Evidence Informed Practices – What Does this Mean to Service Providers?

We talk a lot in the addiction field about evidence-informed practices, but not so much about what this means to Service Providers for their jobs. Evidence-informed practices are commonly defined as “those [practices] that reflect the deliberate and systematic use of the best available evidence, acquired through research and evaluation of practice. This is combined with a distillation of the experience of experts where that evidence is not available, to inform clinical decision making, program development and policy creation” (http://www.bcmhsus.ca/evidence-informed-practices). But is this as straightforward as it sounds? The training day will focus on the research through to evaluation aspect of evidence-informed practice. It will also touch on what it means to Service Providers when evidence is not yet available.

The goals of the training day are to:
1. familiarize Service Providers with the concept of evidence-informed practices, and specifically address the question of ‘what is evidence’?
2. challenge Service Providers to reflect on how they may be able to incorporate more ‘evidence’ in their practices, and
3. offer Service Providers an opportunity to become familiar and work with some of the latest ‘evidence’ released by the office of the Research Chair in Substance.

The expected outcomes from the training day are that Service Providers will:
1. be able to articulate the importance of engaging in evidence-informed practices and have resources to draw upon to assist them with accessing and assessing current ‘evidence’,
2. be familiar with key products from the office of the Research Chair in Substance Abuse and how they can use them in their work, including an evaluation workbook, and
3. serve as a point of contact between their Health Region representative and the office of the Research Chair to both access research-related support and engage in the dissemination of the Chair’s research findings.
AGENDA

Wednesday -- February 26, 2014

6:00   Networking Supper – The Samurai Japanese Restaurant, 601 Spadina Crescent E
Reservation under University of Saskatchewan

Thursday -- February 27, 2014

Parktown Hotel, 924 Spadina Crescent E, South Dining Room (is the back of the
restaurant on the main floor of the hotel)

7:30 – 8:30  Hot breakfast

8:30 – 9:00  Let’s get started!  Introduction to the day & welcoming exercise

MORNING THEME – RESEARCH

9:00 – 10:10  Evidence-informed practice. Drawing on publications released by the office of the
Research Chair, this opening session will share information and engage
participants in a discussion that focuses on evidence-informed practice. Four basic
questions will be addressed:
1. What is evidence-informed practice?
2. Whose evidence are we paying attention to?
3. How do we determine if the evidence is credible?
4. Where can we find credible evidence?

10:10 – 10:30  Health Break

10:30 – 11:15  Case in Point: Evaluating Child and Youth Mental Health & Addiction Services
in Saskatchewan. This session will review the aims of the CAFAS & ASIST for
agencies and what the client outcome indicators are revealing. Service Providers
will be encouraged to discuss how this evidence can inform their practice.

11:15 – 12:00  Case in Point: What’s Your Cap? Members of the What’s Your Cap? initiative
will share how both research and evidence is guiding their nationally-recognized
University of Saskatchewan campus binge drinking prevention initiative. Service
providers will be asked to brainstorm how this evidence-informed practice can
and cannot be applied to non-campus settings and groups.

12:00 – 1:30  CCENDU Lunch – Canadian Community Epidemiology Network on Drug Use
CCENDU Saskatchewan will host a lunch to information share about the national
and provincial CCENDU network and how easy and valuable it is for Service
Providers to get involved.

AFTERNOON THEME – EVALUATION

1:30 – 2:30  First Steps First – A Community-Based Workbook for Evaluating Substance
Abuse and Mental Health Programs in Saskatchewan. This session will review
the basics of program evaluation and how the First Steps First Workbook can help
easily fill some of the pitfalls Service Providers face with evaluation. Service Providers will be encouraged to share the strengths and limitations of evaluation that they have encountered and experiences people have had with the workbook.

2:30 – 3:00 Health Break

3:00 – 4:00 Study Scenario – Assessing the Evidence Three scenarios from the Office of the Research Chair will be used to review what questions should be asked when determining whether to implement an ‘intervention’ that comes across their desk (From Stilettos to Moccasins: A Guide for Group Discussion Workshop), what evidence should be sought when developing an intervention (ExChanging Conversations: Aboriginal Culture in the Journey of Healing from Addictions), and what to do with an innovative practice where there is little evidence yet accumulated in the addictions field (PAWSitive Support: Applying Animal Assisted Therapy in the Treatment of Addictions & Mental Health). Service Providers will share their assessments with the group.

4:00 – 4:30 Wrap up & next steps for linking the training day with the 2014 DTFP funding aims.
Student (at the time of writing) authorship in paper is underlined.
Community (non-academic) authorship in paper is double underlined.
Indicates corresponding author (*)

GUEST EDITOR
C. Dell, S. Gust, S. MacLean. 2011. Special Issue on Volatile Substance Misuse: A Global Perspective. Substance Use & Misuse: An International Interdisciplinary Forum. 47(S1), pp. 1-143. This international peer reviewed journal was co-edited with the National Institute on Drug Abuse, International Program, USA & Turning Point Alcohol and Drug Centre and University of Melbourne, Australia.

CHAPTERS IN BOOKS – ACCEPTED
C. Fillmore, C. Dell, J. Kilty. “Ensuring Aboriginal Women’s Voice(s) Are Heard: Toward a Balanced Approach in Community-Based Research”. In J. Kilty, S. Fabian, M. Felices-Luna (Eds.). Intense Methods. Vancouver: UBC Press. (To be released in 2014)

CHAPTERS IN BOOKS – PUBLISHED
C. Dell. 2007. “Women and Substance Use Research in Canada”. In N. Poole and L. Greaves (Eds.). Canadian Perspective on Women’s Substance Use. Toronto: Centre for Addiction and Mental Health. pp. 495-506.
PAPERS IN REFEREED JOURNALS - ACCEPTED

PAPERS IN REFEREED JOURNALS – PUBLISHED


LETTERS TO THE EDITOR IN REFEREED JOURNALS - PUBLISHED

PAPERS IN NON-REFEREED JOURNALS


INVITED PAPERS IN PUBLISHED CONFERENCE PROCEEDINGS

TECHNICAL REPORTS RELEVANT TO ACADEMIC FIELD:
Reports are identified as internal or public.


*Knowledge Translation Product: One page plain language summary and one page poster, University of Saskatchewan.


Goals

(1) To familiarize you with the concept of evidence-informed practices, and specifically address the question of 'what is evidence'? 

(2) To challenge you to reflect on how you may be able to incorporate more 'evidence' in your practices, and 

(3) To offer you an opportunity to become familiar and work with some of the latest 'evidence' released by the office of the Research Chair in Substance.
Outcomes

(1) For you to be able to **articulate** the importance of engaging in evidence-informed practices and have resources to draw upon to assist you with accessing and assessing current ‘evidence’.

(2) For you to be **familiar** with key products from the office of the Research Chair in Substance Abuse and how you can use them in your work, including an evaluation workbook, and

(3) For you to serve as a **point of contact** between your Health Region and the office of the Research Chair to both access research-related support and engage in the dissemination of the Chair’s research findings.

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1. What is evidence-informed practice?
2. Whose evidence are we paying attention to?
3. How do we determine if evidence is credible?
4. Where can we find credible evidence?

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Morning theme: Research

9:00 - 10:10

Evidence-informed practices
1. What are evidence-informed practices?

"those [practices] that reflect the deliberate and systematic use of the best available evidence, acquired through research and evaluation of practice. This is combined with a distillation of the experience of experts where that evidence is not available, to inform clinical decision making, program development and policy creation". (http://www.bcmhsus.ca/evidence-informed-practices)

"The consensus in general health resource allocation is that decisions should be transparent, open to debate, and based on principles of fairness and equity; and that allocation of resources should be based on need. Much resource allocation planning eventually produces a statistical formula; but the process is guided not only by finite resources, but also by the arguments and assumptions of varying political persuasions, ethical considerations, pressure groups and research findings". (Australia, Allocation of resources to alcohol, tobacco and other drug treatment services, 2007, pp. vii. http://www.ancd.org.au/images/PDF/Generaltrends/allocation_resourc es.pdf)
Back to the basics: identifying positive youth development as the theoretical framework for a youth drug prevention program in rural Saskatchewan, Canada amidst a program evaluation

Colleen Anne Dell¹†, Charles Randy Duncan²†, Andrea DesRoches³†, Melissa Bendig⁴†, Megan Steeves⁵†, Holly Turner⁶†, Terra Quaife⁵†, Chuck McCann⁷† and Brett Enns⁷†

Abstract

Background: Despite endorsement by the Saskatchewan government to apply empirically-based approaches to youth drug prevention services in the province, programs are sometimes delivered prior to the establishment of evidence-informed goals and objectives. This paper shares the ‘preparatory’ outcomes of our team’s program evaluation of the Prince Albert Parkland Health Region Mental Health and Addiction Services’ Outreach Worker Service (OWS) in eight rural, community schools three years following its implementation. Before our independent evaluation team could assess whether expectations of the OWS were being met, we had to assist with establishing its overarching program goals and objectives and ‘at-risk’ student population, alongside its alliance with an empirically-informed theoretical framework.

Methods: A mixed-methods approach was applied, beginning with in-depth focus groups with the OWS staff to identify the program’s goals and objectives and targeted student population. These were supplemented with OWS and school administrator interviews and focus groups with school staff. Alignment with a theoretical focus was determined through a review of the OWS’s work to date and explored in focus groups between our evaluation team and the OWS staff and validated with the school staff and OWS and school administration.

Results: With improved understanding of the OWS’s goals and objectives, our evaluation team and the OWS staff aligned the program with the Positive Youth Development theoretical evidence-base, emphasizing the program’s universality, systems focus, strength base, and promotion of assets. Together we also gained clarity about the OWS’s definition of and engagement with its ‘at-risk’ student population.

Conclusions: It is important to draw on expert knowledge to develop youth drug prevention programming, but attention must also be paid to aligning professional health care services with a theoretically informed evidence-base for evaluation purposes. If time does not permit for the establishment of evidence-informed goals and objectives at the start-up of a program, obtaining insight and expertise from program personnel and school staff and administrators can bring the program to a point where this can still be achieved and theoretical linkages made after a program has been implemented. This is a necessary foundation for measuring an intervention’s success.

Keywords: Youth drug prevention program, Outreach worker service, Rural school, Positive youth development, Program evaluation, 40 developmental assets
When John started at Nimkere he learned that he had to take part in a spiritual assessment (for lack of a better word) with an Elder. The Elder does a type of reading through which he is able to see negative energy blocks in a person. The Elder can tell from this whether the youth needs certain medicines, for example, or a feast. A lot of youth like to participate in the assessment because it is a time when they can have their name, clan, and colours identified to them. When John arrived at Nimkere it was quickly evident that he used his size to intimidate, control, and bully others, including Elders. In John’s assessment, the Elder said he saw a trauma near John’s neck, and John responded that he had never tried to commit suicide. The Elder continued to see this energy at John’s neck, and John eventually relayed that his father tried to stab him in the neck when he was a young boy. The Elder told John that this block needed to be moved because John could not express himself with his voice, and as a consequence, he was compensating by being physical.
In Review

From Benzos to Berries: Treatment Offered at an Aboriginal Youth Solvent Abuse Treatment Centre Relays the Importance of Culture

Colleen Anne Dell, PhD; Maureen Seguin, MA; Carol Hopkins, MSW; Raymond Tempier, MD, MSc, FRCPC; Lewis Mehl-Madrona, MD, MPhil, PhD; Debra Dell, MACP; Randy Duncan, PhD, Med; Karen Mosier, MSc

First Nations and Inuit youth who abuse solvents are one of the most highly stigmatized substance-abusing groups in Canada. Drawing on a residential treatment response that is grounded in a culture-based model of resiliency, this article discusses the cultural implications for psychiatry’s individualized approach to treating mental disorders. A systematic review of articles published in The Canadian Journal of Psychiatry during the past decade, augmented with a review of Canadian and international literature, revealed a gap in understanding and practice between Western psychiatric disorder–based and Aboriginal culture–based approaches to treatment and healing from substance abuse and mental disorders. Differing conceptualizations of mental health and substance abuse are discussed from Western psychiatric and Aboriginal worldviews, with a focus on connection to self, community, and political context. Applying an Aboriginal method of knowledge translation—storytelling—experiences from front-line workers in a youth solvent abuse treatment centre relay the difficulties with applying Western responses to Aboriginal healing. This lends to a discussion of how psychiatry can capitalize on the growing debate regarding the role of culture in the treatment of Aboriginal youth who abuse solvents.

There is significant need for culturally competent psychiatric research specific to diagnosing and treating First Nations and Inuit youth who abuse substances, including solvents. Such understanding for front-line psychiatrists is necessary to improve practice. A health promotion perspective may be a valuable beginning point for attaining this understanding, as it situates psychiatry’s approach to treating mental disorders within the etiology for Aboriginal Peoples.


Highlights

- There is significant need for peer-reviewed, culturally competent, psychiatric research specific to diagnosing and treating First Nations and Inuit youth who abuse substances, including solvents.
- A health promotion perspective may assist clinicians in bridging the gap between Western and Aboriginal understanding and practice regarding substance abuse and mental health, thereby improving outcomes.
- The practice of storytelling illustrates the disjuncture between Western and Aboriginal responses to healing, and may be a valuable tool for knowledge transfer in the clinical setting.

Key Words: substance abuse, addiction, volatile solvent abuse, mental health, Aboriginal, youth, treatment, storytelling
The Elder held a spiritual intervention: he sang traditional healing songs, used his hands to move the energy block, prayed, and used traditional medicines. They included blueberries and unshelled peanuts. The Elder told John that when he felt himself getting angry, he needed to ask the staff for his medicine. Blueberries are a sacred traditional medicine as they are the first food to be offered by the earth. They will assist John in reconnecting with his internal energy and strength. Shelling peanuts gave John an activity to occupy himself with and time to reflect on his emotions and return to a calmer state of being. The Elder also encouraged John to speak with his counsellors each time he finished his medicine.

They Stole my Thunder—Warriors Who Were Behind the Walls: Experiential Storytelling with Criminalized Indian Women

Sharon Leslie Acoose
Kiishibiibizuu Kinew Ikwe
"Circling Eagle Woman"

Gathering evidence in Western science

"CBR [community-based research] is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBR begins with a research topic of importance to the community with the aim of combining knowledge and action to improve community health and eliminate health disparities".

(Kellogg Community Health Scholars Program)
3. How do we determine if the evidence is credible?

Why can't I 'just' google?

http://www.youtube.com/watch?v=hqjyqIceI1w

Google Scholar:
http://www.youtube.com/watch?v=I2z5gOuX2eQ&feature=youtu.be&hd=1
A Model for Evidence-Informed Decision Making in Public Health

Evidence-informed decision making involves integrating the best available research evidence into the decision-making process. Additional factors – community health issues and local context; community and political preferences and actions; and public health resources – create the environment in which that research evidence is interpreted and applied.

This model for evidence-informed decision making in public health is particularly relevant at the fifth step of evidence-informed public health: Adapt the information to a local context. (see diagram on reverse)

This model recognizes that important evidence can come from a variety of sources. Evidence considered in the decision-making process could include the following possible examples:

<table>
<thead>
<tr>
<th>Sources of Evidence</th>
<th>Examples of Evidence for Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence from research</td>
<td>The most relevant, high-quality qualitative or quantitative evidence available</td>
</tr>
<tr>
<td></td>
<td>Research findings from a variety of disciplines and sectors relevant to public health</td>
</tr>
<tr>
<td>Evidence about the frequency, causes, and modifying factors of local community health issues</td>
<td>Surveillance data and community health status reports to determine the magnitude of the health issue in the local setting</td>
</tr>
<tr>
<td></td>
<td>Significance and importance of the issue in comparison to other community health concerns</td>
</tr>
<tr>
<td>Evidence from people about community and political preferences and actions</td>
<td>Needs and interests of community members</td>
</tr>
<tr>
<td></td>
<td>Support or opposition from the public and/or government officials</td>
</tr>
<tr>
<td></td>
<td>Current political climate (local, regional, provincial, federal)</td>
</tr>
<tr>
<td></td>
<td>Current organizational/corporate climate</td>
</tr>
<tr>
<td>Evidence from various governments and programs about public health resources</td>
<td>Financial resources</td>
</tr>
<tr>
<td></td>
<td>Human resources (personnel/staffing, administrative support, support from management)</td>
</tr>
<tr>
<td></td>
<td>Materials (workspace, computers, supplies)</td>
</tr>
</tbody>
</table>
No two public health situations are identical. The weight and influence that each factor will have on the decision-making process will depend upon the specific circumstances, as well as the skills and values held by the individuals and groups involved in the process. The placement of Public Health Expertise at the centre of the model is intentional. Ultimately, decision makers must draw on their explicit and tacit public health knowledge and expertise to incorporate all the relevant factors into the final decision, conclusion or recommendation.

Faced with a lack of time, limited access to peer-reviewed journals, inadequate critical appraisal skills and conflicting evidence, public health professionals may not always use high quality, relevant research to inform their public health program and policy decisions. Sources of synthesized and methodologically strong research evidence can overcome some of these barriers. These sources save time and increase confidence in the value of the research findings. Evidence may include quantitative and qualitative research findings from a variety of disciplines relevant to public health (for example, epidemiology, allied health, social sciences and education). However the best research evidence available will be different for each public health situation.

Evidence-informed decision making in public health offers several potential benefits:

- adoption of the most effective and cost-efficient interventions;
- prudent use of scarce resources;
- better health outcomes for individuals and communities.

The NCCMT has developed a resource to help public health practitioners implement this model of evidence-informed decision making whether considering starting a new program or stopping an existing program: It worked there. Will it work here? 
Tool for Assessing Applicability and Transferability of Evidence.
Two versions of the tool are available on the NCCMT website:

For more resources and information on evidence-informed decision making in public health, visit our website: www.nccmt.ca.

General References:


How to cite this resource:

Assessing the evidence...

1. Scholarly book vs popular book
2. Journal article vs magazine article
   - Ulrichsweb.com (not free)
3. Other information sources
   - Authority
   - Currency
   - Accuracy
   - Argument
   - Coverage
   - Objectivity
4. Web pages

Systematic & Scoping Reviews

Cultural Interventions to Treat Addictions in Indigenous Populations: Findings from a Scoping Review

Margo Rowan, Nancy Poole, Beverley Shea, Joseph Gone, David Mylerta, Marwa Farag, Carol Hopkins, Laura Hall, Christopher Mushquash, Colleen Dell
**Library: Scholarly versus Popular Sources/Quick Reference**

**Quick Reference**
The following outlines the key differences between scholarly, popular and professional publications.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scholarly</th>
<th>Popular</th>
<th>Trade/Technical</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advertisements</strong></td>
<td>Few ads, usually for publication services in the discipline covered</td>
<td>Many ads - typically for retail products and services.</td>
<td>Will have advertisements which will generally be targeted to professionals in the field.</td>
</tr>
<tr>
<td><strong>Appearance</strong></td>
<td>Plain design, black and white graphics (print versions), containing charts, graphs, and tables.</td>
<td>Slick design, glossy paper (print versions), with colour pictures, photographs, and illustrations.</td>
<td>Slick design, glossy paper (print versions), with graphics, photos and illustrations.</td>
</tr>
<tr>
<td><strong>Audience</strong></td>
<td>Professors, researchers, college and university students</td>
<td>General public</td>
<td>Professionals in the field and possibly interested amateurs.</td>
</tr>
<tr>
<td><strong>Author</strong></td>
<td>Written by scholar within an academic field - i.e., a current researcher at a university or research institute.</td>
<td>Written by journalists who may lack discipline and/or subject expertise.</td>
<td>Professionals in the field or journalist with specialist background</td>
</tr>
<tr>
<td><strong>Language</strong></td>
<td>University level, in the specialized vocabulary of the discipline covered. No glossaries or list of defined terms - target audience will already be familiar with this vocabulary.</td>
<td>Non technical, simple vocabulary accessible to the majority of readers. Online popular sources may hyperlink unfamiliar terms to dictionary definitions, Wikipedia entries etc.</td>
<td>Specialist jargon/terminology of the field but likely not as technical as scholarly journals.</td>
</tr>
<tr>
<td>Peer Reviewed/Refereed?</td>
<td>Usually</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
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</tr>
<tr>
<td>Journal Articles: Experts in the field review articles in most scholarly journals. Submissions are not published if they do not pass the scrutiny of the reviewers.</td>
<td>Only the magazine editor reviews submitted articles.</td>
<td>May be reviewed by staff editors with experience in the field, but no formal peer-review process.</td>
<td></td>
</tr>
<tr>
<td>Scholarly books: Academic presses typically employ editorial boards to review the quality, accuracy and validity of manuscripts. However, not all editorial boards are comprised of subject experts - check board members' affiliation/qualifications to determine if “peers” are part of the review process</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Publisher | Professional organizations, universities, research institutes, scholarly presses and scholarly units of commercial enterprises. | Commercial enterprises. | Professional society/association; commercial enterprises |

| Purpose | Report on original research, experimentation, methodology, and theory. Refute / support theories of other researchers in the field. | Inform or entertain the reader, sell products, and/or promote a viewpoint. | Report on the state of a particular trade or industry - news, trends, products etc. Focus is on information for practitioners in the field - continuing professional development |

| Research Documentation | Footnotes and bibliographies cite the author's research. | Sources are rarely cited. | May have footnotes or bibliographies but not essential practice. |
Article Sources and Contributors


Image Sources, Licenses and Contributors


Evaluating web pages skillfully requires you to do two things at once:

1. Train your eye and your fingers to employ a series of techniques that help you quickly find what you need to know about web pages;
2. Train your mind to think critically, even suspiciously, by asking a series of questions that will help you decide how much a web page is to be trusted.

This page is organized to combine the two techniques into a process that begins with looking at your search results from a search engine or other source, follows through by investigating the content of page, and extends beyond the page to what others may say about the page or its author(s).

1. What can the URL tell you?

Techniques for Web Evaluation:
1. Before you leave the list of search results -- before you click and get interested in anything written on the page -- glean all you can from the URLs of each page.
2. Then choose pages most likely to be reliable and authentic.

<table>
<thead>
<tr>
<th>Questions to ask:</th>
<th>What are the implications?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Is it somebody's personal page?</strong></td>
<td>Personal pages are not necessarily &quot;bad,&quot; but you need to investigate the author carefully. For personal pages, there is no publisher or domain owner vouching for the information in the page.</td>
</tr>
<tr>
<td>• Read the URL carefully:</td>
<td>For information in the page.</td>
</tr>
<tr>
<td>◦ Look for a personal name (e.g., jbarker or barker) following a tilde (~), a percent sign (%), or the words &quot;users,&quot; &quot;members,&quot; or &quot;people.&quot;</td>
<td>Look for appropriateness. What kind of information source do you think is most reliable for your topic?</td>
</tr>
<tr>
<td>◦ Is the server a commercial ISP or other provider of web page hosting (like aol.com or geocities.com)</td>
<td></td>
</tr>
</tbody>
</table>

| **What type of domain does it come from?** | |
| (educational, nonprofit, commercial, government, etc.) | |
| • Is the domain extension appropriate for the content? | |
|   ◦ Government sites: look for .gov, .mil | |
|   ◦ Educational sites: look for .edu | |
| (Note that this can include personal student and faculty pages as well as official college and university pages) | |
|   ◦ Nonprofit organizations: look for .org | |
| (Note that this is no longer restricted to nonprofits) | |
| • Many country codes, such as .us, .uk. and .de, are no longer tightly controlled and may be misused. Look at the country code, but also use the | |
## Techniques in sections 2 and 4 below to see who published the web page.

### Is it published by an entity that makes sense?

Who "published" the page?

- In general, the publisher is the agency or person operating the "server" computer from which the document is issued.
  - The server is usually named in first portion of the URL (between `http://` and the first `/`)
- Have you heard of this entity before?
- Does it correspond to the name of the site?

You can rely more on information that is published by the source:

- Look for health information from any of the agencies of the National Institute of Health on sites with `nih` somewhere in the domain name.

## 2. Scan the perimeter of the page, looking for answers to these questions:

### Techniques for Web Evaluation:

1. Look for links that say "About us," "Philosophy," "Background," "Biography," etc.

2. If you cannot find any links like these, you can often find this kind of information if you **Truncate back the URL**.

   **INSTRUCTIONS for Truncating back a URL:** In the top Location Box, delete the end characters of the URL stopping just before each `/` (leave the slash). Press enter to see if you can see more about the author or the origins/nature of the site providing the page.

   Continue this process, one slash (`/`) at a time, until you reach the first single `/` which is preceded by the domain name portion. This is the page's server or "publisher."

3. Look for the date "last updated" - usually at the bottom of a web page.

   Check the date on all the pages on the site.

### Questions to ask:

<table>
<thead>
<tr>
<th>Who wrote the page?</th>
<th>What are the implications?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Look for the name of the author, or the name of the organization, institution, agency, or whatever who is responsible for the page</td>
<td></td>
</tr>
<tr>
<td>An e-mail contact is not enough</td>
<td></td>
</tr>
<tr>
<td>If there is no personal author, look for an agency or organization that claims responsibility for the page</td>
<td></td>
</tr>
<tr>
<td>If you cannot find this, locate the publisher by truncating back the URL (see technique above). Does this publisher claim responsibility for the content? Does it explain why the page exists in any way?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the page dated? Is it current enough?</th>
<th>How recent the date needs to be depends on your needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is it &quot;stale&quot; or &quot;dusty&quot; information on a time-sensitive or evolving topic?</td>
<td></td>
</tr>
<tr>
<td><strong>CAUTION:</strong> Undated factual or statistical information is no better than anonymous information. Don't use it without confirmation.</td>
<td></td>
</tr>
<tr>
<td>For some topics you want current information. For others, you want information put on the web near the time it became known.</td>
<td></td>
</tr>
<tr>
<td>In some cases, the importance of</td>
<td></td>
</tr>
</tbody>
</table>
### What are the author's credentials on this subject?

- Does the purported background or education look like someone who is qualified to write on this topic?
- Might the page be by a hobbyist, self-proclaimed expert, or enthusiast?
  - Is the page merely an opinion? Is there any reason you should believe its content more than any other page?
  - Is the page a rant, an extreme view, possibly distorted or exaggerated?
- If you cannot find strong, relevant credentials, look very closely at documentation of sources (next section).

### 3. Look for indicators of quality information:

#### Techniques for Web Evaluation:

1. Look for a link called "links," "additional sites," "related links," etc.
2. In the text, if you see little footnote numbers or links that might refer to documentation, take the time to explore them.
   - What kinds of publications or sites are they? Reputable? Scholarly?
   - Are they real? On the web (where no publisher is editing most pages), it is possible to create totally fake references.
3. Look at the publisher of the page (first part of the URL).
   - Expect a journal article, newspaper article, and some other publications that are recent to come from the original publisher IF the publication is available on the web.
   - Look at the bottom of such articles for copyright information or permissions to reproduce.

#### Questions to ask:

**Are sources documented with footnotes or links?**

- Where did the author get the information?
  - As in published scholarly/academic journals and books, you should expect documentation.
- If there are links to other pages as sources, are they to reliable sources?
- Do the links work?

**What are the implications?**

In scholarly/research work, the credibility of most writings is proven through footnote documentation or other means of revealing the sources of information. Saying what you believe without documentation is not much better than just expressing an opinion or a point of view. What credibility does your research need?

An exception can be journalism from highly reputable newspapers. But these are not scholarly.

Check with your instructor before using this type of material.

Links that don't work, or that lead
If reproduced information (from another source), is it complete, not altered, not fake or forged?

- Is it retyped? If so, it could easily be altered.
- Is it reproduced from another publication?
  - Are permissions to reproduce and copyright information provided?
  - Is there a reason there are not links to the original source if it is online (instead of reproducing it)?
- You may have to find the original to be sure a copy of something is not altered and is complete.
  - Look at the URL: is it from the original source?
  - If you find a legitimate article from a reputable journal or other publication, it should be accompanied by the copyright statement and/or permission to reprint. If it is not, be suspicious.
  - Try to find the source. If the URL of the document is not to the original source, it is likely that it is illegally reproduced, and the text could be altered, even with the copyright information present.

Are there links to other resources on the topic?

- Are the links well chosen, well organized, and/or evaluated/annotated?
- Do the links work?
- Do the links represent other viewpoints?
- Do the links (or absence of other viewpoints) indicate a bias?
- Many well developed pages offer links to other pages on the same topic that they consider worthwhile.
  - Pages that offer opposing viewpoints as well as their own are more likely to be balanced and unbiased than pages that offer only one view. Anything not said that would be said if all points of view were represented?
  - Always look for bias in text and links, especially when you agree with what's being said.

4. What do others say?

Techniques for Web Evaluation:

1. Find out what other web pages link to this page.
   a. Use alexa.com:

   Type or paste the URL into alexa.com's search box.
   Click on the "Get details" button.
   You will see, depending on the volume of traffic to the page:

   - Traffic details.
   - Contact/ownership info for the domain name.
   - "Related links" to other sites visited by people who visited the page.
   - Sites linking in to the page.
   - A link to the "Wayback Machine," an archive showing what the page looked like in the past.
Evaluating Web Pages: Techniques to Apply & Questions to Ask

b. Do a link: search in Google, Yahoo!, or another search engine where this can be done:

1. Copy the URL of the page you are investigating (Ctrl+C in Windows).
2. Go to the search engine site, and type link: in the search box.
3. Paste the URL into the search box immediately following link: (no space after the colon).
   The pages listed all contain one or more links to the page you are looking for.
   If you find no links, try a shorter portion of the URL, stopping after each /.
   *Note: Different search engines give very different results for "link:" searches. We suggest trying more than one.*

2. Look up the title or publisher of the page in a reputable directory that evaluates its contents (ipl2, Infomine, About.com, or a specialized directory you trust).

3. Look up the author's name in Google or Yahoo!
   For the most complete results in Google, search the name three ways:
   a. without quotes: Firstname Lastname
   b. enclosed in quotes as a phrase: "Firstname Lastname"
   c. enclosed in quotes with * between the first and last name: "Firstname * Lastname" (The * can stand for any middle initial or name in Google only).

<table>
<thead>
<tr>
<th>Questions to ask:</th>
<th>What are the implications?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who links to the page?</strong></td>
<td>Sometimes a page is linked to only by other parts of its own site (not much of a recommendation). Sometimes a page is linked to by both its fans and its detractors. Read both points of view.</td>
</tr>
<tr>
<td>• Are there many links?</td>
<td></td>
</tr>
<tr>
<td>• What kinds of sites link to it?</td>
<td></td>
</tr>
<tr>
<td>• What do they say?</td>
<td></td>
</tr>
<tr>
<td><strong>Is the page listed in one or more reputable directories or pages?</strong></td>
<td>Good directories include a tiny fraction of the web, and inclusion in a directory is therefore noteworthy. But read what the directory says! It may not be 100% positive.</td>
</tr>
<tr>
<td><strong>What do others say about the author or responsible authoring body?</strong></td>
<td>&quot;Googling&quot; someone can be revealing. Be sure to consider the source. If the viewpoint is radical or controversial, expect to find detractors. Also see which blogs refer to the site, and what they say about it. Google Blog Search is a good way to do this; search on the site's name, author, or URL.</td>
</tr>
</tbody>
</table>

5. Does it all add up?

**Techniques for Web Evaluation**:  
1. Step back and think about all you have learned about the page. Listen to your gut reaction. Think about why the page was created, the intentions of its author(s).
   If you have doubts, ask your instructor or come to one of the library reference desks and ask for advice.
2. Be sensitive to the possibility that you are the victim of irony, spoof, fraud, or other falsehood.
3. Ask yourself if the web is truly the best place to find resources for the research you are doing.

<table>
<thead>
<tr>
<th>Questions to ask:</th>
<th>So what? What are the implications?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Why was the page put on the web?</strong></td>
<td>These are some of the reasons to think of. The web is a public place, open to all. You need to be aware of the entire range of human possibilities of intentions behind web pages.</td>
</tr>
<tr>
<td>• Inform, give facts, give data?</td>
<td></td>
</tr>
<tr>
<td>• Explain, persuade?</td>
<td></td>
</tr>
<tr>
<td>• Sell, entice?</td>
<td></td>
</tr>
<tr>
<td>• Share?</td>
<td></td>
</tr>
<tr>
<td>• Disclose?</td>
<td></td>
</tr>
<tr>
<td><strong>Might it be ironic? Satire or parody?</strong></td>
<td>It is easy to be fooled, and this can make you look foolish in turn.</td>
</tr>
<tr>
<td>• Think about the &quot;tone&quot; of the page.</td>
<td></td>
</tr>
<tr>
<td>• Humorous? Parody? Exaggerated? Overblown arguments?</td>
<td></td>
</tr>
<tr>
<td>• Outrageous photographs or juxtaposition of unlikely images?</td>
<td></td>
</tr>
<tr>
<td>• Arguing a viewpoint with examples that suggest that what is argued is ultimately not possible.</td>
<td></td>
</tr>
<tr>
<td><strong>Is this as credible and useful as the resources (books, journal articles, etc.) available in print or online through the library?</strong></td>
<td>What is your requirement (or your instructor's requirement) for the quality of reliability of your information?</td>
</tr>
<tr>
<td>• Are you being completely fair? Too harsh? Totally objective?</td>
<td>In general, published information is considered more reliable than what is on the web. But many, many reputable agencies and publishers make great stuff available by &quot;publishing&quot; it on the web. This applies to most governments, most institutions and societies, many publishing houses and news sources.</td>
</tr>
<tr>
<td>• Requiring the same degree of &quot;proof&quot; you would from a print publication?</td>
<td>But take the time to check it out.</td>
</tr>
<tr>
<td>• Is the site good for some things and not for others?</td>
<td></td>
</tr>
<tr>
<td>• Are your hopes biasing your interpretation?</td>
<td></td>
</tr>
</tbody>
</table>

**WHY? Rationale for Evaluating What You Find on the Web**

The World Wide Web can be a great place to accomplish research on many topics. But putting documents or pages on the web is easy, cheap or free, unregulated, and unmonitored (at least in the USA). There is a famous Steiner cartoon published in the *New Yorker* (July 5, 1993) with two dogs sitting before a terminal looking at a computer screen; one says to the other "On the Internet, nobody knows you're a dog." The great wealth that the Internet has brought to so much of society is the ability for people to express themselves, find one another, exchange ideas, discover possible peers worldwide they never would have otherwise met, and, through hypertext links in web pages, suggest so many other people's ideas and personalities to anyone who comes and clicks. There are some real "dogs" out there, but there's also great treasure.

Therein lies the rationale for evaluating carefully whatever you find on the Web. The burden is on you - the reader - to establish the validity, authorship, timeliness, and integrity of what you find. Documents can easily be copied.
and falsified or copied with omissions and errors -- intentional or accidental. In the general World Wide Web there are no editors (unlike most print publications) to proofread and "send it back" or "reject it" until it meets the standards of a publishing house's reputation. Most pages found in general search engines for the web are self-published or published by businesses small and large with motives to get you to buy something or believe a point of view. Even within university and library web sites, there can be many pages that the institution does not try to oversee. The web needs to be free like that!! And you, if you want to use it for serious research, need to cultivate the habit of healthy skepticism, of questioning everything you find with critical thinking.

More About Evaluating Web Sources

- **Evaluating Information Found on the Internet**
  <http://www.library.jhu.edu/researchhelp/general/evaluating/>
  An excellent guide from the Milton Library at Johns Hopkins University.

- For annotated descriptions of many other good guides to evaluating web pages, search the subject "Evaluation of Internet Resources" in [ipl2](http://www.ipl.org).

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Quick Links

| Search Engines | Subject Directories | Meta-Search Engines | Invisible Web |

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Evaluating Web Pages: Techniques to Apply & Questions to Ask

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Quality Appraisal of Studies

<table>
<thead>
<tr>
<th>Systematic Review</th>
<th>Randomized Controlled Trial</th>
<th>Quasi-experimental</th>
<th>Cohort</th>
<th>Case-control</th>
</tr>
</thead>
<tbody>
<tr>
<td>AmStar</td>
<td>Risk of Bias Tool</td>
<td>Downs and Black Checklist</td>
<td>Newcastle-Ottawa Scale</td>
<td>Newcastle-Ottawa Scale</td>
</tr>
</tbody>
</table>

NCCMT Information and Tutorials on Evidence-Informed Decision Making

- Evidence-Informed Public Health
  http://www.nccmt.ca/eiph/index-eng.html
- National Collaborating Centre for Methods and Tools
  http://www.nccmt.ca
- National Collaborating Centre for Methods and Tools Learning Centre
  http://www.nccmt.ca/learningcentre
- Introduction to Evidence-Informed Decision Making
- Critical Appraisal of Intervention Studies
- Critical Appraisal of Systematic Reviews
- Online Tools: Search Pyramids

4. Where can we find credible evidence?

Databases
Access your Health Region Librarian!
Web of Science:
http://thomsonreuters.com/thomson-reuters-web-of-science/
Project Cork
http://www.projectcork.org/database_search/search_form.html
PubMed
PubMed Central Canada
http://pubmedcentralcanada.ca/pmccc/
Grey Matters
http://www.cadth.ca/en/resources/finding-evidence-is/grey-matters
Tips for Searching Grey Literature

- Prepare your search strategy, including key words and phrases to search, ahead of time.
- Use results from other searching to help determine scope, additional search terms, and additional grey literature sources.
- Prepare and use a checklist in chart form to record the sites you access including: date accessed, search terms used, results.
- Do not rely on one source of grey literature. This guide directs you to many.
- Evaluate the authority of the sources for literature you find.
- Sign up for e-alerts, feeds, etc. for websites of interest until project completion.

http://guides.hsict.library.utoronto.ca/camhlibrary_greyliterature

Sources for Systematic & Scoping Reviews

- Health Evidence: http://www.healthevidence.org/
- Cochrane Library: http://www.thecochranelibrary.com/view/0/index.html
- Centre for Reviews and Dissemination: http://www.crd.york.ac.uk/CRDWeb/
- Campbell Collaboration: http://www.campbellcollaboration.org/lib/
- PDQ-Evidence: http://www.pdq-evidence.org/

10:10 – 10:30
Health Break
Outcome Initiative Overview
Is there evidence that our services are helping?

1. What are the aims of the outcome initiative for Saskatchewan?
2. What are the ASIST (CDOI) outcomes?
3. What are the CAFAS outcomes?
4. Who has contributed to provincial CAFAS dataset?
5. How representative is our dataset of child and youth clients that receive Mental Health and Addiction services?
6. How are the CAFAS findings reported?
7. What are the 2013 CAFAS highlights of the provincial findings?
8. What is the typical client time-frame in treatment and how often are they assessed by the CAFAS?
WHAT ARE THE AIMS OF THE OUTCOME INITIATIVE FOR SASKATCHEWAN?

Improve the quality of life for children, youth, and their families

OUR GOAL

Child and Youth Mental Health and Addictions Services Outcome Initiative Milestones

2006
- Ministry Mandate
- Needs assessment
- Interagency Evaluation Reference Group

2007
- Confidentiality sharing agreements reviewed
- Plan for system wide client monitoring
- CAFAS (Web based) developed
- CDOI (ASIST Regional)

2008
- CAFAS pilot testing in 4 RHAs
- CAFAS training in Regina by clinicians representing 11 RHAs
- CDOI pilot testing in 5 RHAs

2009
- Pilot testing progress
- Identify structure for provincially coordinated report
- Data sharing negotiations including Privacy Officers

2010
- Final Report: 1st Provincial Report
- Nov 15, 2010 to Sept 30, 2011
- 9 RHAs live data
- 3 Month and Exit Indicators
- CDOI National Academy 3RAs

2012
- Two semi-annual Provincial Reports
- 8 RHAs actively using CDOI
- 6 RHAs fully integrated into Provincial system
- CDOI server relocated to Canada

2013
- Final Provincial Report
- Data analysis provided
- CAFAS server moved to Canada
- CDOI server discontinued
The Canadian Server has arrived!!

MHS has established a server in Ontario
- Our data will be migrated to the Canadian server
- Patriot Act considerations will no longer be of concern

WHAT ARE THE ASIST (CDOI) OUTCOMES?

CLIENT DIRECTED OUTCOME-INFORMED

CDOI approach using two instruments (client rated)
1. ORS (Outcome Rating Scale)
   - 4 items measure psychological well-being
     • personal, interpersonal, socially, overall
2. SRS (Session Rating Scale)
   - 4 items measure status of client-therapist alliance
     • relationship, goals, method, overall

CDOI management systems
1. ASIST for Agencies (on local computer)
   - requires upgrades or will run into technical issues
2. MyOutcomes (web-based – BC server)

Provincial Outcomes
- Intended as a complementary indicator
- % at risk for poor therapeutic outcomes
- Use is not standardized enough across province to warrant aggregating data
- Age level concerns
  - Some use with youth but mainly adult
WHAT IS THE CAFAS?

**Child And Adolescent Functional Assessment Scale**

- Gold standard for assessing daily functioning
- Clinician-rated
- Inform decisions on level of care needed & treatment progress
- Compare change assessments over time
- Monitor outcomes
- Evaluate service programs

**CAFAS (WEB-BASED)**

For each Subscale, items endorsed at severity level that best describes client

Clinician able to get client profile immediately
### CAFAS (WEB-BASED)

**Potential for tracking EBT and Other options**

![Image of web-based CAFAS tool]

### Clinical Marker (PRE-assessment) vs. Outcome Indicator (POST-assessment)

<table>
<thead>
<tr>
<th>Clinical Marker</th>
<th>Outcome Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAFAS Total Score</td>
<td>Change in Total Score</td>
</tr>
<tr>
<td>*Higher score = <em>Mild dysfunction</em></td>
<td><em>Meaningful and Reliable Difference</em> - reduction 20 points or more</td>
</tr>
<tr>
<td>Serious Emotional Disturbance (SED)</td>
<td>Change in SED</td>
</tr>
<tr>
<td>total score = &gt;50 +</td>
<td><em>Total score &lt; 50 AND all subscale scores &lt; 30</em></td>
</tr>
<tr>
<td>Severe Behavioural Impairment (SBI)</td>
<td>Change In SBI</td>
</tr>
<tr>
<td>total score = &gt;30 +</td>
<td><em>Subscales &lt; 10</em></td>
</tr>
<tr>
<td>Pervasive Behavioural Impairment (PBI)</td>
<td>Change in PBI</td>
</tr>
<tr>
<td><em>School</em>, <em>Home</em>, AND <em>Behaviour Toward Others</em> = &gt;10</td>
<td><em>School</em>, <em>Home</em>, AND <em>Behaviour Toward Others</em> = &lt; 20</td>
</tr>
<tr>
<td>CAFAS Tier® classification defined by CAFAS Tiers</td>
<td>Change in CAFAS Tier</td>
</tr>
<tr>
<td><em>Less Salient Tier</em> classification</td>
<td></td>
</tr>
</tbody>
</table>

### CAFAS TIERS ® CLIENT TYPES

Hierarchically-arranged in Descending Order of Severity

- Thinking Problems
- Substance Use Problems
- Possibly Self-harmful
- Delinquency
- Behaviour Problems with Moderate Mood Disturbance
- Behaviour Problems without Moderate Mood
- Moderate Mood/Behaviour Problems only
- No Problems Reported
SEVERITY INTERVALS (DYSFUNCTION GROUPS)

- 140+: Consider very intensive services, residential, or inpatient
- 120-139: Consider intensive community-based services
- 90-119: Consider outpatient care with additional supportive services
- 50-79: Consider Serious Emotional Disturbance (SED) and ongoing outpatient services
- 0-49: Consider ongoing outpatient services

WHO HAS CONTRIBUTED TO PROVINCIAL CAFAS DATASET?

Cypress
Five Hills
Heartland
Prairie North
Prince Albert Parkland
Regina Qu'Appelle
Saskatoon
Sun Country
Kelsey Trail

How Representative Is The CAFAS Dataset To All Clients Receiving Child And Youth Mental Health And Addiction Services?
There is some variability within each Health Region as to which clients are rated with the CAFAS at entry to treatment.

- e.g., regions differ in determining which child clients (6 to 12 years of age) are assessed with the CAFAS
- Some regions do NOT rate children with CAFAS if they enter into Family programming

### 2012 – 2013: Ages 6 to 17

**CAFAS Dataset compared to eHealth Dataset Estimate**

<table>
<thead>
<tr>
<th>Health Regions</th>
<th>CAFAS Assessment at Entry</th>
<th>eHealth SK &amp; Community Profile information</th>
<th>8 Health Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>4352</td>
</tr>
</tbody>
</table>

There is some variability within each Health Region as to which clients are rated with the CAFAS at entry to treatment.

- e.g., regions differ in determining which child clients (6 to 12 years of age) are assessed with the CAFAS
- Some regions do NOT rate children with CAFAS if they enter into Family programming

### CAFAS Dataset compared to Population

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Population</th>
<th>Total CAFAS</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>eHealth SK</td>
<td>6 – 17 years old</td>
<td>185,894</td>
<td>1,846</td>
</tr>
<tr>
<td>Ontario</td>
<td>Grade 1 - 12</td>
<td>1,771,710</td>
<td>29,351</td>
</tr>
<tr>
<td>Michigan</td>
<td>Under 21</td>
<td>2,914,052</td>
<td>39,306</td>
</tr>
</tbody>
</table>

### HOW ARE THE CAFAS FINDINGS REPORTED?
WHAT ARE THE 2013 CAFAS HIGHLIGHTS OF THE PROVINCIAL FINDINGS OF THE CUMULATIVE DATA FROM NOVEMBER 2010 TO MARCH 31, 2013?

CLIENT CHARACTERISTICS BY SEX

Cumulative data
November 15, 2010 to March 31, 2013
8 Regional Health Authorities

- Total cases: 4,106
- 1,958 Girls (47.7%) Average Age 13.0
  - Total cases entered treatment: 1,529
- 2,148 Boys (52.3%) Average Age 11.8
  - Total cases entered treatment: 1,577
CLIENT CHARACTERISTICS BY AGE GROUP
Cumulative data - November 15, 2010 to March 31, 2013

- Child
  6 to 11:11 years
  1,606
  39.1% Total cases entered treatment
  4,106

- Youth
  12 to 17:11 years
  2,500
  45.4% Total cases entered treatment

CLINICAL MARKERS

CLINICAL MARKERS: TOTAL SCORE

Severity Interval at Entry to Treatment For Saskatchewan (N=4106)

- 0-40 Consider ongoing outpatient services
- 40-70 Consider SED and ongoing outpatient services
- 70-100 Consider outpatient care with additional supportive service
- 100-140 Consider intensive community-based services
- 140+ Consider very intensive services, residential or inpatient
CLINICAL MARKERS
(PRE-ASSESSMENT TO TREATMENT)
TOTAL SCORE MEAN

CAFAS Mean Total Score at Entry to Treatment for
Saskatchewan and Health Regions

Mean Total Score

CAFAS Tier Classification
– 3 Most Severe Tiers
Thinking Problems = 4.5% (186); Substance Misuse = 14.7% (603); Self-Harmful = 16.9% (692)

CLINICAL MARKERS at entry to treatment

Serious Emotional Disturbance (SED)
58.5% 2,400

Severe Behavioural Impairment (SBI)
34.0% 1,394

Pervasive Behavioural Impairment (PBI)
11.6% 476

CLINICAL MARKER SED at entry to treatment

By Sex

54.4% 1,065 of 1,958

62.2%** 1,335 of 2,148

47.6% 764 of 1,606

65.4%** 1,636 of 2,500

** significantly higher than counterpart at p<0.01
What Proportion Demonstrated Clinically Meaningful And Reliable Improvement at Exit? (i.e., Reduction in Total Score by 20+ points)

57.5% 771 of 1,340

Meaningful & Reliable Improvement at Exit

57.6% 369 of 641
57.5% 402 of 699
54.2% 265 of 489
59.5% 506 of 851

Meaningful & Reliable Improvement in Overall Impairment at Exit for Saskatchewan and Health Regions

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases (N=1340)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina Qu'Appelle</td>
<td>67.3</td>
</tr>
<tr>
<td>Prince Albert</td>
<td>57.6</td>
</tr>
<tr>
<td>Heartland</td>
<td>57.5</td>
</tr>
<tr>
<td>Cypress</td>
<td>66.1</td>
</tr>
<tr>
<td>Regina Qu'Appelle</td>
<td>75.8</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>56.3</td>
</tr>
<tr>
<td>Sun Country</td>
<td>58.8</td>
</tr>
<tr>
<td>Heartland (Not reported)</td>
<td></td>
</tr>
<tr>
<td>Cypress (N=66)</td>
<td></td>
</tr>
<tr>
<td>Heartland (Not reported)</td>
<td></td>
</tr>
<tr>
<td>Sun Country (N=187)</td>
<td></td>
</tr>
<tr>
<td>Regina Qu'Appelle (N=239)</td>
<td></td>
</tr>
<tr>
<td>Prince Albert (N=62)</td>
<td></td>
</tr>
<tr>
<td>Saskatoon (N=124)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases (N=141)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cypress</td>
<td>67.3</td>
</tr>
<tr>
<td>Heartland (Not reported)</td>
<td></td>
</tr>
<tr>
<td>Sun Country</td>
<td>66.1</td>
</tr>
<tr>
<td>Regina Qu'Appelle</td>
<td>75.8</td>
</tr>
<tr>
<td>Prince Albert</td>
<td>56.3</td>
</tr>
<tr>
<td>Saskatoon</td>
<td>58.8</td>
</tr>
<tr>
<td>Cypress (N=66)</td>
<td></td>
</tr>
<tr>
<td>Regina Qu'Appelle (N=239)</td>
<td></td>
</tr>
<tr>
<td>Prince Albert (N=62)</td>
<td></td>
</tr>
<tr>
<td>Saskatoon (N=124)</td>
<td></td>
</tr>
<tr>
<td>Sun Country (N=187)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases (N=98)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heartland (Not reported)</td>
<td></td>
</tr>
<tr>
<td>Cypress</td>
<td>67.3</td>
</tr>
<tr>
<td>Heartland (Not reported)</td>
<td></td>
</tr>
<tr>
<td>Sun Country</td>
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<tr>
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<tr>
<td>Sun Country (N=187)</td>
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<tr>
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<td>67.3</td>
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<tr>
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</table>
CAFAS OUTCOMES

What Proportion Demonstrated Clinically Meaningful And Reliable Improvement at 3 Months? (i.e., Reduction in Total Score by 20+ points)

- 41.0% of 522
- 40.9% of 577
- 32.0% of 468
- 42.8%** of 631

** significantly higher than counterpart at p<0.001

Summary Of Client Improvement Comparison From CAFAS Entry To 3-months Versus CAFAS Entry To Exit From Treatment

Cumulative: November 15, 2010 to March 31, 2013

- No Serious Emotional Disturbance
- No Severe Behavioural Impairment
- No Pervasive Behavioural Impairment
- Tier Improvement

At Least 1 of 5 Indicators
WHAT IS THE TYPICAL CLIENT TIME-FRAME IN TREATMENT?

HOW OFTEN ARE THEY ASSESSED BY THE CAFAS?

Hawaii CAMHD implemented a policy of quarterly assessment using CAFAS, CALOCUS, and ASEBA.

- found CAFAS to serve as a model because of high response rates, broad assessment, and completion of certified professionals.
- across the 4 years, the average length of service was reduced by 40% to 60%, depending on what factors were statistically controlled.
- 866 days in 2002 → 393 days in 2005.
  - (Daleiden, Chorpita, Dondervoet, Arensdorf, and Brogan, 2006.)

ACTIVITY — FOOD FOR THOUGHT AND DISCUSSION
Activity & Discussion
- Considering the message of the video

If such a study was conducted in your region, what evidence does your Health Region have to confirm or deny the claims made?

What are some of the benefits or disadvantages of the evidence provided by CAFAS outcomes for your Health Region?
For Province overall?

Food for Thought

What program changes are needed to better serve needs based on client profile?

What is the typical client’s length of stay in services?
In program?
The clients who have improved?

Are there changes from year to year?
In client profile, in improvement rates?

Which clients have improved?
Which clients have not improved?

Are there differences between clients with primary addictions
versus clients with primary mental health issues?

11:15-12:00
What’s Your Cap? U of S Student Binge Drinking Prevention Initiative
U of S Binge Drinking Prevention Initiative

- Created Spring 2011 after Addictions class
- Rapid & Environmental Assessment
  - Key informant interviews - 42
  - Focus Groups - 3
  - Street Interceptions - 888
- Summer 2012, brand change
- BDPI to What’s Your Gap?
- Roll out Orientation 2012
- Continuation of Model in 2013

What We Do

- Orientation Activities
  - Photo booth
  - Slush machines
  - SWAG
- Toilet Campaign
- Conferences
- Presentations
- Research
- Pre/Post Surveys
Our Research – 2012/13

- Pre/Post Surveys
- To date have surveyed 3,147 (2012-Fall 2013)
- Majority of students don’t know standard drink sizes
- 78/79% had not heard of the LRDGs
- Average number of drinks consumed by gender
  - Women 3-5 drinks 40.3% (225)
  - Men 6-9 drinks 26.4% (73)
- Top 3 reasons for drinking:

<table>
<thead>
<tr>
<th></th>
<th>Pre-survey</th>
<th>Post-survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socialize</td>
<td>35.6%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Fun</td>
<td>32.7%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Relax</td>
<td>10.4%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

Incorporating Our Research

- Research informs the campaign at all levels
- SWAG – understanding how items tie to message
- Pre/Post Surveys – feed into the next year’s messaging:
  - EX: 78/79% have not heard of LRDGs, campaign must continue to discuss and share them
- Toilets – Marketing research, finding different ways to share our message with meaning but a level of shock value to pull individuals in.
Introducing our new Provincial Coordinator!
Doug Spitzig B.S.P.
Pharmacist Manager, Prescription Review Program
College of Physicians and Surgeons of Saskatchewan
Phone: (306)667-4640
Email: doug.spitzig@cps.sk.ca

How can you get involved?
• Google group – email colleen.dell@usask.ca
• Facebook - https://www.facebook.com/CCENDUsaskatchewan
• Twitter - https://twitter.com/CCENDUsk

Why is CCENDU important?
• Fill out Appendix A
COME JOIN US...

Connect with CCENDU SK through Social Media
to receive and share the latest information on
drug use in Saskatchewan and across the Nation!

“Like” us on Facebook at: http://www.facebook.com/
CcenduSaskatchewan

“Follow” us on Twitter: https://twitter.com/CCENDUsk

“Join” our Google Group: http://groups.google.com/
group/ccendusaskatoon

Visit our Website: http://TinyURL.com/
CCENDUSK

CCENDU is a monitoring and surveillance project that fosters and
promotes networking among agencies that have common interests
in local, national and international drug trends and patterns.

Office of Colleen Anne Dell, PhD
Research Chair in Substance Abuse
Department of Sociology & School of Public Health
University of Saskatchewan
1109 Arts Building
Saskatoon, SK S7T 1C7

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Fax: 306-966-6950
E-mail: colleen.dell@usask.ca

For more information contact Nicki Kirlin at:
nicki.kirlin@usask.ca
(306)966-6917
CCENDU Drug Alert

Illicit Fentanyl

Update: February 2014

CCENDU Drug Alerts use rapidly assembled evidence, ranging from scientific literature to qualitative reports from those directly serving local, high-risk populations, to provide timely information on drug-related topics or patterns of immediate concern that have the potential for serious health-related consequences.

Summary Information

• Recently, reports from Canada and the United States indicate that illicit fentanyl (i.e., produced in clandestine laboratories), rather than diverted prescription-grade fentanyl, has been appearing for sale on the streets.

• In some jurisdictions illicit fentanyl has been appearing in pill and powder form and has been sold as Oxycontin®, heroin or other substances.

• Fentanyl analogues made in clandestine laboratories can be significantly more toxic than pharmaceutical-grade fentanyl. Therefore, individuals who are using heroin, Oxycontin or other substances, but mistakenly take fentanyl, are at greater risk of an accidental overdose.

• Fentanyl overdoses are harder to reverse than other opioids and might require significantly higher dosages of naloxone.

• Illicit fentanyl was first brought to the attention of CCENDU members in May 2013 when the presence of fentanyl analogues was reported in Montreal, Quebec. Illicit fentanyl has since appeared in a number of other Canadian communities and the availability of this drug might continue to spread.

• Care must be taken when advising substance using populations about the dangers of illicit fentanyl:
  • Advisories should avoid terms that might, indirectly, attract users, such as “potent,” “strong” or “more powerful.” Such terms could inadvertently result in an increase in people seeking out the drug. Better alternatives are “more toxic,” “lethal,” “deadly” and “more concentrated” — terms that imply harm.
  • Include specific calls to action: calling 911, if an overdose is suspected; if using, not using alone and use slowly.
• Consider mentioning some of the signs and symptoms of an overdose, so people know what to look out for. The Ontario Harm Reduction Distribution Program has a poster designed to clearly communicate these signs.3

• Date flyers and advisories so that people know this is a recent concern, not an ongoing issue.

What Is Fentanyl?

Fentanyl is an opioid that is prescribed as a prescription drug to treat chronic pain; however non-medical use has been observed. Prescription-grade fentanyl is available as a transdermal patch, injectable citrate and transmucosal lozenge.

Reports from CCENDU Partners

The following table summarizes the situation across Canada regarding the presence of illicit fentanyl in local communities as reported by the eight CCENDU members.

<table>
<thead>
<tr>
<th>City</th>
<th>Reports of Illicit fentanyl</th>
<th>Local situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancouver, BC</td>
<td>Yes</td>
<td>Vancouver Police encountered a powder and pills that tested positive for fentanyl. The RCMP in Kelowna and Prince George are also aware of it in their local community. The Provincial Public Health Officer of BC issued an information bulletin to emergency services. Public health warned service providers of its presence in the province (see Table 2 below).</td>
</tr>
<tr>
<td>Saskatoon, SK</td>
<td>Yes</td>
<td>Local addiction counsellors are reporting the presence of illicit fentanyl among clients seeking methadone treatment. Clients are self-reporting the use of street fentanyl or fake oxy 80’s (i.e., Oxycontin pills made with fentanyl) at intake. Drug testing has also confirmed the presence of fentanyl among these clients.</td>
</tr>
<tr>
<td>Prince Albert, SK</td>
<td>No</td>
<td>No reports of illicit fentanyl.</td>
</tr>
<tr>
<td>Winnipeg, MB</td>
<td>No</td>
<td>No reports of illicit fentanyl.</td>
</tr>
<tr>
<td>Toronto, ON</td>
<td>No</td>
<td>No reports of illicit fentanyl.</td>
</tr>
<tr>
<td>Ottawa, ON</td>
<td>Yes</td>
<td>One (non-fatal) overdose when a female ingested an illicitly made pill that contained fentanyl.</td>
</tr>
<tr>
<td>Halifax, NS</td>
<td>No</td>
<td>No reports of illicit fentanyl.</td>
</tr>
<tr>
<td>St John’s, NL</td>
<td>Unclear</td>
<td>Two instances in Goose Bay, Labrador, when illicitly produced fentanyl was sold as opioids such as heroin or Oxycontin.</td>
</tr>
</tbody>
</table>

Recent Advisories

The following table lists examples of warnings, alerts, advisories issued by national, provincial or municipal authorities.

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Issuing Authority</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montreal, QC</td>
<td>May 13, 2013</td>
<td>Montreal police</td>
<td>Police discuss and describe extremely powerful drug (desmethyl fentanyl) seized in Montreal.</td>
</tr>
<tr>
<td>Prince George, BC</td>
<td>May 17, 2013</td>
<td>RCMP</td>
<td>RCMP public health warning regarding fentanyl being sold as heroin.</td>
</tr>
<tr>
<td>British Columbia</td>
<td>May 30, 2013</td>
<td>Office of the Provincial Health Officer</td>
<td>BC Provincial Health Officer urges health workers to be watchful for potential overdoses associated with fentanyl.2</td>
</tr>
<tr>
<td>Kelowna, BC</td>
<td>June 07, 2013</td>
<td>RCMP</td>
<td>RCMP provides overview of fentanyl and its associated dangers and warns of its recent appearance in many local street drugs.</td>
</tr>
</tbody>
</table>
The Canadian Centre on Substance Abuse changes lives by bringing people and knowledge together to reduce the harm of alcohol and other drugs on society. We partner with public, private and non-governmental organizations to improve the health and safety of Canadians.

CCSA activities and products are made possible through a financial contribution from Health Canada. The views of CCSA do not necessarily represent the views of the Government of Canada.

Prepared by the CCSA in partnership with the Canadian Community Epidemiology Network on Drug Use (CCENDU)

The Canadian Community Epidemiology Network on Drug Use (CCENDU) is a nation-wide network of community level partners who share information about local trends and emerging issues in substance use and exchange knowledge and tools to support more effective data collection.

Disclaimer: While every effort has been made to identify and compile the best and most reliable information available on the topic, the nature of the alert is such that CCSA cannot confirm the validity of all information included or acquired from links provided. While we have done our utmost to provide correct information, CCSA makes no representations or warranties of any kind, express or implied, about the completeness, accuracy or reliability with respect to the information included in this alert or the information included in the links provided.
Program Evaluation

Definition:
An assessment of the merit of a service or program to ensure that resources are being best dedicated to improve client wellbeing (First Steps First: 25).

Goals:
1. To assess whether a program is directly contributing to positive client change,
2. To assess whether a program is doing so in an effective and efficient manner.

Stages:
1. Engaging stakeholders
2. Focusing the evaluation
3. Collecting the data
4. Analyzing and interpreting the results
5. Using the results to improve program and service delivery
Hi, I’m Pete! I take you through the workbook as you go along!

A COMMUNITY-BASED APPROACH TO DEVELOPING A PROGRAM EVALUATION WORKBOOK

Using the Workbook: Examples from the Field

“I was so super critical at the outset, but not any longer. This workbook spoke to me.”
“Well written and well organized.”
“Pleasantly surprised by how thorough and easy-to-read the workbook was.”
“Going through the workbook together made it easier for them [workers] to communicate with each other about these topics and that s/he would not have been able to contribute to the project in the same way otherwise.”
“Participants agreed that the book and process has given them a new insight into their programs because it has helped them to think more critically about their purpose and activities.”
Exercise

- "Your program's mission statement can be thought of as a very broad statement that describes what your program is designed to achieve. In a sense, it describes the reason for the existence of your program" (First Steps First 2013:27).

- Going back into your substance specific groups, to develop a mission statement to develop a prevention initiative.

2:30 – 3:00
Health Break

3:00 – 4:00
Assessing the Evidence
From Stilettos to Moccasins: A Guide for Group Discussion Workshop
What evidence do you need to gather to decide if you will implement this workshop?

ExChanging Conversations: Aboriginal Culture in the Journey of Healing from Addictions
What evidence should you gather to develop a workshop that focuses on cultural humility?

PAWSitive Support: Applying Animal Assisted Therapy in the Treatment of Addictions & Mental Health
How do you make a decision on whether to offer a program, when there is not a lot of existing empirical (research) evidence in the addictions field?

(A) From Stilettos to Moccasins: A Guide for Group Discussion Workshop
1. To raise awareness about the role of identity and stigma in the healing journeys of Aboriginal women in treatment for drug abuse.
2. To offer hope and inspiration gathered from over 100 Aboriginal women in substance abuse treatment who shared their healing journeys.
3. To learn from one another.

(B) ExChanging Conversations: Aboriginal Culture in the Journey of Healing from Addictions

http://www.youtube.com/watch?v=KUgUw5tCAOw
(C) PAWSitive Support: Applying Animal Assisted Therapy in the Treatment of Addictions & Mental Health


WEBSITE & PRODUCTS

Facebook
Twitter
Email: colleen.dell@usask.ca
Phone: 306 966 5912
Website: http://www.addictionresearchchair.ca/

Wrap Up

4:00 – 4:30
Next Steps
**Step By Step**

**Lyrics:**

okihcitāw (kikannahewiyimikonaw  
(Protectors watch over us)

We are providers not dividers
We help to ignite the fire
That is burning within
And has always been
Deep inside the darkness
Let's find out where the spark is
Together we'll make it right
Don't give up the fight
Knowing who you are
You're still here you're still alive
Its through the struggle
We find the strength to survive
Nobody chooses the harder road
And your inner child already knows
Life wasn't off to a smooth start
Stories told break break break my
card
I wish I could rock that little child to sleep
And tell them that they're safe and
loved so deep
But the best I can do is work
through the pain
Cast some sunshine through all the
rain
And see something better what you
deserve
Let history rest and enjoy this
world

**Chorus**

It's alright It's gonna be okay
When you cry I'll help ease the pain
I can be your stepping stone
You'll never have to walk alone

Awāsisak (children)
iskwēwak (women)
nāpēwak (men)
kehtē-ayak (elders)
māmawohkamātōn kāsōhkiyiyahk (let's work together
on being strong)
ka-mamisłotatānaw kā-
mìkânistawiyahk
(we will rely on the one who is our
(spiritual) leader)
hāw, kahkiyaw māmawi-
kākšimoṭān
(all right, let us all pray
together)
hay-hay (thanks)
waśe (it is good (in Dakota))
marsi chog (thank you (in
Dene))

But helping you gives me
strength - it gives me life
We're no different you and I
We both have dreams we both
have pride
We both know what it's like
when the river runs dry
Oh and time isn't always on
our side
So we gotta learn to love
ourselves and try
Connect to the earth connect to
the sky
My spirit reignites with nature
Believing in something love
instead of hate here
That's where we belong
That's where we become strong
Let's get together and sing this
song

We're doing great things together
Sometimes it's just a step
And sometimes it's a giant leap
Together we'll make it right
Don't give up the fight
Knowing who you are
You're still here you're still alive
Its through the struggle
We find the strength to survive
Nobody chooses the harder road
And your inner child already knows
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**Chorus**

It's alright It's gonna be okay
When you cry I'll help ease the pain
I can be your stepping stone
You'll never have to walk alone

Hear the song and download
it for free:
www.tinyurl.com/StepByStepSongDownload
View the video at:
www.tinyurl.com/StepByStepSongWatch
Check out the website at:
www.tinyurl.com/StepByStepSong

At the request of Colleen Anne Dell,
Research Chair in Substance Abuse,
Department of Sociology & School
of Public Health, University of
Saskatchewan, this song Step By
Step was produced as a follow-up to
From Stilettos to Moccasins. With
her support and trust in the creative
process and guidance of the Creator,
another song has been produced as a
means to further understanding
about the important role of culture
in healing from addictions.

Co-produced by:
Lindsay “Eekwol” Knight, 
Joseph Naytowhow & Diana
Chabros

Workshop Facilitators:
Joseph Naytowhow & Lindsay
“Eekwol” Knight

Cultural Guidance:
Elder Campbell Papequash &
his helper (oskápēwis) Larry
Laliberte

Funded by: Canadian Institutes of
Health Research & Office of the
Research Chair in Substance Abuse,
University of Saskatchewan, funded
by a grant from the Saskatchewan
Ministry of Health.

Lyrics by: Lindsay “Eekwol”
Knight, Joseph Naytowhow, Anna
Thickson, Barb Forsnssler, Becky
McKenzie, Cathy Fillmore,
Charlotte Greenall, Jennifer
Brockman, Jenny Gardipy-
Sutherland, Kimberly Tiessen,
Larry Laliberte, Mallory Wuttunee,
Nicki Kirlin, Robert Fitzpatrick,
Roisin Unsworth, Rose Antsanen,
Serene Spence, Sharon Acosse, Teya
Cherland, Toní (Antoinette)
Lemaigre, Elder Campbell
Papequash & Colleen Anne Dell.

Music by: Lindsay “Eekwol”
Knight, (lead vocals), Joseph
Naytowhow (Cree vocals, chanting,
spoken word, flute and hand drum),
Harvey Knight (guitars), Randy
Morin (drums), Cheryl L’Hirondelle
(chorus vocals, chanting, hand
drum) & Violet Naytowhow
(chanting and additional backing
vocals).

Recorded by:
Pulsworks Audio Arts, Saskatoon,
2013
Recorded and mixed by: Brady
Leduc and Zach Greenhorn

Hear the song and download
it for free:
www.tinyurl.com/StepByStepSongDownload
View the video at:
www.tinyurl.com/StepByStepSongWatch
Check out the website at:
www.tinyurl.com/StepByStepSong

Step By Step

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