Objectives

- To broaden awareness in the substance use service sector about evidence-based prevention initiatives
- To highlight strategies for integrating evidence into the development of prevention programming
Overview

- Strategies for integrating evidence into practice
- Using participatory action research to inform program development
- Toronto-based example of an evidence informed prevention program
Strategies for Integrating Evidence into Practice

Prevention Working Group
Toronto Drug Strategy
June 15, 2016
Coordinates

Follow us on Twitter: @REXforYouth

Website: www.youthrex.com

Exchange: http://exchange.youthrex.com/
Outline

• Introduction to YouthREX
• Integrating Evidence into Practice
  • Issues
  • Strategies
• Final Thoughts
About YouthREX

**OUR VISION** is an Ontario where shared knowledge is transformed into positive impact for all youth.

**OUR MISSION** is to make research evidence and evaluation practices accessible and relevant to Ontario’s grassroots youth sector through knowledge mobilization, capacity building and evaluation leadership.
WHERE WE WORK

Northwestern ON Regional Hub
@ CERPYD
Lakehead University

Northeastern ON Regional Hub
@ School of Social Work,
Laurentian University

Eastern ON Regional Hub
@ School of Social Work,
Carleton University

Central ON Regional Hub
@ YCEC, York University

Southwestern ON Regional Hub
@ School of Social Work,
King's University College,
Western University
Integrating Evidence into Practice: Issues

There are several things to consider in order to integrate evidence into practice:

- **Objectives** for Implementing EBP/EIP
- **Values** Guiding Implementation of EBP/EIP
- **Nature** of the Evidence (Base)
- **Strategy** for Updating Evidence Base
Integrating Evidence into Practice: Issues

Objectives for Implementing EBP/EIP

Who/What is driving the need to implement?

• Policy?
• Funders?
• Internal stakeholders?
  • Board of Directors
  • Management
• External stakeholders?
  • Community (If so, who?)
Integrating Evidence into Practice: Issues

Objectives for Implementing EBP/EIP

• What is the vision for the implementation?
• What are signs of success?
  – Fidelity to a model?
  – Evidence that the EIP is achieving specific outcomes?
  – Will the implementation/outcomes of the EBP/EIP be evaluated?
Integrating Evidence into Practice

Values Guiding Implementation of EBP/EIP

• The ways we engage with evidence, similar to the ways we engage with evaluation, are influenced by our identities

• Our values – the things we consider important – help to define what EBP/EIP will mean in practice
Integrating Evidence into Practice: Issues

Values Guiding Implementation of EBP/EIP

- An important pre-condition of success is to develop an EBP/EIP framework that reflects the values of stakeholders

Poll: Values Behind EBP Implementation

Which of the following ideas best reflects the underlying framework for Evidence Based Practice in your organization or context? Please select one:

• Use-oriented (e.g. used to make work effective)
• Methods-oriented (e.g. used to ensure clear monitoring and fidelity to models of practice)
• Values-oriented (e.g. used to adapt to the unique needs of clients)
Integrating Evidence into Practice

Nature of the Evidence (Base)

• What are the main sources of evidence?
  • Will you be focusing on evidence from meta-analysis/synthesis?
  • Will practice-based evidence count in your construct of the evidence base?
    • If so how will practice based evidence be curated/collected?
Integrating Evidence into Practice

Nature of the Evidence (Base)

http://www.cochranelibrary.com/

Poll: Sources of Evidence

Which of the following is the main source of evidence that your organization uses? Please select one:

• Academic journals (peer-reviewed)
• Policy sources (includes mandated EBPs)
• Community of Practice activities
• Internal Practice Based Evidence (includes findings from program/service evaluations)
• Other sources
• We don’t access evidence in our work
Integrating Evidence into Practice

Strategy for Updating Evidence Base

Who/What/When/Where/How

• What data sources will you subscribe to?
• How often will you review the evidence base?
• Will you maintain a library of evidence?
  • If so, where?
• Who will lead this effort including to lead activities that encourage uptake?
Strategies for Implementing EBP/EIP

- Start with Values
  - Define the Scope of Evidence for Stakeholders
  - Develop shared understanding of EBP/EIP
- Clarify and Communicate the Objectives of the Implementation
- Determine the Logistics for Access, Maintenance and Uptake of Information
- Develop a Plan for Monitoring and Evaluating Uptake
Final Thoughts

• Implementing EBP/EIP is a challenging, but ultimately rewarding, effort
• Building evidence into practice requires more than knowing what the evidence is AND more than creating ‘buy-in’ from key stakeholders
• It is crucial to develop a plan for monitoring the implementation (e.g. tracking fidelity to the EBP/EIP standards)
http://exchange.youthrex.com/
The Students Commission
lead of the Centre of Excellence for Youth Engagement

I'd rather be the program than the reason for the program.

www.studentscommission.ca
@StdntsCmmssn
The Students Commission’s Heart

Respect
Listen
Understand
Communicate™
What is Youth Engagement?

• Youth engagement is the **meaningful and sustained involvement of a young person** in an activity, focusing outside the self.

• Engagement has **cognitive, emotional, and behavioural components**.

• **Head, heart, feet and spirit** (connection outside the self)
Strength of the Framework three levels of analysis

- Individual
- Social
- System

Initiators  Barriers
Influence in Action

- Identifying and working with peer influencers who assist peers to make informed decisions regarding their drug use.
- Schools and organizations from across the country may contact us to get involved.
- In each school, peer-identified youth are trained in critical thinking and communication skills on a variety of topics with a particular focus on cannabis.
- Youth use informal interactions with their peers to share information about substance use and drugs.
- This model of peer influencer and peer support has been tested successfully in the ASSIST program (A Stop Smoking in Schools Trial) in Southwest England and Wales, and in the Drug Safety Project in Australia. In the ASSIST program, schools reported sustained reductions in the uptake of regular smoking for two years after the students involvement.

http://archives.studentscommission.ca/drugbuzz/index.php
Knowledge in Action

Centres of Excellence for Children’s Well-Being Knowledge in Action Model

- Monitoring Knowledge Use
  - Relevance
  - Quality
  - Frequency
  - Ownership
  - Intention
  - Timing

- Identify need / purpose with stakeholders (inclusive)

- Evaluate Knowledge Use Impact
  - Increased Awareness
  - Change In Attitudes
  - Change In Behaviour
  - Sustained Knowledge Use

- Next Steps
  - Reflection
  - Identify Need / Purpose
  - New Inquiry

- KNOWLEDGE INQUIRY
- CRITICAL APPRAISAL
- KNOWLEDGE SYNTHESIS

- What is the message to be transferred?
  - Turn conclusions into appropriate messages

- To whom to transfer the message?
  - Assess barriers to knowledge use

- How to transfer the message?
  - Adapt knowledge to local context
  - Develop products / interventions

- Select, Tailor, Implement Interventions and Products
  - Develop capacity
  - Facilitate: interaction of all stakeholders

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Youth Who Thrive

INFLUENCES THAT PROMOTE THRIVING:
- FAMILY
- FRIENDS
- GENETICS
- HEALTH
- PROGRAMS

SOME BASIC NEEDS THAT PROMOTE THRIVING:
- HEALTH
- WATER
- NUTRITION

Ten Key Features of Effective Youth
- Supportive relationships
- Opportunities to belong
- Positive social norms
- Integration of family, school and community efforts
- Physical and psychological safety
- Appropriate structure
- Support for youth to be effective and feel like they matter
- Opportunities for skill building
- Diversity of experience
- Customized youth programming

* Outcomes listed are examples from studies that passed the standards of evidence test for the literature review. There may be other outcomes that contribute to thriving in adolescence.

www.youthwhothrive.ca
Effective Adults Today

1. Ask
   Ask questions of youth before making plans.

2. Check
   Check their own negative assumptions about youth.

3. Explain
   Explain right away if a youth idea cannot or will not happen.

4. Get Results
   Get better program results when youth say they felt involved in plans, decisions.

5. Partner
   Set common goals with youth for mutual benefit.

6. Stay real
   Stay true to who they are, are authentically present.
Real talk for real life

SESSIONS

DRUG EDUCATION FOR YOUTH
Delisle Youth Services
Oolagen Youth Mental Health

Youth mental health agency

✓ Counseling
✓ Community programs
✓ Intensive services
✓ Systems access mechanisms
Drug Education

✓ SESSIONS Drug Education For Youth
   • *Getting High?* Mobile App

✓ Tuning In: Talking and listening to youth about drugs
   • *Parent Edition*
   • *Professional Edition*

✓ Capacity Building: Integrating mental health and substance use support
Our Process

1) Identify need/gap
2) Review the research on best practices and effectiveness
3) Use research findings to inform program design
4) Develop program and evaluation with service users
5) Implement and evaluate program
6) Use local evaluation results to improve program
7) Repeat
Our Process

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6) Use local evaluation results to improve program
7) Repeat
We Identified a Gap.

✓ Youth voice
  • Meaningful engagement
  • Partnership in decision making

✓ Local Data
  • Agency documentation, outcomes etc.

✓ Regional Data
  • Youth Services System Review (YSSR) - CAMH
  • Student Drug Use Survey (OSDUHS) - CAMH
Our Process

1) Identify Need/Gap

2) Review the research on best practices and effectiveness

3) Use research findings to inform program design

4) Develop program and evaluation with service users

5) Implement and evaluate program

6) Use local evaluation results to improve program

7) Repeat
DRUG EDUCATION = DRUG PREVENTION

SOURCE: Jerome, 1998; Lyman et. Al. 1999
JUST SAY NO

Because...

BAD PEOPLE USE DRUGS.
DON’T BE LIKE THEM!
JUST SAY KNOW

Because...

There are lots of dangerous facts about drugs that you need to know so you can... MAKE HEALTHY CHOICES!
JUST SAY KNOW

Because...

BAD/SICK PEOPLE choose to USE DRUGS
please DON’T BE LIKE THEM
The Social Psychology of Disintegrative Shaming in Education

Joel H. Brown

Center for Educational Research and Development (CERD), Berkeley

Amy M. Clarey, M.A.

San Diego State University, California

Direct reprint requests to: Joel H. Brown e-mail: jhb@cerd.org

Abstract

Despite considerable research concerning drug education and zero tolerance policies, few have examined their combined youth impact. Comprehensive and nationally recognized mixed method evidence is drawn from 77 school districts and 118 schools in the Drug, Alcohol and Tobacco Education (DATE) evaluation. For the first time it is found that the combined negative impact of traditional prevention and intervention efforts—e.g., Life Skills Training (LST) and zero tolerance policies—are so serious that they extend into the wider conditions of educational achievement. Findings are explained by the social psychological processes of “disintegrative shaming,” where young people are to be shamed into abstinence and experiencing or witnessing school removal rather than help when needed. With more research needed the negative effects of traditional prevention and intervention—particularly salient among disproportionately affected urban/minority youth—suggest that related efforts be reconsidered together as well as part of mainstream education.
“DISINTEGRATIVE SHAMING”
Communication

INTERACTIONS → Short-Term Outcomes → Impact
Communication

INTERACTIONS  Short-Term Outcomes  Impact

We communicate
INTERACTIONS

We communicate

Youth change behaviour

Short-Term Outcomes

Impact
We communicate | Youth change behaviour | Youth experience positive effects
Communication

INTERACTIONS

We communicate

Youth change behaviour

Short-Term Outcomes

Youth experience positive effects

Impact
Communication

INTERACTIONS

We communicate

Youth change behaviour

Short-Term Outcomes

Youth experience positive effects

Impact
Communication

INTERACTIONS

We communicate

Youth change behaviour

Youth experience positive effects

Impact

Short-Term Outcomes

Youth mistrust us
Communication

INTERACTIONS

We communicate

Youth change behaviour

Youth experience positive effects

We communicate

Youth mistrust us

Youth disconnect
Our Process

1) Identify Need/Gap
2) Review the research on best practices and effectiveness
3) Use research findings to inform program design
4) Develop program and evaluation with service users
5) Implement and evaluate program
6) Use local evaluation results to improve program
7) Repeat
If not “Disintigrative Shaming” then what?
If not “Disintigrative Shaming” then what?

Integrative Resilience Model for Drug Education
The IR Model

FOCUS:
- Relationship & Resilience

PROVEN PRACTICES:
- Evidence based practices that align with the focus

ACTIVITIES:
- Developed with youth, parents & helping professionals
- Employ proven practices

OUTCOMES:
- Measure “Focus outcomes” and... what else?
The IR Model

FOCUS:

✓ Relationship
  • Rebuilding trust

✓ Resilience
  • The phenomenon of surviving, thriving, hoping, and coping” – Unger & Liebenberg 2005
  • An ecologically dynamic and mutually dependent process – Unger 2005
The IR Model: Focus

- INTERACTIONS
  - We communicate

- Short-Term Outcomes
  - Youth feel connected

- Impact
  - Youth build trusting relationship with adults
The IR Model

PROVEN PRACTICES:

✓ Harm Reduction
✓ Constructivist Education
✓ Stages of Change
✓ Motivational Interviewing
Our Process

1) Identify Need/Gap
2) Review the research on best practices and effectiveness
3) Use research findings to inform program design
4) Develop program and evaluation with service users
5) Implement and evaluate program
6) Use local evaluation results to improve program
7) Repeat
The IR Model

ACTIVITIES:

✓ SESSIONS Drug Education For Youth
  • *Getting High?* Mobile App

✓ Tuning In: Talking and listening to youth about drugs
  • *Parent Edition*
  • *Professional Edition*

✓ Capacity Building: Integrating mental health and substance use support
Real talk for real life

SESSIONS

Drug Education for Youth

Workshops about drugs. No fear tactics. No judgement.

Youth-Adult Partnerships

GETTING HIGH?

Plan your climb with these animals!
Our Process

1) Identify Need/Gap
2) Review the research on best practices and effectiveness
3) Use research findings to inform program design
4) Develop program and evaluation with service users
5) Implement and evaluate program
6) Use local evaluation results to improve program
7) Repeat
Implementation

✓ SESSIONS Drug Education For Youth
  • Series of 10 workshops, 30 hours total
  • Piloted and revised at DYS from 2012 – 2014
  • Delivered with partners 17 times at 9 sites since 2014

✓ Served over 200 youth
  • 93 have filled out matched pre and post surveys
  • 6, 12 and 18minth follow-up surveys rolling in now
SESSIONS gets it.

“Usually adults talk to us like we don’t know anything, talk down to us, but in the sessions... [facilitators] gave us the whole story about drugs and understood that the final decision is up to us”
Participants were asked at pretest and posttest if they ever felt that they needed help for their drug or alcohol use. Participants were also asked at pretest and posttest if anyone else ever told them that they needed help for their drug or alcohol use.

- **Pre** (n=127) - **Post** (n=56)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>No,-never</td>
<td>55%</td>
<td>56%</td>
</tr>
<tr>
<td>No,-not-really</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td>Yes,-I-think-so</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Yes,-absolutely</td>
<td>14%</td>
<td>18%</td>
</tr>
<tr>
<td>Yes</td>
<td>24%</td>
<td>29%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>No,-I-never-used-alcohol-or-other-drugs</td>
<td>27%</td>
<td>39%</td>
</tr>
<tr>
<td>No,-but-I-do-use-alcohol-or-other-drugs</td>
<td>48%</td>
<td>41%</td>
</tr>
<tr>
<td>Yes,-I-think-I-may-have-needed-help</td>
<td>15%</td>
<td>9%</td>
</tr>
<tr>
<td>Yes,-I-know-I-have-needed-help</td>
<td>10%</td>
<td>11%</td>
</tr>
<tr>
<td>Yes</td>
<td>25%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**INCREASED SELF AWARENESS**

- **Other**
- **To lower inhibitions**
- **To be creative**
- **For spiritual reasons**
- **To cope**
- **To connect with friends**
- **To help focus**
- **To stay up**
- **To help sleep**
- **To gain energy**
- **To calm anxiety**
- **To relieve emotional pain**
- **To relieve physical pain**
- **To escape**
- **To unwind**
- **To socialize**
- **Not applicable (don’t use)**

Key:
- Red: Posttest
- Blue: Pretest
3.3 DRUG RELATED KNOWLEDGE, UNDERSTANDING, AND IDEOLOGY

3.3.1 DRUG INFORMATION

Youth were asked three questions regarding their understanding of drugs and where to get reliable drug information at pretest and posttest. Youth responded on a 4- or 5-point scale ranging from "Not at all important" or "Strongly disagree" or "Very low" to "Very important" or "Strongly agree" or "Very high" respectively. In order to examine for any change in responses, a repeated measures T-test was used with youth for whom both pretest and posttest were available ("matched sample"). Results have been summarized in Tables 10, 11, and 12.

According to Table 10, after participating in SESSIONS youth felt that it was more important to them to have reliable drug information when they needed it. This is evident by the significantly higher mean responses of the matched youth sample at posttest versus pretest. There was no significant difference in responses to item 3, which might indicate that youth place less importance on talking to a reliable person about their drug use.

Table 10. How important are the following statements to youth

<table>
<thead>
<tr>
<th>Q1. How important is it to you…</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have reliable information about drug use</td>
<td>55% 75%</td>
<td>3.04 3.40</td>
<td>p = .011*</td>
</tr>
<tr>
<td>To you to get information about drug use exactly when you need it</td>
<td>55% 72%</td>
<td>2.89 3.24</td>
<td>p &lt; .01**</td>
</tr>
<tr>
<td>To talk to a reliable person about drug use</td>
<td>54% 74%</td>
<td>3.13 3.22</td>
<td>p = .461</td>
</tr>
</tbody>
</table>

According to Table 11, after participating in SESSIONS youth agreed significantly more often with three statements assessing their knowledge regarding sources of reliable drug information.

Table 11. Knowledge of reliable sources of drug information

<table>
<thead>
<tr>
<th>Q2. How much do you agree or disagree with the following…</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know where to get reliable information about drugs</td>
<td>54% 94%</td>
<td>2.83 3.30</td>
<td>p &lt; .01**</td>
</tr>
<tr>
<td>This information helps me make decisions about using drugs</td>
<td>54% 87%</td>
<td>2.77 3.15</td>
<td>p &lt; .01**</td>
</tr>
<tr>
<td>I am confident the information is truthful</td>
<td>52% 98%</td>
<td>2.96 3.54</td>
<td>p &lt; .01**</td>
</tr>
</tbody>
</table>

According to Table 12, after participating in SESSIONS youth rated significantly higher three statements assessing their awareness of drug-related effects, ability to get reliable drug information at the right time, and confidence regarding harm-reducing decision making. Although these change in youth responses are favorable, it’s important to note that the percentage of youth who selected "high" or "very high" as their response to the three items below was between 66% and 74%, indicating that for 26% to 34% of youth there is room for improvement.

Table 12. Drug-related rating statements

<table>
<thead>
<tr>
<th>Q3. Please rate…</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your overall awareness of drugs and their effects</td>
<td>53 59% 3.68</td>
<td>53 72% 3.98</td>
<td>p = .031*</td>
</tr>
<tr>
<td>Your ability to get reliable information at the right time</td>
<td>53 54% 3.57</td>
<td>53 66% 3.96</td>
<td>p &lt; .01**</td>
</tr>
<tr>
<td>Your confidence that your decisions will reduce harms to yourself</td>
<td>50 66% 3.90</td>
<td>50 74% 4.18</td>
<td>p = .029*</td>
</tr>
</tbody>
</table>

* Significance difference at p<.05; **Significance difference at p<.01
BEHAVIOUR

25% of youth say that the future likelihood they will use drugs changed because of sessions.

43% of youth say that sessions changed the way they use drugs.
BEHAVIOUR

LIKELIHOOD OF CANNABIS USE IN THE NEXT 12 MONTHS

BEFORE SESSIONS  AFTER SESSIONS

FEMALE  MALE
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OUR TEAM

Maria Papadimitriou
Curriculum Development Manager

Danielle Sutherland
Curriculum Coordinator

Peter Newnham
Harm Reduction Specialist
Thank You!

Download “Getting High?” Safety Planning App

Free on iTunes & Google Play
Contact us

Call us 416-847-1575
(toll-free) 1-855-847-1575

Email at info@hclinkontario.ca

Follow us @HC_Link

Visit us www.HCLinkOntario.ca