonal behaviours due to their experiences of maltreatment and the instability of their relationships with caregivers (Crooks et al., 2011; Ellis & Wolfe, 2009; Lansford et al., 2007). The HRP-E was identified as a promising program for child welfare-involved youth, given the evidence that this program fosters healthy relationship skills and positive mental health:

- ✓ **Reduced the risk of violent offending** for youth who have experienced child maltreatment; this effect continued two years after the program was delivered, without requiring a booster session (Crooks et al., 2011).
- ✓ **Improved youths' ability to identify abuse** in romantic relationships, even when it was subtle abuse (Crooks et al., 2008).
- ✓ **Improved awareness** about violence and sexual health (Crooks et al., 2008).
- ✓ **Reduced dating violence and increased condom use** 2.5 years after program participation (Wolfe et al., 2009).
- ✓ **Improved peer pressure resistance** in youth (Wolfe et al., 2012).
- ✓ **Reduced susceptibility to bullying victimization**, which was mediated by the youth having a **higher intent to pursue mental health support** (Exner-Cortens et al., 2019).
- ✓ **Significantly decreased depressive symptoms** in youth with initial high depression scores (Lapshina et al., 2019).
- ✓ **Facilitators were highly satisfied** with the program and were particularly impressed by the content and educational approaches in contrast to other programs (Crooks et al., 2013).

## ***Research Project***

- The Children's Aid Society of London & Middlesex facilitated the Healthy Relationships Plus Program-Enhanced (HRP-E) 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 clinicians from the Centre for School Mental Health (CSMH) at Western University.
- Over 9 months, four HRP-E groups were facilitated at the Children's Aid Society (CAS), involving 28 youth.
- This research project explored the feasibility of implementing the HRP-E program with youth at CAS.
- All youth and facilitators were invited to participate in the research study. In total 13 youth and 5 facilitators participated in the research.

## ***Research Activities:***

### **1. Session Tracking Sheets**

- Throughout the program, the facilitators completed session tracking sheets where they reported on the challenges and successes experienced in each session

### **2. Interview**

- After the program, the facilitators and youth were interviewed about their experience of the program

### **3. Implementation Survey**

- Following the program facilitators also completed an implementation survey that examined their overall experience implementing the HRP-E program

## **Main Finding: Youths' Life Experiences Impact HRP-E Feasibility**

Main Finding: CAS-involved youth have typically experienced trauma and instability in significant relationships, and these shared experiences amongst participants were found to impact their experience of the HRP-E program.

### ***(1) The program was relevant to youth and addressed important topics and skills***

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 who share similar experiences. This peer connection contributed to program satisfaction and the youths' experiences made the program content relevant.

### ***(2) Facilitators need to use a trauma-informed approach***

The program content related to the youths' challenging and sometimes traumatic experiences. A trauma-informed approach to facilitation was required in order to support youth while they explored these sensitive topics. The program and session structure, program content and activities, learning process, and support were all areas that could benefit from the use of trauma-informed facilitation.

### ***(3) Child welfare agencies wanting to implement the program need to designate resources***

Access to adequate resources was acknowledged as a necessity to support youth and facilitators. Required resources included intentional recruitment, transportation and program space, support personnel, program supplies and activities, and funding. In the current pilot, many of these resources were available because of external research funding; other child welfare agencies would need to secure similar resources.

#### **This report outlines these findings in detail in the following sections:**

##### Section One: Fit of the Program

- Outlines the satisfaction, relevancy, and need of the program as well as the learning outcomes

##### Section Two: Trauma-Informed Facilitation

- Highlights the importance of implementing the HRP-E in accordance with trauma-informed practice

##### Section Three: Required Program Resources

- Reviews the extent and types of resources required to implement the program successfully

##### Conclusion: Future Directions

## Section One: Fit of the Program

Youth and facilitators expressed a high degree of satisfaction and relevance.

### **1. Youth and facilitators reported that they enjoyed participating in and facilitating the HRP-E program:**

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*“...I was very excited to go to the group. I was like - I am going to group! Peace out, guys!” (Youth 01).*

*“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).*

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### **2. Relationship-building seemed to be central to the reported satisfaction with the HRP-E program:**

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.

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*“... The community that was...developing between and among the youth participants drew them in...” (Facilitator 05).*

*“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).*

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### **3. The HRP-E provided a comfortable context for youth:**

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. Youth reported that due to the experiences they shared they felt comfortable, understood, and accepted by group members.

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*“...it's better if someone has had the experience that you might have had, that it [makes it] easier to talk about” (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).*

*“It felt like people actually cared about what I was saying; when I was talking, they were listening” (Youth 06).*

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*“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).*

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#### **4. Youth enjoyed program activities:**

The youth reported that the program activities made it easier to have conversations about challenging topics and that they found the activities fun and engaging.

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*“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 liked the activities immediately. The warm-up games... I liked those. It made it easier to talk about” (Youth 03).*

*“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).*

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#### **5. Program content was relevant to experiences and present circumstances:**

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. Youth described that the HRP-E program applied to their present circumstances and provided them with opportunities to learn how to navigate these situations. 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.

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*“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).*

*“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 02).*

*“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” (Youth 10).*

*“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).*

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## **6. The HRP-E met a clear need:**

The skills and knowledge taught in the HRP-E are useful for CAS-involved youth as they transition out of care and into adulthood.

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*“...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” (Facilitator 02).*

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## **7. Participants learned new skills and knowledge:**

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.

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. Youth 01 noted that *“...you got to get through the triggers, you know, the pain to learn.”*

### **Application of skills:**

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*“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).*

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### **Prepared for the future:**

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*“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).*

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.”*

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## Reinforced skills & built confidence:

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*“...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).*

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## Encouraged perspective-taking:

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*“... The different opinions... there are two sides of everything, and you have to see both” (Youth 01).*

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## *Overall conclusions - Does the HRP-E fit with CAS-involved youth?*

The HRP-E was perceived as a valuable program for CAS-involved youth. The life experiences shared by the 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. The facilitators and youth provided recommendations which necessitate facilitators to use a trauma-informed approach, and child welfare agencies to have access to adequate program resources.

## Section Two: Trauma-Informed Facilitation

### *What is Trauma-Informed Practice?*

The Substance Abuse and Mental Health Services Administration (2014) defines that:

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*“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).*

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The HRP-E feedback provided by facilitators and youth aligned with the following common Trauma-Informed Practices:

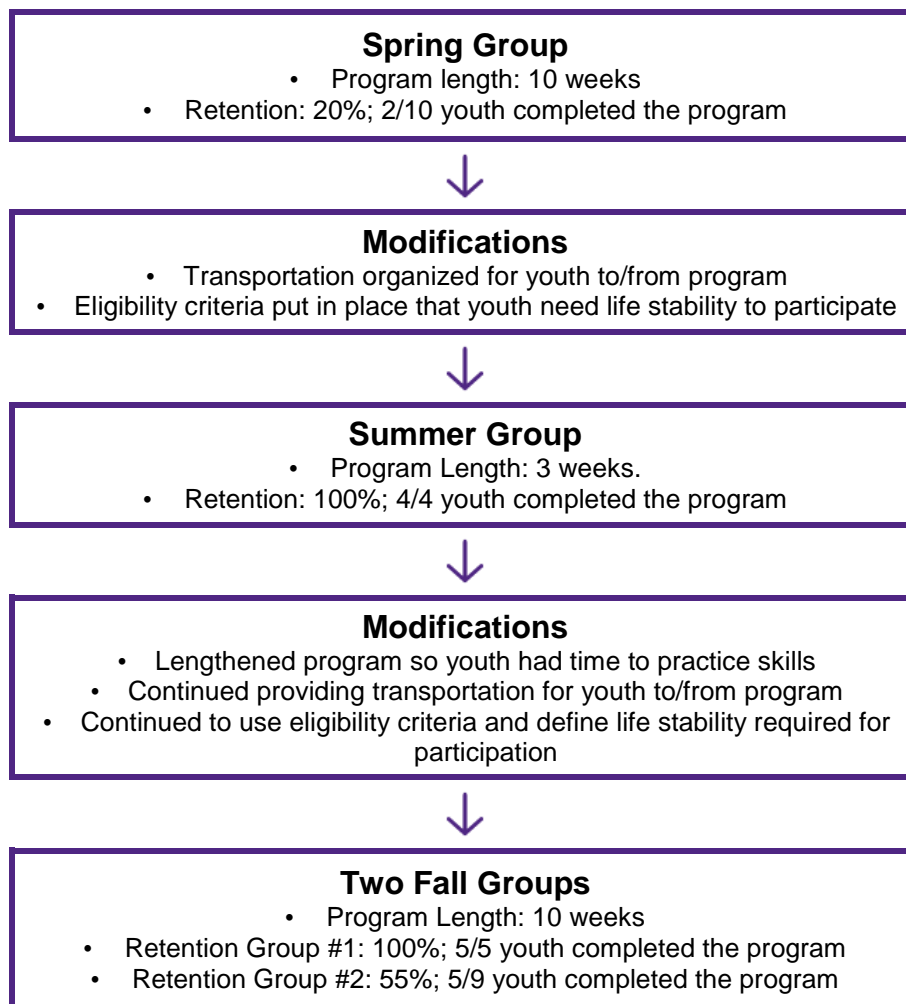
- **Providing a predictable environment** - Survivors often feel more grounded and safe in predictable environments, considering that trauma is typically related to unpredictable circumstances (Steele & Malchiodi, 2012).
- **Allowing time for processing** - Trauma symptoms can impact and interfere with one's capacity for information processing, and thereby trauma-informed services need to consider delivering content at an appropriate pace (Steele & Malchiodi, 2012).
- **Providing appropriate support** - Recognizing 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).
- **Developing respectful boundaries** - 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).
- **Providing opportunities for empowerment** - Using a strength-based and collaborative approach to support survivors to rebuild their sense of empowerment (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012).

The suggested trauma-informed practices 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.

## 1. Program and session structure may need to be modified

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.



**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.

Consistent with trauma-informed practices, youth and facilitators suggested that the HRP-E should be delivered over a longer period of time so there is sufficient time for information processing, debriefing, and breaks for the session schedule to be more predictable and to support the youth while they explore sensitive topics.

### **Youth may need more processing time:**

The complicated nature of processing often meant that youth needed additional time and support to absorb the information. For example, the facilitators described that 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. Facilitators and youth suggested having more time in session to accommodate the complexity of processing program content for CAS-involved youth.

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*“...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 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).*

*“When we sat and talked for a long time, it was a lot of information to go through in my head” (Youth 06).*

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### **Spaced practice may support application of skills:**

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:

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*“...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).*

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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.

## It is important to include time for debriefing:

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*“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).*

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## A predictable schedule provides stability:

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*“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).*

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## 2. Trauma-informed modifications to program content and activities

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 included being flexible, using language that eases information processing, using a strength-based approach, and delivering developmentally appropriate content.

### Flexibility was important:

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.

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*“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).*

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### Simplify language when possible:

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*“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).*

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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 trauma-informed practice as it is more empowering for an individual to hear information relevant to their context (Kezelman & Stavropoulos, 2012; Steele & Malchiodi, 2012).

### **Strength-based approach:**

Trauma-informed practice 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.

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*“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).*

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### **Attend to the developmental stage of specific youth:**

Following trauma-informed practice, 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).

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*“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).*

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### **3. Accommodate the learning process of the group**

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 impact of the youths' previous experiences on learning, and the value of using a collaborative approach to learning.

### **Consider the impact of previous experiences:**

The facilitators reported that the youth had predetermined views on some of 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. 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).

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*“...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).*

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### **Maintain a collaborative stance:**

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.

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*“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).*

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### **4. Be aware of youths’ needs and provide appropriate 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 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.

### **Facilitator support:**

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*“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).*

*“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).*

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### **Peer support:**

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*“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).*

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### **Awareness of youth:**

Facilitators underscored the importance of being aware of the youths' needs and well-being, and being flexible to meet these needs.

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*“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).*

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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. 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.

**Scope of role as facilitator:**

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 clearly defining their roles and boundaries with the youth and connecting the youth to other supports if required.

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*“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).*

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## Section Three: Required Program Resources

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 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. It would be potentially risky to implement a program that covers sensitive topics without securing adequate resources considering the vulnerability of CAS-involved youth.

### ***1. Intentional recruitment:***

Facilitators reported that agencies should define program eligibility criteria that aim to prevent problematic group dynamics and ensures that the youth have the emotional capacity and life supports to cope with the sensitive program content. Recruitment criteria were implemented following the first HRP-E group at CAS and 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 to participate in the HRP-E.

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***“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).***

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This intentional recruitment was identified as crucial to supporting the youths’ well-being. 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.

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***“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).***

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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. Intentionally recruiting youth who have a similar risk-orientation is suggested in order to reduce this potential negative impact.

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***“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” (Facilitator 03).***

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## **2. Transportation:**

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.

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*"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).*

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## **3. Program space:**

Child welfare agencies also need to provide an appropriate space for the HRP-E program. 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.

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*"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).*

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

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*"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).*

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It is inconclusive whether CAS is a suitable location to host the HRP-E program for CAS-involved youth, given the mixed perspectives.

## **4. Support personnel:**

Significant staff time and energy were required to adequately support the facilitation of the HRP-E, beyond the actual program hours. Facilitators reported that support personnel are required to coordinate recruitment, logistics, facilitation, and the youths' care.

For facilitation, we recommend having two facilitators to manage the different needs of the group adequately. Having co-facilitators enables one facilitator to leave the room and follow-up with youth who have removed themselves for a break.

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.

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***“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).***

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### ***5. Program supplies and activities:***

Facilitators recommended that child welfare agencies review program materials before implementation to make population-specific adaptations to the program handouts and then create reusable program materials. These reusable materials reduced the program preparation time which increased the facilitators' capacity to attend to the youths' needs.

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***“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).***

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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.

## **Moving Forward...**

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.

### ***Future Research:***

- The present study examined the views of a small number of HRP-E facilitators and participants. We need to continue to build our understanding on how to implement this program by listening to the experiences of facilitators and participants, and applying their recommendations.
- We have started to understand how to implement the HRP-E with a system of care approach by developing resources for foster families, group homes and therapists. Efforts should continue to examine how to integrate a system of care approach with the HRP-E program.
- In the current context of COVID-19, we need to consider the potential benefits and challenges of implementing the HRP-E program online.

### ***Summary:***

- Overall, the HRP-E was identified as a valuable program that is satisfying and enjoyable for youth. The program has the potential to equip this vulnerable population with the knowledge and skills required to enhance their well-being.
- The feasibility of the HRP-E within this context relies on facilitators using a trauma-informed approach and child welfare agencies having access to adequate program resources.

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