Agenda

9:15–9:30 Welcome
Healthy Communities Consortium – J. Brown

9:30–9:45 Introductions
Mental Health Promotion Overview – T. Meyer

9:45–10:45 Girls Talk – C. Vrkljan
Q&A

10:45–11:00 BREAK

11:00–12:00 Strengthening Families for the Future – M. Erdelyan
Q&A

12:00–1:00 Discussion
Q&A
Wrap-up
Closing remarks
Healthy Communities Consortium

- We are a group of four health promotion organizations that collaboratively support community organizations and partnerships in Ontario to build healthy communities.

- Members of the Consortium are:
  - Health Nexus
  - Parent Action on Drugs (PAD)
  - Ontario Healthy Communities Coalition (OHCC)
  - Ontario Public Health Association (OPHA).
Consortium Clients

• The Consortium provides a continuum of services, in both official languages, to:
  • Healthy Communities Partnerships
  • Community groups and organizations interested in and eligible for Healthy Communities Fund Grants
Consortium Services

- Consultation Services
  - Personalized on-site or phone/email support

- Training
  - Webinars, provincial workshops and regional workshops on a variety of health promotion and community development topics

- Resources
  - Educational resources, listservs and electronic bulletins

- Network Support
  - Participation on and capacity-building services networks aligned with the Healthy Communities framework

- Referrals
  - Referrals to additional resource centres and organizations
To learn more about the Consortium or to request a service:

- Visit www.hcconsortium.ca (English) or www.consortiumcs.ca (Français)
- Call 416-408-4841 or 1-800-766-3418 ext. 3
- Email consortium@ohcc-ccso.ca
Workshop Objectives

- Understand concepts and principles integral to mental health promotion programming
- Learn about two examples evidence-based/best practice mental health promotion programs
- Explore ways to integrate other key priority areas (healthy eating, physical activity, etc.) within mental health promotion programming
- Also, meet new people, exchange information and have fun!
Who is in the room?

- In your groups:
  - Introduce yourself
  - What you do/Where you work
  - Choose an adjective that describes how you are feeling today starting with the first letter of your first name
    - (for example: Sunny Sarah)
Defining the terms:

Mental Health vs. Mental Illness

- MH and MI are frequently confused
- Related, but distinct concepts
Mental Health

“... is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”

Health Canada, 1997

“There is no health without mental health.”
- WHO, 2001
Mental illness

Mental illnesses are disorders which cause a serious disturbance in thinking, emotions or behavior.

What does mental illness look like?

- Depression
- Bipolar disorder
- Schizophrenia
- Anxiety disorders
- Personality disorders
- Eating disorders
Positive Mental Health

A state of ‘flourishing’ (optimal mental health) (Corey Keyes, 2007)

1. emotional well-being
2. psychological well-being
3. social well-being

Opposite = “Languishing” (poor mental health) (Corey Keyes, 2007)
Two Continuum Model of Mental Health

Mental Health Promotion

“...the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.”

(Health Canada, 1997)
Goals of Mental Health Promotion

“Mental health promotion aims to optimize mental health and wellbeing in communities and thereby in individuals.”

(Neuhauser et al. 1998)

Focuses on:

- Enhancing **protective factors** for positive mental health
- Reducing **risk factors** for poor mental health
- Influencing some of the broad **determinants**, which contribute to poor mental health
# Risk & Protective Factors

<table>
<thead>
<tr>
<th>Level</th>
<th>Risk Factors</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual level</td>
<td>• physical illness</td>
<td>• adaptability, sense of security and feelings of mastery</td>
</tr>
<tr>
<td></td>
<td>• parental mental illness</td>
<td>• coping and problem solving ability</td>
</tr>
<tr>
<td></td>
<td>• academic failure</td>
<td>• feelings of optimism; resilience</td>
</tr>
<tr>
<td>Interpersonal &amp; Community level</td>
<td>• family distress, peer alienation</td>
<td>• family harmony, positive parent-child interactions</td>
</tr>
<tr>
<td></td>
<td>• work stress, unemployment</td>
<td>• achievement and recognition in school or work</td>
</tr>
<tr>
<td></td>
<td>• lack of social support</td>
<td>• community tolerance</td>
</tr>
<tr>
<td>Societal level</td>
<td>• poverty</td>
<td>• social inclusion, civic engagement and participation</td>
</tr>
<tr>
<td></td>
<td>• violence and trauma</td>
<td>• access to economic resources, services and supports</td>
</tr>
<tr>
<td></td>
<td>• discrimination, social exclusion and social injustice</td>
<td></td>
</tr>
</tbody>
</table>
Determinants of health

Determinants of health: A range of personal, social, economic and environmental factors that determine the health status of individuals or populations

- Social environment
- Income and income distribution
- Gender, age and culture
- Food security
- Affordable and adequate housing
- Employment and working conditions
- Access to health services
Three Most Significant Determinants of Mental Health

1. Social inclusion
2. Freedom from discrimination & violence
3. Access to economic resources

Principles for Mental Health Promotion

✓ Positive conceptualization of mental health
✓ Emphasis on meaningful engagement, participatory and empowerment-oriented approaches
✓ Emphasis on building upon existing strengths, assets and capacity rather than focus on problems/deficits
✓ Collaborative action on DOH, particularly action on health inequities
✓ Multiple interventions across a wide range of sectors, policies, programs, settings, environments
✓ Actions informed by evidence and practice
✓ Approaches tailored and culturally appropriate for each group

(Toward a Flourishing for All, 2009)
Strategies for Mental Health Promotion

The *Ottawa Charter for Health Promotion* can be considered a guide for the promotion of positive mental health:

- ✓ Build healthy public policies
- ✓ Create supportive environments
- ✓ Strengthen community action
- ✓ Develop personal skills
- ✓ Reorient health services
Populations & Settings for MHP

Populations can be classified by:
- Age
- Gender
- Culture
- Geography
- Risk Level

Interventions can be implemented in:
- Home/family settings
- Schools
- Workplace
- Clinical care settings
- Community
Best practice guidelines for mental health promotion programs

- Developed by CAMH, CHP & TPH, these online guides provide current, evidence-based approaches to applying mental health promotion interventions & principles:
  - Children (7-12) and Youth (13-19)
  - Older People 55+
  - Refugees & Immigrants

- Guides include:
  - Best practice guidelines
  - Supporting theory
  - Resources to help plan & implement
  - Exemplary programs
  - References

Available online: http://www.camh.net/about_camh/health_promotion/index.html
MHPS Priority Areas

Healthy Eating

Substance Use

Physical Activity

Tobacco

Injury Prevention

Mental Health
Resources


- Best Practices Guidelines for Mental Health Promotion for Children and Youth [www.camh.net](http://www.camh.net)

- Best Practices Guidelines for Mental Health Promotion for Older Adults 55+ [www.camh.net](http://www.camh.net)


Resources cont’d

- Mental Health Promotion in Ontario: A Call to Action
  http://www.ontario.cmha.ca/policy_positions.asp?cID=25899

- Mental health promotion in primary care: A tool kit

- Mental health: strengthening our response (WHO)

- OCDPA's Evidence-Informed Messages: Promoting Positive Mental Health
  http://www.ocdpa.on.ca/rpt_evidence_messages_MH.gk

- Toward a flourishing for all: Proceedings of the National Mental Health Promotion and Mental Illness Prevention Think Tank (2009)
  http://www.utoronto.ca/chp/mentalhealthpdffinal/Toward%20Flourishing%20for%20All%20Proceedo
  mgs%20of%20the%20National%20Think%20Tank%20on%20MHP%20MIP%20FINAL%20April%2009.pdf
Tamar Meyer
Health Promotion Consultant
Centre for Addiction and Mental Health
tamar_meyer@camh.net
Girls Talk...

A resiliency-based program for girls developed by the VALIDITY Project

Cheryl Vrkljan
Centre for Addiction and Mental Health
Objectives:

- Learn about the history of the VALIDITY Project
- Learn about some of the resources developed by young women and the VALIDITY Project
- Review the Girls Talk program
- Review Girls Talk Facilitator training
Vibrant Action Looking Into Depression In Today’s Young Women
What is the VALIDITY♀ Project?

- The VALIDITY♀ Project empowers young women to share their stories and recommendations to contribute to the body of knowledge about risk and protective factors related to depression.

- The VALIDITY♀ project began as a participatory action research study looking into the contributing factors of depression in young women.

- Young women have been involved in the project at every stage of development.
Why this project?

- There is an undeniable need for gender specific programming

- The VALIDITY♀ Project empowers young women to talk about and contribute to our knowledge about depression and mental health
The Goal

To explore the factors that contribute to depression in young women and to build resiliency in order to prevent and reduce the harm that depression may cause.
History of the VALIDITY♀ Project

- Young women told us that they were concerned about depression and mental illness personally and among their peers --- we listened!

- In 1999, information was collected through a series of focus groups with young women across Ontario about depression
This is what we heard.....

“I just don’t enjoy anything anymore.”

“If I start to cry I am sure I won’t be able to stop”

“I wish that I could just stop feeling.”

“I don’t feel like me.”

“If people knew what I think and feel, I’m sure they would say I am crazy”

“Nobody could possibly understand how I feel.”
After the focus groups we came together to learn about the findings and to begin developing a conference
Provincial Conference

- Planned by and led by young women
- Report of recommendations was created and shared at the provincial conference
- Purpose of the conference was to share information, gather ideas and begin to address issues
3 Key Recommendations:

- Create a resource for service providers working with young women about depression
- Create a poster for family physicians that reminds them about a holistic view of young women
- Create a safe space for girls to connect with each other
Putting the Young Women’s Recommendations into Action!
Recommendation #1:

Create a resource for service providers working with young women about depression
“Writing Weekend” with the young women

- A group of 6 young women came together from across the province for a weekend to write about depression and what they wanted service providers to know.
What we knew.....

- Young women don’t tend to identify with physical symptoms of depression but call attention to outside factors ("challenges")

- The “challenges” are issues that were raised by young women and represent significant issues that they face

- Research and young women identified that the most helpful way to deal with depression and life challenges is simply “to talk”
The outcome of many hours of hard work

- Young women collaborated with clinicians to create the final guide
Challenges Identified (Listed in Table of Contents)
- Stigma
- Recognizing Depression
- Relationships
- Family Communication and Dynamics
- Cultural Expectations
- Racism
- Homophobia
- Ableism
- Friendship, Intimacy, Fitting in
- Sizism, Body Image and Media
- Trauma, Anger and Low Income

*I don’t want to be treated, I want to be heard* – VALIDITY participant
How the Guide is organized

“Hear Me” sections are the voices of young women as they speak about their experience with specific challenges

“Understand Me” aims to educate service providers about that specific challenge

“Support Me” highlights specific resources service providers can use to help young women experiencing that challenge
One Young Woman Wrote…

Women are not passive.
Women are not weak.
Women are not irrational.

WOMEN ARE STRONG
WOMEN ARE EMOTIONAL
WOMEN ARE AUTHORITATIVE
WOMEN ARE POWERFUL
Recommendation #2:

Create a poster for service providers and family physicians that reminds them about a holistic view of young women.
Let’s Talk: I’m More than What You See

- Developed by young women through a series of focus groups
- Based on A Framework for Women-Centered Health from Vancouver Coastal Health Authority
- Targeted at primary care providers
Let’s Talk Poster Objectives

- Encourage open dialogue between young women and service providers
- Raise awareness that various factors, including the social determinants of health impact young women’s well-being
Recommendation #3:

Create a safe space for girls to connect with each other
Girls Talk Program

What is Girls Talk?

- A female-only space where young women can connect with their strengths and resources, enhance decision-making and coping skills, and develop a sense of community with other young women

- An anti-stigma program for young women to promote an understanding and awareness of depression and mental health
Girls Talk Program

- Prevention program that promotes understanding and awareness about factors that contribute to depression
- For girls between 13 and 16
- 8 sessions from 90 to 120 minutes each
- Provides a “safe place” for young women to connect
- Experiential, activity-based program
- Session topics include: Depression and Mental Health, Relationships, Body Image, Self-Esteem, Stress and the Media
Why is the program aimed at 13-16 year olds?

**Major Depressive Diagnosis:**

- 7.9% girls ages 13-16 years
- 5%-12.5% girls ages 15-19 years

Adolescence is identified as one of the high risk groups (along with perinatal & perimenopause)

Girls entering puberty are twice as likely than boys to experience depression/anxiety.

Recommendation to decrease the stigma among adolescent girls through primary prevention strategies

*A Literature Review of Depression Among Women: Focusing on Ontario, 2006*
Girls Talk

- Teaching methods: education, group discussion, activity, and journal writing
- Universal program meant for “all” girls, not those ‘at-risk’ or with other special needs
- Activities also useful for individual clients
- Reached hundreds of girls across the province
- Based on literature and participatory action research
The Girls Talk program provides a safe space for girls to connect with each other and to learn about depression and its contributing factors. The participants will develop self-awareness, coping strategies and critical thinking skills through artistic and recreational activities.
Girls Talk Program

- Session 1: Introducing Girls Talk
- Session 2: Stress
- Session 3: Relationships with Friends
- Session 4: Relationships with Parents
- Session 5: Dating Relationships
- Session 6: Self-Esteem
- Session 7: Body Image & the Media
- Session 8: Stigma, Depression & Wrap Up
About the Girls Talk Facilitator Manual

- Part I – Introduction to Girls Talk
- Part II – Session by Session Guide overview
- Part III – Detailed Session Plans
- Part IV – Appendices
Training Opportunities

- Girls Talk Facilitator Training has recently been developed and piloted in 4 separate training sessions

- Purpose is to orient potential facilitators to the program philosophy and the facilitator manual, and familiarize them with the program
Girls Talk Facilitator Training: What we have heard.....

- “Content touches on a lot of issues that are encountered by girls of all ages”
- “It is amazingly relevant”
- “Fantastic program – very practical”
- “Very practical and ready to implement”
- “I’m walking away feeling comfortable and confident in being able to run a group!”
To Access VALIDITY Resources:

www.camh.net/validity
Questions?

Cheryl Vrkljan
cheryl_vrkljan@camh.net
BREAK – 15 min
Mental Health Promotion in Action: Strengthening Families for the Future

Mark Erdelyan - Southwestern Ontario Area - Windsor

March 2011
Workshop Goals

- Learn about Strengthening Families for the Future Program
- Review activities from the program
- Identify what is needed to implement the program
- Discover essential elements of family mental health promotion programs
Strengthening Families for the Future

- Need one volunteer from the group
Stand Up If.....

camh
Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Strengthening Families for the Future
What is Strengthening Families for the Future?
Strengthening Families for the Future

- Family Meal
- Child Skills Program
- Parent Skills Program

Improved Family Relationships
Over 14 Sessions FAMILIES LEARN

- Understanding child development and expectations
- Spending positive time together (child’s game)
- Identifying and managing feelings
- Communicating
- Developing empathy
- Supporting dreams and goals
- Identifying family values and rituals
Program Overview

<table>
<thead>
<tr>
<th>PARENT SESSIONS</th>
<th>CHILDREN’S SESSIONS</th>
<th>FAMILY SESSIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction &amp; Group Building</td>
<td>Introduction &amp; Group Building</td>
</tr>
<tr>
<td>2</td>
<td>Developmental Stages</td>
<td>What are Families?</td>
</tr>
<tr>
<td>3</td>
<td>Rewards</td>
<td>Conversation Skills</td>
</tr>
<tr>
<td>4</td>
<td>Achieving Wanted Behaviour</td>
<td>Social Skills</td>
</tr>
<tr>
<td>5</td>
<td>Communication I – Feelings</td>
<td>Feelings</td>
</tr>
<tr>
<td>6</td>
<td>Communication II – Family Meetings</td>
<td>Cooperation and Contribution</td>
</tr>
<tr>
<td>7</td>
<td>Managing Anger</td>
<td>Managing Anger</td>
</tr>
<tr>
<td>8</td>
<td>Alcohol, Drugs &amp; Your Family</td>
<td>Alcohol, Drugs &amp; Your Family</td>
</tr>
<tr>
<td>9</td>
<td>Prevention – The Parent’s Role</td>
<td>How to say “no” to stay out of trouble</td>
</tr>
<tr>
<td>10</td>
<td>Giving Directions &amp; Outlining Consequences</td>
<td>Consequences and Directions</td>
</tr>
<tr>
<td>11</td>
<td>Consequences vs Punishment</td>
<td>Seeking Help</td>
</tr>
<tr>
<td>12</td>
<td>Problem solving</td>
<td>Solving Problems</td>
</tr>
<tr>
<td>13</td>
<td>Giving Helpful Comments &amp; Managing Stress</td>
<td>Criticism &amp; Helpful Comments</td>
</tr>
<tr>
<td>14</td>
<td>Wrap Up</td>
<td>Review</td>
</tr>
<tr>
<td>Booster</td>
<td>Booster</td>
<td>Booster</td>
</tr>
</tbody>
</table>
Engaging families

- Promote
- Meet the families
- Maintain engagement

Strengthening Families for the Future
A 14-week prevention program for families and their children, ages 7-11

This free program will help families:
- Strengthen family communication
- Build children's strengths and life skills
- Increase positive and effective parenting
- Engage children in family activities
- Reduce children's intention to use alcohol and other drugs, and reduce other behaviour issues

Starting: January 25, 2010
Time: 5:00 p.m. – 8:00 p.m.
Location: Queen Victoria P.S.
100 Close Ave.
Dinner and childcare provided.

For information on eligibility and to register please contact: Naly at 416-536-1234 ext. 21
*priority will be given to newcomer families
The Theory Behind SFF Risk & Protective Factors
Risk Factors?

Protective Factors?
Strengthening Families for the Future

Key points:

- More risk factors = greater risk of problems
- Risk factors often mirror image of protective factors
- Risk factors can lead to overlapping problems
## Risk factors and overlapping problems

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Substance abuse</th>
<th>Delinquency</th>
<th>Violence</th>
<th>Suicide</th>
<th>School drop out</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family conflict</strong></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Low Parental monitoring</strong></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Problems with family management</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table Note**: X indicates presence of risk factor.
How does it work?

Build resiliency by:
- protective factors
- reducing risk factors

The Protective Layer

I’m Special

Family Practices

School

Role Models

Community

Standards

Opportunities

Caring Adults

Positive Friends

- Feels accepted
- Feels appreciated
- Strengths: humour, morality, creativity, independence, insight

How does it work?

Build resiliency by:
- protective factors
- reducing risk factors
For more information on Resiliency

Growing up Resilient:
Ways to Build Resilience in Children and Youth
Strengthening Families for the Future is about Connecting
Child’s Game

- To increase “quality time”
- To increase amount of one on one time with child
- To practice giving positive attention and ignoring minor negative behaviour
Child’s Game Guidelines

- Observe and describe what the child is doing
- Can join in IF the child invites you
- Avoid asking questions, giving directions or criticizing the child
- Observe and describe their child’s feelings
Self Evaluation

SESSION 3  THE CHILD’S GAME: PRACTICE
Child’s game feedback form

Date: ____________________________________________
Time: ____________________________________________
Place: ____________________________________________
Activity: __________________________________________

Did child initiate the activity?  [ ] Yes  [ ] No

Parent Feedback

Did I describe my child’s activity?  [ ] Not at all  [ ] Somewhat  [ ] A lot
Did I emphasize and praise the positive or wanted behaviour?  [ ] Not at all  [ ] Somewhat  [ ] A lot
Was I specific?  [ ] Not at all  [ ] Somewhat  [ ] A lot
Did I ignore minor unwanted behaviour?  [ ] Not at all  [ ] Somewhat  [ ] A lot
Did I avoid giving directions?  [ ] Not at all  [ ] Somewhat  [ ] A lot
Did I avoid criticizing?  [ ] Not at all  [ ] Somewhat  [ ] A lot

How did my child feel about this practice? (Check with your child.)

How did I feel about this practice?

Is there anything I would do differently next time?

FAMILY
3B

Strengthening Families for the Future  FAMILY MANUAL  HANOUT
Evaluation
Evaluation Results

- Families attended an average of 8.6 sessions
- 93% of parents like the program
- 88% of parents felt their child liked the program
- 74% credited SFF for positive changes in interactions with child
- 96% would recommend the program to other parents
Comments from families
What they liked best:

- Having my children learn the same things that I am, makes things easier.
- Being able to say what I want and not be judged.
- I like everything in the program, the people are great and what I’m learning is working.
- Having my children learn the same things that I am, makes things easier.
Evaluation Results: Effectiveness

- Improved Family Functioning
- More Effective Parenting Techniques
- Reduced Parental Hostility and Aggression
- Reduced Symptoms of Parent Depression
- Reduction in Children’s Externalizing Behaviour Problems
- Better Child Social Skills
- SFF Children displayed 37% Reduction in Alcohol Sipping
From the Parents

- “My wife and I are communicating more about problems and solutions with our children”
- “More discipline instead of yelling”
- “Working out problems instead of arguing”
From the Children

- “I would tell a friend that it was fun and exciting and it was about how to be a better family”

- “Yes about the problems and how to solve them”

- I would tell them yes, all it will do is make things better”

- “I think they should because it teaches cooperation”
Strengthening Families for the Future

It works and it’s worth it!
Best Practice citations:

- Health Canada’s Compendium of Best Practices - “Preventing Substance Use Problems Among Young People” the document can be downloaded from: [http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/index_e.html#public_youth](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/index_e.html#public_youth)

- Nova Scotia Best Practices for Preventing Substance Abuse Problems
Strengthening Families Programs in Ontario
Making it happen in your community

- Transportation
- Location
- Meals
- Staffing
- Material
Strengthening Families for the Future

RESOURCES/COSTS

- Staffing – Project Coordinator, Program Facilitators, Child Care Worker(s)
- Site Location
- Food, Transportation
- Supplies, office expenses
Strengthening Families for the Future

Practical Issues

- “Getting Started”
- Community Partners
- Site
- Recruitment of Families
- Cost/Resources
Strengthening Families for the Future

Criteria for Success

- Partnership Model
- Committed Facilitators
- Communication/Debriefing
- Planning/Coordination
QUESTIONS AND ANSWERS
Thank you!
Strengthening Families for the Future

Mark Erdelyan
Centre for Addiction and Mental Health
519-251-0500
Mark_Erdelyan@camh.net
SFPY Project Background

• The Toronto Drug Strategy (TDS) identified the need for family-based early intervention initiatives.

• TDS Prevention Working Group conducted a review of several parenting programs.

• TDS Prevention Working Group identified SFPY as the program of choice and submitted proposal, with PAD as the lead agency.
SFPY Project Description

• Strengthening Families for Parents and Youth 12-16: A Community Initiative to Adapt an Evidence Based Model for Implementation with Families of At-Risk Youth

• Funded by the Drug Strategy Community Initiatives Fund of Health Canada

• Produce an evidence based program model appropriate for families and communities with at risk-youth in Toronto and applicable to communities throughout Ontario
SFPY Adaptations

• Shorten from 14 - 8 sessions
  – Youth tolerance; implementation practicalities, family commitment

• Addition of a new module on youth and (illicit) drug use

• Re-write of materials for Ontario audiences
  – 4 youth forums/workshops to provide input on:
    • Initial review (e.g. youth’s views on family, drugs etc.)
    • Feedback on processes and material design from pilot session
Project Status

• Initial adaptation followed by 2 revisions of the 8-week curriculum
• 4 trials completed with YMCA, TCDSB, Griffin-Y-Connect/high school partners
• Current trial with CAMH (mental health and substance use issues among families)
• 2 - 4 trials this spring with Sick Kids, TCDSB and others partners to be designated
Lessons Learned

- Parents love it – indicate high levels of satisfaction and learning
- Youth CAN enjoy it – overcome initial reluctance
- Incentives count – particularly with youth
- Food – and the dinner time experience – is important to everyone!
Project Evaluation

- Extremely important – to ascertain impact of adapted curriculum on standardized measures of resiliency
- Parent evaluation of family functioning and perception of child behaviour
- Retro pre/post test from K. Kumpfer
- Input and analysis from Kumpfer along with multitude of international trials of all ages and adaptations
- Parent/youth open ended satisfaction questionnaire
- Youth perception of improved family functioning – a challenge
- Evaluation from facilitators and coordinators
- Facilitator feedback on sessions
SFPY Curriculum Overview

• 8 weeks covers all topics of original 14 week curriculum, except sexuality
• Parent and youth sessions cover matching topics in 70 minute sessions
• Parents and teens together for 50 minutes
• Builds from initial positive attention and praise to problem solving
• 9th week is evaluation and celebration
SFPY Learning Model - Parents

Engage / Explain / Explore

+ Experience (Skill Practice)

= Empower
SFPY Youth Involvement Model

Engage

Explain

Experience

Explore

Empower
SFPY Learning Model - Families

• Positive family interaction – parent and youth (e.g. Parent-Teen Game)
• Appreciate teens (e.g. Teen Time & Teen Goals)
• Intergenerational teams (e.g. Communication Squares activity)
• Dialogue on challenging subjects – limits and substance use (e.g. 4 corners activity)
• Increase family pride (e.g. Family Shield)
• Empower youth (e.g. Message to Our Parents)
Teen Time Rules!

**Purpose of Teen Time:**
- To increase the opportunities for parents to give positive attention and praise to their teen.

**Basic Guidelines:**
- Parent focuses on their teen and the activity the teen is involved in.
- Parent provides positive attention and praise for teen’s behaviour during the activity,
- Parent DOES NOT criticize or direct teen or correct teen’s behaviour during this time.

**Best Practice:**
- Parent and teen participate together in an activity that is of the teen’s choosing.
- Parent and teen participate in 10 -15 minutes of activity following the Teen Time Guidelines once or more each week.
Key Points about SFPY

• Appreciate diversity
• Acknowledge possible family/youth discomfort
• Focus on family strengths
• Concentrate on skill acquisition and practice (parents)
• Invite parents to try new methods
• Cannot resolve issues of teen problem behaviour
• Can improve parent-teen interaction and family functioning!