

# Building Resilience in Children & Youth: Evidence-Based Approaches to Mental Health & Substance Use Prevention

October 14, 2025 | 18:30–20:00 PT



THE UNIVERSITY OF BRITISH COLUMBIA

**Continuing Professional Development**

Faculty of Medicine

# LAND ACKNOWLEDGMENT

We acknowledge that UBC CPD work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



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*What is your relationship to the territory or the land that you're on?*

# FUNDING ACKNOWLEDGEMENT

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# ASK YOUR QUESTIONS

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# LEARNING OBJECTIVES

1. Identify four key evidence-based programs that support the prevention of mental health challenges and substance use in children & youth.
2. Explore the role of attachment, emotional literacy, human connection, and strengths-based approaches in fostering wellbeing in early childhood and beyond.
3. Evaluate the impact of intervention with community and school-based models in preventing mental health challenges and substance use among children & youth.



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# DISCLOSURES

## Speakers

- **Jan Ference, Darcy Morgan:** Nothing to disclose
- **Dr. Álfgeir Kristjánsson:** Is an employee of West Virginia University, School of Public Health, and the Prevention Research Center. Has received funding for research and community engaged prevention work from NIH, CDC, SAMHSA, HRSA, several foundations, and WV First Foundation. This funding has not influenced the webinar content.
- **Julie Lundberg:** Is an employee of Roots of Empathy.
- **Dr. David Smith:** Has received funding for research trial for Preventure program. Mitigating potential bias: Only research and outcome studies for this field of interventions will be shared.
- **Dr. Shirley Sze (moderator):** Has received payments from Shared Care Committees, Joint Collaborative Committees, UBC CPD, PHSA, ChildHealthBC, and the Thompson Region Division of Family Practice. This funding has not influenced the webinar content.



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# DISCLOSURES

## Planning Team

- **Stephanie Din, Caldon Saunders:** Are employees of UBC CPD.
- **Dr. Bruce Hobson:** Has received payments from UBC CPD, Doctors of BC, PHSA, PainBC, Cowichan Division of Family Practice and Qathet Division of Family Practice. This funding has not influenced the webinar content.



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# DR. SHIRLEY SZE, MD

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# JAN FERENCE

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# Brazelton Touchpoints

October 14, 2025

Jan Ference

BEd, MS, IPMHF, RCC



I would like to acknowledge the unceded, ancestral territories of this beautiful province. I have gratitude to live, work and play on the land of the K'omoks People.



Dr. T Barry Bra

“First comes love, and  
shortly there after,  
limits. Children don’t  
know we love them  
with out limits.”





**“Individually, we are  
one drop. Together we  
are an ocean.”**

**—Ryunosuke Satoro**



“As young children develop,  
their early emotional  
experiences literally become  
embedded in the  
architecture of their brains.”

J.P. Shonkoff

Center on the Developing Child

# Goals of Touchpoints

- Optimal child development
- Healthy, functional families
- Competent and healthy professionals
- Strong communities

# Touchpoints in a nut shell....



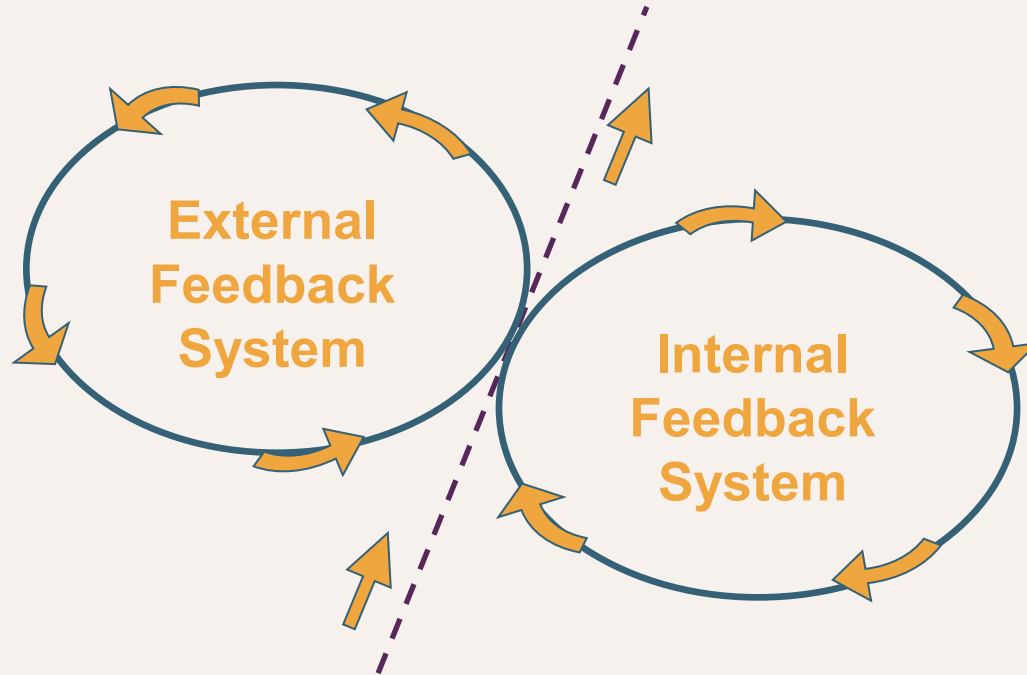


# The Approach is Grounded in and Built Upon:



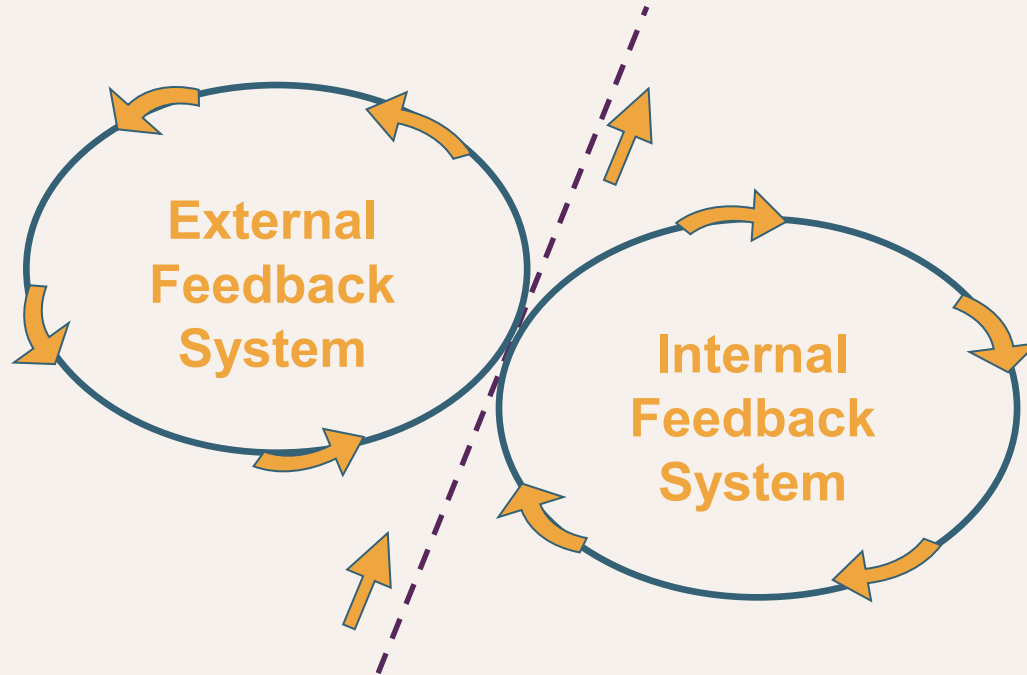
- Systems Theory
- Cultural Responsiveness
- Reflective Practice

# Three Sources of Energy for Development



Central Nervous System Maturation as a Force

# Three Sources of Energy for Development



Central Nervous System Maturation as a Force

# WHAT DO PARTICIPANTS LEARN?

- ❖ Strategies to build partnerships with patients/clients that promote strengths
- ❖ A lens which promotes cultural competency and responsiveness
- ❖ A framework to understand behavior that may be challenging and confusing
- ❖ Techniques for talking with families about child development
- ❖ Strategies for active listening, collaborative problem-solving, and relationship building



## Touchpoints Guiding Principles

- Recognize what you bring to the interaction
- Look for opportunities to support mastery
- Acknowledge and respect each family's cultures
- Use the behavior of the child as your language
- Value disorganization and vulnerability as an opportunity
- Value and understand the relationship between you and the parent
- Be willing to discuss matters that go beyond your traditional role
- Focus on the parent-child relationship
- Value passion wherever you find it



# Brazelton Touchpoints Center

## TOUCHPOINTS PARENT ASSUMPTIONS

- The parent is the expert on their child.
- All parents have strengths.
- Parenting is rooted in cultural practices, beliefs, and individual experiences.
- All parents have ambivalent feelings.
- Parenting is a process built on trial and error.
- All parents have something critical to share at each developmental stage.
- All parents *want* to do well by their child.



# Brazelton Touchpoints Center

## TOUCHPOINTS PROVIDER ASSUMPTIONS

The provider is the expert within the context of their setting.

All providers *want* to be competent.

All providers bring their cultural perspectives.

All providers need to reflect on their contributions to provider-parent interactions.

Providers need support and respect of the kind we are asking them to give parents.

All providers have strengths.

All providers have ambivalent feelings.

## Quote from a Touchpoints training

- The Touchpoints training offers a new and transformative way of working with patients and families that honours true partnership between providers and patients. It calls upon us to work alongside our patients as coaches rather than solely as experts and lets us focus on the assets our patients bring to the table rather than pathology. It has the power to transform negative clinical encounters with "challenging" patients into positive experiences that are rewarding for both our patients and us as providers. As a family physician, I see the Touchpoints approach as a perfect fit to interdisciplinary, team-based clinical care where everyone sits at the table as equal partners to find solutions and move forward towards the common goal of healthier families and communities.
- Quote by Dana Hubler (Family Physician)



Are we where  
we want to  
be?

- ❖ Nurses, Early Years Providers and Family Physicians report that they lack confidence and comfort in using relationship as intervention.
- ❖ Touchpoints offers a different perspective and a foundation for those not grasping currently used models.
- ❖ Providing care is complex, especially now. Learning the “how” to be, gives us a strong foundation to navigate the current challenges.
- ❖ Missing guiding principles and key assumptions can lead to a reliance on intellectual activities such as check lists.

There will come a time  
when you believe  
everything is finished.

That will be  
the beginning.

# JULIE LUNDBERG & DARCY MORGAN

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Roots of Empathy  
Racines de l'empathie

# **Roots of Empathy:**

## ***Changing the World Child by Child***

**Julie Lundberg, Director of Curriculum & Program  
Integrity**

**Darcy Morgan, BC Provincial Manager**

**October 2025**

***Building caring, peaceful and civil societies through the  
development of empathy in children and adults.***





Roots of Empathy  
Racines de l'empathie

## Our Teachers



“Love Grows Brains” Mary Gordon





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**Emotional Literacy** is the  
foundational literacy of life  
and a building block to  
**empathy** and **emotion**  
**regulation.**





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Birth should not be destiny.  
As much as it takes a village to  
raise a child, it also takes an  
empathic child to raise a  
community.





Roots of Empathy  
Racines de l'empathie

# Evidence of Impact

Independent research has found that children in the Roots of Empathy program experience:

- ▶ An increase in prosocial behaviours (E.g., sharing, helping, and including)
- ▶ An increase in empathy
- ▶ A decrease in aggressive behaviours, including bullying



## Did you know?

Schonert-Reichl et al (2012) found that children in the Roots of Empathy program were more likely than those in control classrooms to show kindness, as rated by their peers.







Roots of Empathy  
Racines de l'empathie

94% of host  
teachers agreed or  
strongly agreed  
that the Roots of  
Empathy program  
supported mental  
health and  
wellbeing

~ Global Program Evaluation

87% of students  
reported that their  
Roots of Empathy  
baby helped them  
to understand that  
they have the  
right to be loved

~ Global Program Evaluation

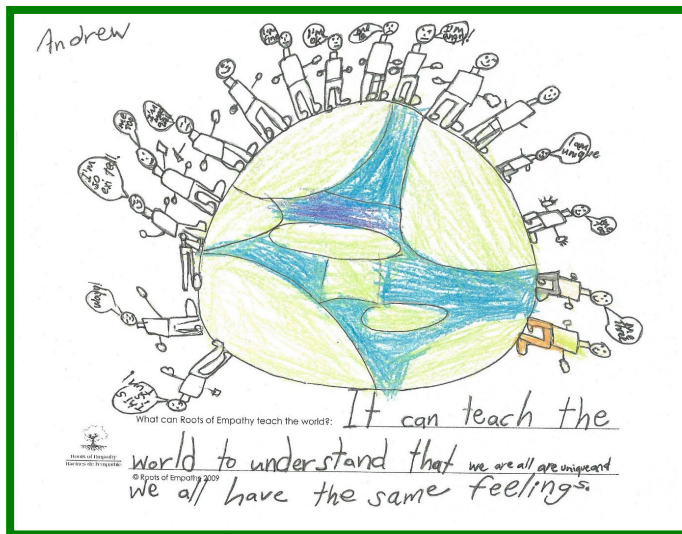
98% of parents  
reported that they  
felt that along  
with their baby,  
they were helping  
children to  
develop empathy

~ Global Program Evaluation





## What Can Roots of Empathy Teach the World?



Grade 1 Student, Selwyn Elementary School, Toronto

"It can teach the world to understand that we are all unique and we all have the same feelings."





Roots of Empathy  
Racines de l'empathie

live & love

To me, bullying means: sadness, pain, like I don't feel loved

Bullying can look like...



Bullying can feel like...



Appendix 7-8  
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# Join the Empathy Movement

## *Changing the World Child by Child*



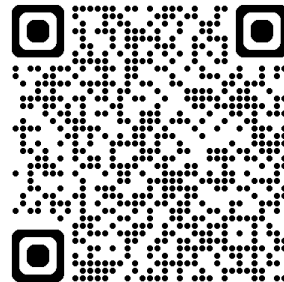


The Roots of Empathy mission is to build caring, peaceful, and civil societies through the development of empathy in children and adults.

## What would you like to know more about?

**Contact: Darcy Morgan, BC  
Program Manager**  
**Contact Info:**  
**[dmorgan@rootsofempathy.org](mailto:dmorgan@rootsofempathy.org)**

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[@rootsofempathy](https://www.instagram.com/rootsofempathy)  
[Facebook.com/rootsofempathy](https://www.facebook.com/rootsofempathy)



# DR. DAVID SMITH, MD

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# THE PREVENTURE PROGRAM



PreVenture is an internationally recognized program developed by Dr. Patricia Conrod, which works with **personality factors or traits** associated with early initiation of substance use, the development of substance misuse as well as mental health concerns.



The program incorporates strength based **cognitive behavioural and motivational interviewing** components that aim to support youth to be aware of and cope with key factors that can predispose youth to substance use and eventual misuse.

## **THE GOAL IS TO**

PROACTIVELY SUPPORT

STUDENTS TO DEVELOP

**SELF-AWARENESS AND**

**SKILLS IN ORDER TO**

BUILD RESILIENCE

**Would you like to take part in a program that helps you achieve your goals in life?**

**Are you interested in knowing how your personality affects choices you make?**

Limited seats – by invitation

## **PreVenture**

**2-90 minute personality matched workshops**  
for 4 personality profiles associated with  
problematic use

1. Impulse control
2. Sensation seeking
3. Anxiety sensitivity
4. Depression

**CBT**

**Motivational Interviewing**

**Adaptive coping skills development**

**Character strengths**



# Prevention Workshops

**Help** teens to be more  
mindful of their thoughts  
and behaviour

**Teach** teens adaptive  
coping skills

**Assist** teens in  
identifying long term  
goals

**Equip** teens with skills  
to work towards achieving  
their goals

**Use** cognitive  
behavioural therapy and  
motivational interviewing  
techniques

**Provide** teens with a  
safe, non-judgemental  
atmosphere

# Student Feedback



Source: O'Leary-Barrett, 2017



Source: O'Leary-Barrett, 2017

## SUMMARY: RANDOMIZED TRIALS OF PREVENTURE AMONG HIGH-RISK SECONDARY STUDENTS

<b>Trial</b>	<b>Sample Size</b>	<b>Follow-up</b>	<b>Substance use outcomes</b>
Canadian Preventure Trial	IG: n = 166 CG: n = 131	4 mo.	Reduction in: Drinking rates, Drinking quantity, Binge drinking, and Drinking problems
UK Preventure Trial	IG: n = 190 CG: n = 157	24 mo.	Reduction in: Drinking rates, Binge drinking, Drinking problems, Uptake of illicit substance misuse, Drugs use rates, Drug use frequency, Cannabis use, Cocaine use
Dutch Preventure Trial	IG: n = 343 CG: n = 356	12 mo.	Reduction in: Binge drinking, Growth of binge drinking
UK Adventure Trial	IG: n = 558 CG: n = 437	24 mo.	Reduction in: Drinking rates, Drinking quantity, Drinking frequency, Binge drinking, Growth of binge drinking, Drinking problems, Cannabis use
Australian Climate and Preventure (CAP) Trial	IG: n = 202 CG: n = 291	36 mo.	Reduction in: Drinking rates, Binge drinking, Drinking problems

IG: Intervention Group; CG: Control Group

# Research

Average  
**50% reduction**  
in alcohol consumption  
([Conrod, Castellanos & Mackie, 2008](#))

**50% reduction**  
in odds of binge drinking  
([Conrod, Castellanos & Mackie, 2008](#))

**Delayed**  
initiation of alcohol use  
and binge  
**drinking** ([Conrod, Castellanos & Mackie, 2008](#))

**Reduced frequency** of  
cannabis use  
([Newton et al., 2016](#))

**Grade wide benefits**, even in  
students who did not  
participate in the  
workshops  
([Conrod et al., 2013](#))

**Delayed** initiation of **cannabis use**  
([Conrod, Castellanos-Ryan, & Strang, 2010](#))

**Significantly**  
reduced conduct problems  
([Perrier-Menard et al., 2017](#))

Average **50% reduction** in  
drug use  
([Conrod, Castellanos-Ryan, & Strang, 2010](#))



## Preventure - Effectiveness

$$\text{NNT} = 2$$

## “HERD IMMUNITY”



The PreVenture program affects not only the youth who receive the workshop, but their peers as well with up to 30% reduction in substance use across their peer group.

# Preventure

Foundry provides schools with comprehensive support, including training for school staff, coaching and implementation resources to deliver the PreVenture program, at no direct cost to schools. The Ministry of Health is investing \$2 million in annual funding for the program

Current goal is implementation in 40 school districts over 3 years

“It’s more important than ever to make sure young people have the support they need to live healthy, fulfilling lives, especially when things get tough,” said Lisa Beare, Minister of Education and Child Care

# TESTIMONIALS FROM STUDENTS WHO HAVE TAKEN THE PREVENTURE PROGRAM

## GR 11, MALE:

I used drugs because I didn't think that the future was important. Now I have a plan to go to college and get a job in the trades.

## GR 10, FEMALE:

I have a lot less panic attacks now.

## GR 10 FEMALE (FIRST NATIONS):

I learned to think about my choices and focus on what is important now.

## GR 10 MALE:

I like to try new things and sometimes that got me into trouble - like alcohol. I learned how to plan for my choices.

## GR 10 MALE:

The teacher helped me to stop and think before I make hard decisions. I get into a lot less trouble now!

## GR 10 FEMALE (FIRST NATIONS):

I was really suffering from anxiety and loneliness when I came here in gr 8. The 2 classes I took taught me to not worry so much. I still do some of the breaking exercises that the counsellor taught me.



# DR. ALFGEIR KRISTJANSSON, PHD

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# Icelandic Prevention Model

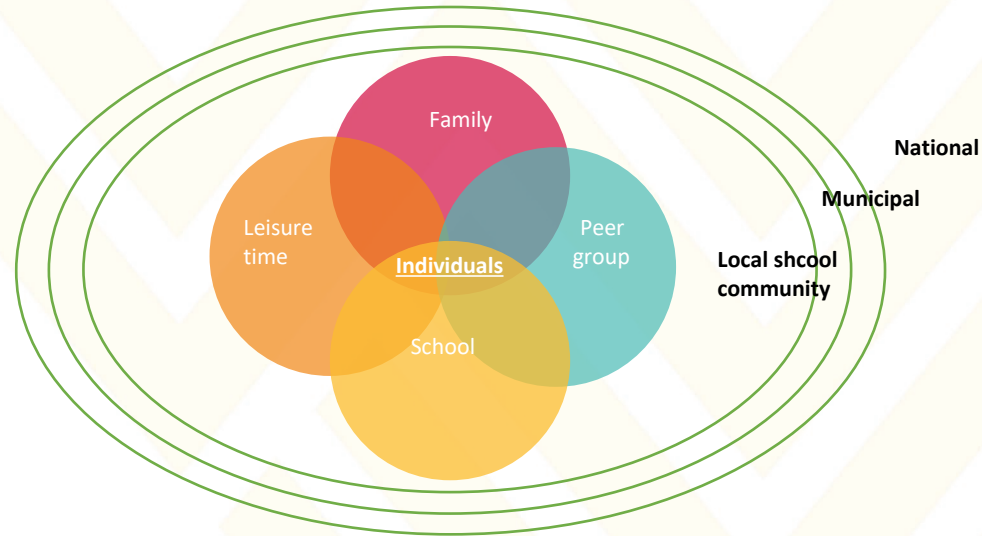
## Brief Introduction

**Alfgeir L. Kristjansson, Ph.D., M.S.**

*Professor, WVU School of Public Health*

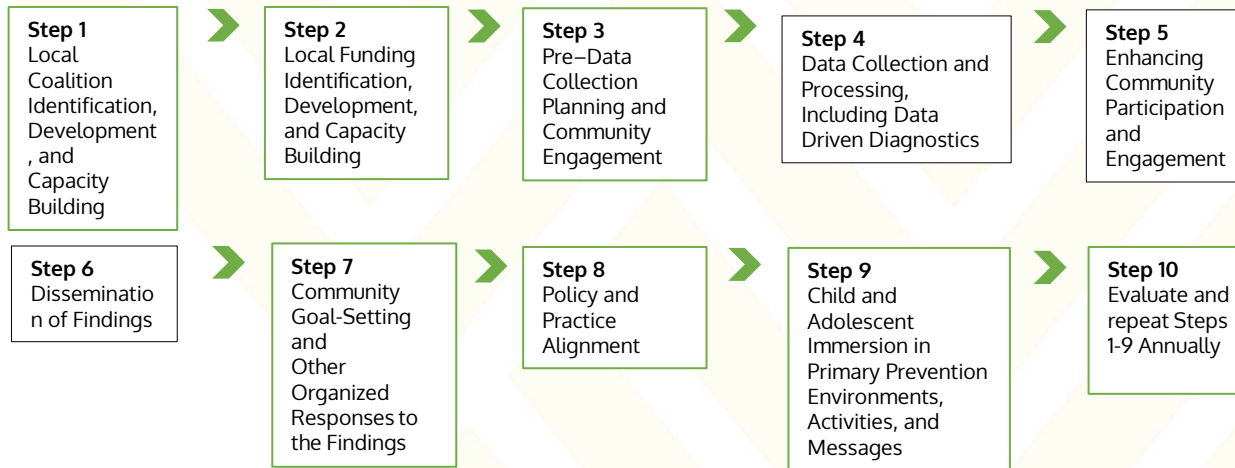
*Co-Director and PI, WV Prevention Research Center*

# IPM Organizational domains, risk and protective factors, and intervention focus



Sigfusdottir et al., 2009. *Health Promotion International*

# 10 Steps to Implementing the Icelandic Prevention Model





Kristjansson et al., 2020b. *Health Promotion Practice*

# Difference between the Icelandic Prevention Model (IPM) and many other prevention approaches


- The IPM is a community-engaged, primary prevention approach
- The IPM is NOT a program
- The IPM is a **Process-structure for collaborative partnerships and long-term intervention**
- Everything is data driven
- Collaboration between researchers, policy makers, practitioners, and community members, is **THE CENTRAL** feature of the model




## ***Prevention Is Possible: A Brief History of the Origin and Dissemination of the Icelandic Prevention Model***

Inga Dora Sigfusdottir, PhD<sup>1,2</sup>  
Humberto E. Soriano, MD<sup>3</sup>  
Michael J. Mann, PhD<sup>4</sup>   
Alfgeir L. Kristjansson, PhD<sup>1,5</sup> 

## ***Development and Guiding Principles of the Icelandic Model for Preventing Adolescent Substance Use***

Alfgeir L. Kristjansson, PhD<sup>1,2</sup>   
Michael J. Mann, PhD<sup>3</sup>  
Jon Sigfusson, MEd<sup>2</sup>  
Ingibjorg E. Thorisdottir, MPH<sup>2</sup>  
John P. Allevante, PhD<sup>4</sup>  
Inga Dora Sigfusdottir, PhD<sup>2</sup>

## ***Implementing the Icelandic Model for Preventing Adolescent Substance Use***

Alfgeir L. Kristjansson, PhD<sup>1,2</sup>   
Michael J. Mann, PhD<sup>3</sup>  
Jon Sigfusson, MEd<sup>2</sup>  
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John P. Allevante, PhD<sup>4</sup>  
Inga Dora Sigfusdottir, PhD<sup>2</sup>

Evaluation and Program Planning 106 (2024) 102451



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Evaluation and Program Planning

journal homepage: [www.elsevier.com/locate/evalprogplan](http://www.elsevier.com/locate/evalprogplan)



### **The Icelandic Prevention Model Evaluation Framework and Implementation Integrity and Consistency Assessment**

Michael J. Mann<sup>a,1</sup>, John P. Allevante<sup>b,c</sup>, Megan L. Smith<sup>a</sup>, Inga Dora Sigfusdottir<sup>d,e</sup>, Alfgeir L. Kristjansson<sup>c,f,g,1</sup>

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journal homepage: [www.elsevier.com/locate/ypmed](http://www.elsevier.com/locate/ypmed)

Adolescent substance use, parental monitoring, and leisure-time activities: 12-year outcomes of primary prevention in Iceland

Alfgeir Logi Kristjansson<sup>a,b,\*</sup>, Jack E. James<sup>c</sup>, John P. Allegrante<sup>d,e</sup>, Inga Dora Sigfusdottir<sup>a</sup>, Asgeir R. Helgason<sup>a,b</sup>

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<https://doi.org/10.1080/10826084.2024.2423373>

ORIGINAL ARTICLE

**Icelandic Prevention Model in Rural Appalachian Communities: Gauging Stakeholder Experience with the Core Processes Three Years into County-Level Implementation**

Stephen M. Davis<sup>a</sup>, Kelly Rossetto<sup>b</sup>, Megan L. Smith<sup>c</sup>, Michael J. Mann<sup>c</sup>, Jessica Coffman<sup>d</sup> and Alfgeir L. Kristjansson<sup>d,e</sup>

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**Testing risk and protective factor assumptions in the Icelandic model of adolescent substance use prevention**

Alfgeir L. Kristjansson<sup>1,2,\*</sup>, Christa L. Lilly<sup>3</sup>, Ingibjorg E. Thorisdottir<sup>2,4</sup>, John P. Allegrante<sup>2,5,6</sup>, Michael J. Mann<sup>7</sup>, Jon Sigfusson<sup>2</sup>, Humberto E. Soriano<sup>8</sup> and Inga Dora Sigfusdottir<sup>2,4,5</sup>

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**Added Value to Communities**

Beyond preventing substance use, working with the ICE Collaborative brings lasting benefits to communities. Here is what our partner counties accomplished from 2019 - 2024:

<b>\$5.1M+</b> Additional Funding Secured	<b>16,811</b> People Reached through Meetings	<b>47</b> New Prevention Programs Created	<b>40</b> New Jobs Added
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# Thank you

**Inquiries:**

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# ASK YOUR QUESTIONS

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# ATTENDANCE & EVALUATION FORMS

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