

EVALUATING SUBSTANCE USE AND GAMBLING EDUCATION

Trudy Norman, PhD & Dan Reist, MTh



Drug use and gambling have been a part of human societies, likely from the very beginning. Drugs have been used to enhance, moderate or mitigate subjective experience in religious ceremonies, as treatment for pain and illness, for relaxation, and to feel good. Gambling too has accompanied us on the human journey, providing excitement, fun and an opportunity to know the will of the gods or defy chance. While drugs and gambling provide benefits, they can also impair or harm us. Even with millennia of experience, we struggle to find the harmony in these parts of our lives.

One modern response to this challenge has been to turn to schools to address the issues. The explicit or implied goal has usually been to prevent, delay or change drug use behaviour or gambling activity. The approach has been largely didactic, giving information to young people, assuming that such knowledge will translate into the desired changes. These attempts have demonstrated little ability to foster behavioural change (Drug & Alcohol Findings, 2016) leading many reviewers to conclude that drug education is not effective. Some have even questioned whether it is ethical to tell others how we think they should live except where their behaviours infringe on the rights of others (Buchanan, 2006; Jensen, 2000).

THIS PAPER ADDRESSES THE FOLLOWING ISSUES IN RELATION TO DRUG AND GAMBLING EDUCATION:

1. What is the goal of health education?
2. What do current valuations of drug and gambling education tell us?
3. A discussion of theory and evidence
4. The iMinds exemplar
5. A framework for phenomenological evaluation of drug and gambling education

WHAT IS THE GOAL OF HEALTH EDUCATION?

Meredith Minkler (1989) provides an account of two distinct approaches to health education in the United States and Canada. The first version holds individuals almost entirely responsible for making changes to improve health. The second, a social ecological view, acknowledges that people live within social, political and economic contexts that greatly influence their lives and that these contexts can be modified or changed to improve health on a population level.

In the United States and Canada, there has been a tendency to privilege the view that responsabilizes individuals for their health status (Minkler, 1989; Raphael & Layton, 2007). Health education within an individualized view has a goal of behavioural change. “Self-imposed risks” (lifestyle factors such as diet, exercise and drug use) are emphasized. This has led to developing ever more exacting programs aimed at preventing individuals from behaving in ways deemed harmful to health (Buchanan, 2006; Kiely & Egan, 2000; Minkler, 1989).

David Buchanan (2006) sees this as linked to a medical model of health education where diagnosis and treatment is dominant. In this model, the purpose of health education is

to get people to *behave* in line with pre-set goals. These goals are identified based on current medical and government priorities in addressing what are believed to be major contributors to often costly health issues (Minkler, 1989).

A social ecological approach to health education, on the other hand, prioritizes engaging people in learning how to think about, and take action in, solving health issues within the complex interaction between individual action and the social, physical and political contexts within which those actions take place (Dewey, 1916/2016, Chapter 4; Jensen, 2000). In this view, the capacity to think for oneself and develop critical judgement and self-understanding in an atmosphere of mutual respect and justice is fostered (Buchanan, 2006). Such a view is inclusive, democratic, and ethical – “we have largely lost sight of the fact that telling people how we think they ought to live is a moral and political process, not a scientific problem to be solved” (Buchanan, 2006, p. 291). The focus for health education shifts from behavioural change and control to building individual decision-making capacity and “respect for the diversity of understandings of the good life for human beings” (Buchanan, 2006, p. 302). To achieve this goal, health education must lead to “action competence,” the ability to define and make changes in one’s own life and at the structural and societal levels that will increase the wellbeing of self and others (Jensen, 2000).

Within these two approaches to health education, what forms have drug and gambling programs taken, and what does the evidence tell us about them?

WHAT DO CURRENT VALUATIONS OF DRUG AND GAMBLING EDUCATION TELL US?

Drug education is the most researched intervention directed at youth. Most drug education programs have focused on individuals, urging youth to not use drugs or delay onset of use (Kiely & Egan, 2000; Paglia & Room, 1999). While evidence supporting the effectiveness of traditional drug education

programs is scant at best, available evidence suggests that the few evaluated programs that incorporated a social ecological approach show promising results (Hansen, 1992, cf. 1997; Kiely & Egan, 2000).

Programs that only provide information, address values or teach skills have been shown to have little or no effect on drug use (Kiely & Egan, 2000; Paglia & Room, 1999). This may be in part because, “the decision to use drugs in a given situation derives from many factors not just a general belief system regarding drug use” (Kiely & Egan, 2000, p.34). Programs aimed at social influences such as media and friends, have had some effect on attitudes, though this does not usually impact actual drug use (Roona, Streke, Ochshorn, Marshall, & Palmer, 2000). Programs that focused on risk and risk factors produce little or no change in attitude or behaviour, with some programs even found to be harmful to youth (Brown, Jean-Marie, & Beck, 2010). Such programs may also perpetuate stigma and discrimination against people who use drugs (Kiely & Egan, 2000, p.45-46).

A health promoting schools program takes a social ecological approach. Based on democratic principles, and inclusion of students, teachers, family and community, this approach is aimed at increasing students’ ability to make healthy decisions for themselves and their communities. Evidence indicates that a health promoting schools approach can contribute significantly to a positive school environment and young people’s educational experiences (Barnekow et al., 2006). Within this social ecological approach the uniqueness of each individual is acknowledged as are the many social and structural factors that influence the phenomenological reality of individuals and communities. Within this complex reality, health education must be investigative rather than indoctrinating, and focus on healthy development and wellbeing rather than specific behaviours (Mallick & Watts, 2007; Warren, 2016) .

Few school-based gambling education programs have been evaluated. Most programs are similar to traditional drug education programs, focusing on individual cognitive skill

development including gaining knowledge and examining attitudes toward gambling as a means to change behaviour. A recent review found effects on knowledge, perceptions and beliefs in all nineteen included studies (Keen, Blaszczyński, & Anjou, 2017). While five studies reported significant changes in gambling behaviour, there were important methodological problems with these studies. Even reported cognitive changes may have been due to recency effect as evaluation often took place within a few months of program completion. More research and evaluation is needed to draw clear conclusions from the evidence accumulated to this point.

What can we gather from the available evidence? A comprehensive social ecological approach focused on health promotion is needed (Barnekow et al., 2006; Buchanan, 2006; Gandhi, Murphy-Graham, Petrosino, Chrismer, & Weiss, 2007; Hansen, 1992; Minkler, 1989; Stead & Angus, 2004; Warren, 2016). Many of the personal and social development components identified in individual-behaviour-focused studies can be incorporated in a comprehensive approach. However, the focus in social ecological approaches is on developing resilience (the capacity to maintain and regain functional balance amidst complex challenges) rather than reducing drug use per se (Abbott, 2014; Brown et al., 2010; Hodder et al., 2017; Ungar, Russell, & Connelly, 2014). Resilience provides an individual the capacity to negotiate well-being within their ecological systems and mitigate any negative influence of those systems (Christens & Peterson, 2012; Ungar, 2012, 2013). Programs that include significant dialogue among students in active learning environments have been found more effective than passive classroom instruction (Paglia & Room, 1999; Stead & Angus, 2004; Warren, 2016). This should not be surprising as dialogue (engaging students as active subjects rather than objects to be influenced) is critical to developing resilience and all good education (Bartlett, 2005; Dewey, 1910, 1938, 2010, 1916/2016; Freire, 1970/1996).

Overall, the evidence suggests that democratic and inclusive programs that foster resilience and self-efficacy contribute to positive education experiences, promote youth health

and wellbeing through good decision-making, and thereby mitigate potential risks of drug use. As potential harmful consequences from gambling often parallel, across cultural differences, those from drug use (Mooss & Zorlanf, 2014; Raylu & Oei, 2004), evidence regarding effective drug education is likely also to apply to gambling education.

A DISCUSSION OF THEORY AND EVIDENCE

Why evaluate? Most often we evaluate because we have questions about the usefulness or appropriateness of an approach, program or policy. We might also have questions about how we could improve our current practices. The way we frame those questions is determined, to a large degree, by our goals, assumption, beliefs and theories about human knowledge, behaviour and freedom.

If we have predetermined a desired behavioural outcome for our approach, program or policy and our goal is to measure the impact toward that outcome, we might frame questions such as:

- Does the program have its intended effect, and how well does it do that?
- Are there unintended consequences? Positive or negative?
- Are the net benefits worthwhile based on the costs involved?

In essence, the overall question is: what is the value of the approach, program or policy intervention? This is the most common approach to evaluating drug and gambling educational strategies. However, there are a number of unexamined assumptions in the way this approach is usually implemented.

By setting a predetermined behavioural outcome, it assumes the nature of the “good” without considering, good for whom? Usually the good is defined as some form of biological health or the absence of taking risks known to potentially



compromise biological health. But is there a single good that fits for all individuals and all communities? Is it not the case that, “each person needs to come to an understanding of that goal for him- or her-self” (Barrow, 2019, p. 154; cf. Ritter, Lancaster, & Diprose, 2018). This is Dewey’s notion of reflective morality in which people must seriously consider what makes their goals good (Dewey, 1908/1960). Such reflection however is not a solitary activity; it takes place within dialogue with one’s community. This requires the ability to take a hypothetical attitude toward our own ideas of the good and recognize the interests of others even when they run counter to our views (Habermas, 1990).

The World Health Organization (WHO) defines the good as “a state of complete physical, mental and social well-being” rather than “the absence of disease or infirmity” (World Health Organization, 1946). Such a state of complete well-being would seem to require the reflective involvement of the individual and preclude a predetermined definition. People often make choices to engage in drug use and gambling for reasons associated with social well-being and cultural integration rather than biological health (Buchanan, 2008; Jensen, 2000; Ungar, 2004). It would seem, then, that drug and gambling education might usefully have as its goal, building

the capacity of individuals and communities to critically assess options, make reasoned choices and take actions that are likely to advance their own desired outcomes or goals in the context of their communities.

The predetermined behavioural outcome approach also assumes a positivist paradigm in which we can postulate logical chains from assessed need to intervention to outcome which we can then test through implementation and evaluation. The thinking goes something like this ... if young people are behaving in risky ways, and we provide certain information, then youth will change the way they think about drug use or gambling, and this, in turn, will lead to behaviour change. This pattern is based on the scientific method applied to the physical world governed by universal laws. However, in the human world, the links between information, beliefs and actions are unclear. They vary depending on the “situational, personal, and interactive particulars of any given context of application” (Martin, 2019, p. 139). That is, the personal characteristics of the individuals receiving and delivering the intervention, and the social and political context all influence the outcome (Paglia & Room, 1999). “[T]wo people meeting just isn’t the same as two billiard balls meeting or two chemicals combining, the autonomy and individuality of the human are ultimately what prevent there being a true science of human behaviour (Barrow in Barrow & Foreman-Peck, 2005, p. 28). A positivist evaluation gives little attention to the individual opinions and actions of teachers or students. This can lead to evaluation findings that have little relevance to teaching and learning (Klecun & Cornford, 2005; Schwandt, 2015).

Often, too little attention is paid to whether or not a coherent theory is used and whether or not that theory is appropriate for the context of implementation (Belfiore & Bennett, 2010; Galloway, 2009; Klecun & Cornford, 2005; Millward, Kelly, & Nutbeam, 2003). Most drug and gambling programs delivered in school settings are based, to varying degrees, on theories of change developed in psychology or medicine to address perceived pathologies. Are such theories appropriate for universal drug or gambling education? This question is almost never asked.

If, on the other hand, we adopt a social ecological approach to drug and gambling education, what implications does this have for evaluation? Choosing an appropriate evaluation strategy for a particular approach, program or policy depends on a number of factors. First and foremost is the purpose of the particular educational approach. John Abbott (2014) focuses the question around the purpose of education using a rather stark metaphor:

Do we want our children to grow up as battery hens or free-range chickens?



Any evaluation of use to the farmer must first understand the kind of chicken he wants to produce, and the market he is seeking to satisfy. The same is true of education. Whereas traditional drug and gambling education seeks to produce a defined behaviour in all children, a social ecological approach is more interested in nurturing resilient, adaptable citizens.

Beyond understanding the purpose of the approach, program or policy, evaluation must also align with the theoretical base. The underlying theory need not be a rigid set of rules or procedures that are simply applied in practice. Nonetheless, judgements of value cannot be made separate from awareness of the theoretical assumptions and beliefs that informed the program development, and how those assumptions and beliefs guide practice (Schwandt, 2015, Chapter 2). Without such awareness and suitable alignment with the theory underpinning the program, evaluation risks asking the wrong questions, collecting the wrong evidence and making inappropriate judgments.

A social ecological approach to health education sits comfortably within a social constructivist epistemology and worldview (Gorman & Huber, 2009; Khanlou & Wray, 2014; Lancaster, 2014; Schwandt, 2001). In this view, knowledge is built on the experiences and meaning-making reflections of individuals in dialogue with others and is highly contextualized (Khanlou & Wray, 2014; Lancaster, 2014). Such understandings require a significantly different approach to education “means” and “ends” than programs built on positivist thinking. Outcomes (ends) in a social ecological approach to health education have less to do with the subsequent behaviour of actors than with the experience of actors within the learning environment. Students become more engaged in their education when they feel they belong and are valued in the school community, and when they are empowered to employ their individual and collective agency (Bowles & Scull, 2018; Collins, Hess, & Lowery, 2019). Interestingly, school connection has been shown to positively influence student development and reduce problems related to drug use and many other issues (Bowles & Scull, 2018). Nonetheless, evaluation of a social ecological approach needs to focus on the relational dynamics and the ability to engage students in active learning.

Finally, the evaluation needs to collect and present relevant evidence related to the goal of the program and the purpose of the evaluation. In a social ecological approach, this evidence should focus on the values, perceptions, beliefs, experiences and relationships of actors since these are critical to nurturing connection and learning (Khanlou & Wray, 2014; Lancaster, 2014; Pawson, Greenhalgh, Harvey, & Walshe, 2005). Collecting this kind of evidence involves observation but also requires “a combination of reasoning, reflection and informal experience” rather than controlled experimentation (Barrow & Foreman-Peck, 2005, p. 29). What is relevant, to some extent, depends on who the evaluation is meant to help, e.g., teachers, students, administrators, or community members.

The task of evaluation is still to articulate the value of the approach, program or policy intervention. However, in this view, value is not defined through documenting a string of causes and effects related to a predetermined outcome because

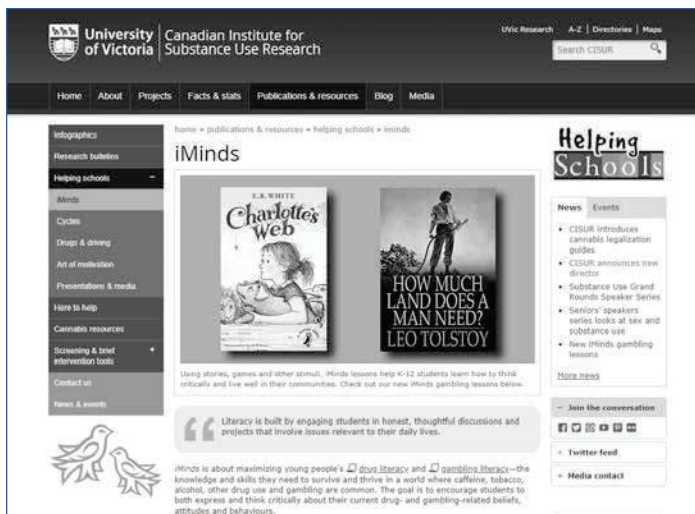
... the value of a program is “almost entirely constructed by people through their conceptions, choices, and judgments.” It is therefore the task of the evaluator to capture those ways of perceiving quality and to offer a holistic portrayal of this complex understanding of overall value in such a way that it is accessible to the immediate stakeholders in a program (Schwandt, 2015, p. 61).

This same point had been made earlier by Robert Stake:

A work of art has no single true value. A program has no single true value. Yet both have value. The value of an art-in-education program will be different for different people, for different purposes.... Whatever consensus in values there is ... should be discovered. The evaluator should not create a consensus that does not exist (cited in Abma & Stake, 2001, pp. 8–9)

Within this approach, the questions used to assess value might include:

- Is the program engaging? For whom? Which students and teachers find it interesting?
- Does the program encourage participants to critically reflect and construct meaning for experiences and events in their life-worlds? How?
- Does the program involve participants in co-constructing meanings through critical, creative, caring, and collaborative thinking?
- How might we improve the program to increase its value along these lines?



THE IMINDS EXEMPLAR

Each educator has a philosophy that guides their teaching, whether they are aware of it or not. Beliefs about the education process – ideas about how students learn and helpful and unhelpful teaching strategies – merge with the teacher's own learning and teaching experiences to guide classroom activities. Every educational program also assumes a particular philosophy of education even though these are often not explicitly articulated. The following offers a summary of the philosophy of education that underpins the development of the *iMinds* K-12 learning resources in support of effective drug and gambling education (for a more complete discussion see Reist & Asgari, 2019). Evaluation of the *iMinds* approach needs to focus on its goal of nurturing students' capacity for agency and responsible action within their social and political environments, and not on conformity to some predetermined behavioural goal.

As a phenomenological approach to drug and gambling education, *iMinds* is grounded in a philosophical tradition that sees the individual as essentially embedded *in the world*. For human beings, to be at all is to *be in the world*. This embeddedness in the world has significant implications for education. First it challenges our distinction between inner

subjective experiences and external objective facts. Students' perceptions and ideas about the world, and others within that world, are always shaped by their own prior experiences of being part of the world – there is no “correct angle for observation” or “impartial spectator” (Merleau-Ponty, 1968, pp. 19, 15). Second, thinking is not some abstract activity. We learn how to think about what we already find ourselves seeing, hearing, grasping: “a child perceives before he thinks” (Merleau-Ponty, 1968, p. 11). Learning is therefore not simply a cognitive activity of subject (knower) to object (known) but a way of engaging that involves our whole being (Taylor, 1989). Third, being in the world is always being in relation to others, being part of a social ecosystem. Gert Biesta suggests the goal of education is to “arouse the desire in another human being for wanting to exist in the world as subject” without “putting oneself in the centre of the world.” He characterizes this as existing as subject in “a grown-up way.”¹ This requires “education that is neither child-centred nor curriculum-centred but might best be characterized as world-centred” (2017, pp. 420, 430). The teacher's role is thus to craft situations within a social context in which rich encounters can take place (Dewey, 1916/2016, Chapter 4), “to speak in such a way that many ideas are awakened in a person without his being hammered on the head” (Gadamer, 1992, p. 7) and to encourage students to communicate and cultivate their innate desire to learn (Gadamer, 2001).

Building on this phenomenological foundation, *iMinds* seeks to nurture critical health literacy (Renwick, 2014, 2017; Sykes, Wills, Rowlands, & Popple, 2013). That is, *iMinds* seeks to

1 Biesta explains this concept: “Although grown-up-ness is a part of the vocabulary of education, it has become tainted by developmental interpretations that see grown-up-ness as the outcome of an educational or developmental trajectory, and hence as a kind of achievement which, once achieved, remains with the one who can now be seen as ‘having grown-up.’ I would like to suggest a different, existential way of understanding the idea of grown-up-ness, precisely not as outcome of development but as a way of trying to exist in and with the world, a way of existing in dialogue with what and who is other” (2017, p. 430).

nurture, with particular reference to drug use and gambling, “lifelong practitioners of critical literacy who question and transform social injustice in our world fulfilling the promise of Dewey’s purpose for education—democracy” (Gregory & Cahill, 2009, p. 8). Critical literacy provides students “a way of thinking beyond the present, ... entering into a critical dialogue with history, and imagining a future that would not merely reproduce the present” (Giroux, 2010, p. 716; cf. Shannon, 1995). This means that students must be able to access, reflect on and understand the human experience with drugs and gambling and make choices about how to manage them in their individual lives and in the human communities they are building with others. Noah De Lissovoy says, “Critical education takes the settled facts and truths of conventional education (and history itself) and proposes them to students as objects to be investigated” rather than as givens simply to be accepted (2008, p. 25). This means that educators must assist students in obtaining the skills and abilities that will help them discern the value of the information and social structures they inherit in various ways. Reading, writing and speaking skills are all part of the learning process, which can contribute to personal and social transformation (Freire, 1970). *iMinds* seeks to help teachers help young people to think, examine, ask questions, make sense of and act on drug use and gambling phenomena and information they encounter in their life-world.

Some education focuses on the transmission of information from teacher to student rather than nurturing the ability to reflect on the goals, values and purposes of action – emphasis on the **what** without considering the **why**. Along with this, there is a tendency to see knowledge as awareness of simple cause and effect relationships. This approach to education encourages the students to acquire and internalize enough facts to insert themselves into the preexisting order. In other words, in this approach, education is socialization (Biesta, 2006, pp. 1–11).

Phenomenologists challenge the very idea that knowledge exists simply as knowledge on its own – something that can be acquired by one person and provided directly to another. Knowledge is always formed in the context of experiences with the world and requires the learners to consider where they stand relative to the facts presented (Biesta, 2006; Dewey, 1916/2016; Merleau-Ponty, 1945/2012). This requires giving at least as much attention to the **why** as to the **what** and to the relational dynamics involved. Biesta argues,

Instead of seeing learning as an attempt to acquire, to master, to internalize, or any other possessive metaphors we can think of, we might see learning as a reaction to a disturbance, as an attempt to reorganize and reintegrate as a result of disintegration. We might look at learning as a response to what is other and different, to what challenges, irritates, or even disturbs us, rather than as the acquisition of something we want to possess. ... the second conception of learning is **educationally** the more significant, if it is conceded that education is not just about the transmission of knowledge, skills, and values, but is concerned with the individuality, subjectivity, or personhood of the student, with their “coming into the world” as unique, singular beings.

While learning as acquisition is about getting more and more, learning as responding is about showing who you are and where you stand. Coming into the world is not something individuals can do on their own. This is first of all for the obvious reason that in order to come into the world one needs a world, and this world is a world inhabited by others who are not like us (2006, p. 27; cf. Gadamer, 1960/2013, Chapter 4; Taylor, 1994).

iMinds adopts the “learning as responding” approach and seeks to help students learn how to live in the world where drug use and gambling are common phenomena. This requires developing their resilience and their capacity to

reflect on their desires and goals and to consider and make decisions that enhance well-being for themselves and their communities, now and into the unknown future.

Living in a “grown up” way requires teaching in a grown up way. This means shifting the focus from imparting information to promoting inquiry through encounters with others and reflecting on experiences in a safe environment. As Dewey notes, “education is not an affair of “telling” and being told, but an active and constructive process” (1916/2016, p. 46) Teaching that fosters resilience thus tends to

- cultivate a desire for thinking and reflection,
- invite questioning of hegemonic discourse and practice,
- use approaches that foster empathy for others, and
- encourage imagination and generate possibilities.

What would this type of education look like? *iMinds* seeks to draw students deeply into a learning environment that supports a range of needs and offers opportunities for students to respond from their own perspectives. Below we briefly discuss several key pedagogic elements in the *iMinds* approach.

Inquiry-based or constructivist education relies on the idea that learning is a result of reflection and a process of making meaning of one’s experiences. Knowledge arises from continual engagement with others and the world, and reflection on these experiences (Dewey, 1916/2016, Freire, 1970/1996). Biesta points out how this involves a degree of challenge:

Teachers and other educators not only have a crucial task in creating the opportunities and a climate in which students can actually respond, they also have a task in challenging their students to respond by confronting them with what and who is other and by posing such fundamental questions as “What do you think about it?,” “Where do you stand?,” and “How will you respond?” (2006, p. 28)

Social and emotional competence, is a unified set of capacities that includes the ability to recognize and manage emotions, solve problems effectively, and establish positive relationships with others (Coelho, 2012; Shanker, 2014). Teachers contribute to social and emotional competence by creating opportunities where students and teachers can learn together (Oberle, Domitrovich, Meyers, & Weissberg, 2016) and where people of varying capacities contribute to discussions (Johnson & Johnson, 1999).

Critical thinking is often thought of as a *cognitive* function producing a logical conclusion to an argument or a solution to a problem. However, critical thinkers must “consider seriously *other points of view*” and they must “*be concerned about others’ welfare*” (Ennis, 1998, pp. 16–17). Thinking needs to be critical and caring. For Dewey, critical thinking is not a process but a stance in which individuals demonstrate they are “willing to suspend judgment, to put evidence before personal preference, and to treat ideas as hypotheses to be tested in experience rather than to be treated as dogma” (Cam, 2000). Critical thinking involves “reading the world critically” but also acting to bring about needed change in “the larger social order” (Giroux, 2010, p. 716). Critical thinking is not a technique, but is “the critical process of reflection with a sympathetic and optimistic vision of ‘possibility’” (Mogensen, 1997, p. 432).

Dialogue is a conversation between people, where each party listens to understand as well as speaks to be understood. The goal is leave a conversation with a greater appreciation of the issues and those engaged in the conversation. The conversation is respectful and participants remain open to others, and the potential for new information and ideas (Gadamer, 1960/2013). Dialogue fosters engagement and promotes community development and cohesion. Students learn to be critical and creative, yet community-minded and caring thinkers (Lipman, 1991).

Questions are fundamental to dialogue as exploration. Questions remind us we don’t know everything, and likely, know little. Asking good questions allows an idea to be

viewed from many points, letting new understanding emerge. Teachers can gently push students to explore further and generate more questions. The path to understanding contains doubt, perhaps fear and risk. Yet, with teacher support, students can journey this path and open new vistas for investigation (Biesta, 2006, pp. 24–30).

Narrative is a powerful pedagogical tool that draws on the human tendency to organize reality by telling stories. Unlike the scientific mode that focuses on logical argument or empirical testing, narrative focuses on human intentions and the particulars of experience (what and why) as well as the context in which actions take place (where and when). The analysis of stories allows the student “to think what it might be like to be in the shoes of a person different from oneself, to be an intelligent reader of that person’s story, and to understand the emotions and wishes and desires that someone so placed might have” (Nussbaum, cited in Rutten & Soetaert, 2013, p. 5). Narrative is also central to building identity, or the telling of one’s own story. “The narrative of any one life is part of an interlocking set of narratives. ... the story of my life is always embedded in the story of those communities from which I derive my identity” (MacIntyre, 1984, pp. 218–221; cf. Rorty, 2010; Taylor, 1994). *iMinds* makes liberal use of narrative to encourage the exploration of this intersubjectivity as students confront issues related to drug use and gambling.

The power of the arts, according to Hans-Georg Gadamer, is their ability to speak to us “as if there were no distance at all between us and the work and as if every encounter with it were an encounter with ourselves” (2007, p. 124). Art has an ability to break “through the mundane, the ordinary, and the *anaesthetic*” (Shields, Guyotte, & Weedon, 2016, p. 45). The beauty of an artful experience is how that experience is different for each person. *iMinds* suggests engaging students in producing and reflecting on art to connect them with the world in the pursuit of new insights but also to engage them in the doing of world formation—of reaching forward into the future (Wehbi, 2015).

Play operates at the interconnection of individual and society (Huizinga, 1938/1949). The value of play as a pedagogical tool is repeatedly acknowledged. Through play, people can imagine new ways of thinking and being, explore possibilities, and learn (Early Childhood Learning Knowledge Centre, 2006; Whitebread et al., 2017). Play creates an environment for learning what Biesta calls the non-egological stance where the individual is in the world and where the world is not only context but *other* that the individual must engage. We ask, act and move—and the world asks, acts and moves—and we lose ourselves in the flow (Biesta, 2017; cf. Csikszentmihalyi, 1975, p. 42; Gadamer, 1960/2013, pp. 370–387; Schwandt, 2001a).

iMinds draws on all of the pedagogic elements above to weave together an approach to drug and gambling education in which students learn to be reflective about themselves and the world in which they live. The world our children grow up in is a world in which drugs and gambling are present. To be educated in such a world means to be able to come upon drugs and gambling and understand them in their cultural relevance. It is to be equipped to engage with others about their meaning and value, to make choices that support their personal and collective well-being and to be ready and able to address the current problems related to both drugs and gambling in our world.



A FRAMEWORK FOR PHENOMENOLOGICAL EVALUATION OF DRUG AND GAMBLING EDUCATION

The question remaining is, what would be a useful approach to evaluating phenomenologically based drug or gambling education rooted in a social ecological understanding? Earlier we suggested some general questions that might be useful in such an evaluation.

- Is the program engaging? For whom? Which students and teachers find it interesting?
- Does the program encourage participants to critically reflect and construct meaning for experiences and events in their life-worlds? How?
- Does the program involve participants in co-constructing meanings through critical, creative, caring, and collaborative thinking?
- How might we improve the program to increase its value along these lines?

We have also identified three critical considerations for useful evaluation: the purpose of the approach, program or policy evaluated; the theoretical foundation that guides the activities in pursuit of the goal; and the collection and presentation of appropriate evidence. The purpose and theoretical foundation must be clearly articulated and used to guide the evaluation questions (Schwandt, 2001b). Beyond that, the evaluation needs to determine how well the purpose and theory are reflected throughout the implementation of the approach, program or policy. A further consideration, noted above, relates to whose questions the evaluation is designed to answer. Teachers and other educators might be most interested in how to improve their educational practice, whereas funders or administrators may be more interested in the value of the program relative to development or implementation costs. Each evaluation is different and the

evaluator must take the “right action in consideration of *this* situation, with *these* people, at *this* time and place, in *this* set of conditions” (Schwandt, 2015, p. 44).

Most evaluation, based on a positivist model, depends almost exclusively on data about aspects of behaviour change (Micari, Light, Calkins, & Streitwieser, 2007). However, as Paul Ramsden argues, in a phenomenological approach, learning is not necessarily reflected in a change in behaviour, but rather in a change in how people “understand, or experience, or conceptualize the world around them” (cited in Micari et al., 2007, p. 459). Understanding that evaluation should be situated in lived experience, Stake (2004) developed an approach he calls responsive evaluation.²

Responsive evaluation focuses on understanding what is happening within a program in a particular context. It is interested in how actors within that context define value and how they interpret the utility of the program in advancing that value. Responsive evaluation does not begin by setting out *a priori* outcome criteria. It recognizes “that one is dealing with situations that are lived, embodied experiences, and performed” (Stake, 2004, p. 93). As a result, stakeholders actively participate in the evaluation, and the evaluator probes to understand not just their opinions but their experiences (perceptions, feelings, learnings). The evaluator approaches the task of evaluation with as few preconceptions as possible – much like Husserl’s description of the phenomenological philosopher as a “perpetual beginner” (unpublished material cited by Merleau-Ponty, 1945/2012). Stakeholders are engaged in forming questions, identifying participants and interpreting findings (Abma, 2006).

2 In developing “responsive evaluation,” Stake widened the scope of evaluation beyond assessing effectiveness to address a broad range of stakeholder concerns. Others have developed this further to emphasize negotiation among stakeholders in a participatory and transformative process (Abma, 2006). This approach to evaluation is sometimes referred to as “fourth generation evaluation” (Guba & Lincoln, 1989), “dialogic evaluation” (Schwandt, 2001c) or “interactive evaluation” (Abma & Widdershoven, 2011).

Responsive evaluation is a holistic approach to evaluation. The program being evaluated is not regarded as a means to a specific end but as a **practice**. People are not seen as independent individuals but as social beings who depend on one another (Abma, 2006). Within the social ecological context of the shared **practice**, stakeholders may have different (even conflicting) values, and the program may have different meanings for various participants. Responsive evaluation seeks to capture the **diversity** of stakeholder values, perceptions, interpretations, insights and meanings, not just the commonalities.

Dialogue is central to the process of responsive evaluation. Dialogue involves listening and questioning as well as a desire to learn and a willingness to suspend judgement. These dialogues occur between the evaluator and the various stakeholders but also among stakeholders. The evaluator must set the conditions and construct the contexts for meaningful dialogue. Through dialogue stakeholders learn about the experiences and frustrations of others. They gain insight, and mutual understandings may emerge and change may result as people add new, vicarious experiences to their existing repertoires. Dialogue is not primarily a means to make decisions or develop strategic plans. It is about developing relationships and understanding that may make these strategic elements possible, and more effective. The goal of responsive evaluation is to enhance understanding by valuing difference and embracing diversity rather than by seeking a shallow unity, or superficial agreement (Schwandt in Abma et al., 2001, p. 166). This allows practitioners to grow and improve their practice.

There is no universal process for responsive evaluation, though there are some universal elements. This is largely because responsive evaluation is less a matter of technical knowledge and more like what Aristotle referred to as practical wisdom. This is the relational knowledge that takes into account the sociopolitical complexity of the situation and the evaluator's own place within it. It involves a commitment to human flourishing and an acceptance of responsibility for advancing such in the evaluation practice

(Abma & Widdershoven, 2011). "It is about doing the right thing and doing it well in interactions with fellow humans" (Schwandt, 2001c). This commitment to relational plurality means the actual process for any responsive evaluation gradually emerges in conversations with the stakeholders (Abma, 2006).

Nonetheless, it is possible to identify some basic steps for responsive evaluation.

1. The first step is negotiating the scope, purpose and process of the evaluation and identifying initial lists of stakeholders to engage and questions to address. Articulating the scope and purpose of the evaluation includes developing a preliminary understanding of the purpose and theoretical underpinnings of the particular program, approach, or policy being evaluated. This negotiation will involve a dialogue between evaluator and those commissioning the evaluation. The evaluator may have to probe and push to ensure inclusion of relevant stakeholder voices. This initial negotiation is just a starting point, and all decisions made at this point are open to review throughout the evaluation process (Abma, 2005).
2. The second step is to identify and document the various stakeholder issues and perspectives. Ideally, this will begin with those stakeholders often less heard. Their voices are least likely to have been represented in the initial step. Engaging these voices early helps ensure a balanced and fair process and prevents a management bias. Interactive methods such as in-depth conversational interviews, story-telling workshops or focus groups (rather than surveys or structured interviews) are better at teasing out the issues and perspectives of more marginalized stakeholders (Abma, 2006, p. 33; Abma & Widdershoven, 2011, p. 674). The perspectives of more established groups are often already documented or can be identified more easily. Nonetheless, throughout this step, the evaluator must establish contact and develop trusting relationships with all stakeholder groups. The goal for the evaluator is not to be impartial and objective



but to live a “multiple partiality” where he or she identifies with all the stakeholders so as to be able to act as teacher and translator between the various groups (Abma & Widdershoven, 2011, p. 673).

3. The third step is to facilitate dialogues and interactions between various stakeholder groups through which they can explore the diversity of issues and perspectives. This step may involve empowering marginalized stakeholders by acknowledging their experiences and helping them critically assess their individual perspectives and construct a shared political voice (Lincoln, 1993). The evaluator seeks, at this stage, to create a social context for respectful and open participation and communication where every voice can be heard and considered. Careful attention must be given to asymmetrical or unequal power relations. If a face-to-face encounter is impossible, the evaluator may first present well-crafted stories that encapsulate the experiences of one stakeholder group to other stakeholder groups. By presenting the issues

through engaging stories, a climate of open discussion and dialogue may be fostered (Abma & Widdershoven, 2011, p. 674). Whatever the method used, the goal is to help all stakeholders articulate their issues and concerns and better appreciate the experiential knowledge of others. This may lead to a new consensus, but, even in the absence of consensus, better understanding of the diversity of perspectives may stimulate further learning processes (Widdershoven, 2001)

4. The final step is to document the existing consensus and diversity within an evaluation report that sets the stage for, and encourages, further dialogue (Abma, 2006, p. 34). Rather than a list of recommendation, a carefully constructed list of questions may be more helpful for this purpose (Gadamer, 1960/2013, p. 378 ff). The evaluation results are context specific and need to capture not only facts, but “include meanings of experiences and events” (Abma, 2005, p. 281). To this end, findings may be represented in two stages, first by a vignette or portrayal of issues or events followed by a written summary of the evaluation (Schwandt, 1991, p. 72). The value of the process is reflected in authentic engagement, increased understanding and recognition of opportunities for growth and improvement.

While responsive evaluation can work with any program philosophy, it is particularly useful for programs based on a phenomenological approach, having a democratic focus, and operating in a complex social ecological environment (Abma, 2005). It fits well with a view that regards education more as relational interaction than as imparting prescribed content. The evaluation process is itself embedded into the program encouraging reflection and adaptation along the way. There is no assumption of complete objectivity on the part of the evaluator or participants as the purpose is to reflect the variety of ways in which individuals respond to and make sense of the program of which they are a part. Rather than depending on *method* to ensure empirical validity of the findings, responsive

evaluation depends more on an emerging sense of what Barrow calls “reasonableness”³ (Barrow, 2019, pp. 151–152).

Within the four-step process described above, evaluation of phenomenologically based drug and gambling education such as *iMinds* needs to explore the values, perceptions, beliefs, experiences and relationships of the various stakeholders (students, teachers, administrators, parents and others). The questions used in this exploration will need to consider

1. The purpose of the evaluation (e.g., improving teaching practice of educators, improving experience and learning for students, etc.),
2. The different elements of the process (e.g., educator training, classroom experience, parent and community connections, etc.) and
3. Both the theoretical foundations and phenomenological value of the approach (i.e., to what extent do stakeholders understand and support the approach and how do they assess its value in nurturing the capacity for well-being in students).

Using this framework and drawing on examples of responsive evaluation questions, we can now expand on the list of questions suggested above. In the following, we offer examples of questions for evaluations serving the needs of both educators and students. Of course, these questions are only sample starter questions. Specific questions will need to be generated for each evaluation, and new questions will arise throughout the process of any responsive evaluation.

3 Barrow’s notion of “reasonableness” is seen in the development of thoughtful social conventions that allow us to understand each other. These conventions are not empirically based, nor are they dictated by logic (i.e., they could be different), but they make sense and they work. In this sense, Barrow’s “reasonableness” is much like Habermas’ notion of “communicative reason” – the rational potential built into everyday speech (1984).

1. An evaluation serving the needs of **educators** might address the following.

- a. Educator training

- How have teachers’ views of the goal of drug and gambling education been influenced by *iMinds*-related professional learning materials or workshops?
- How comfortable are teachers in facilitating dialogue about topics related to drugs and gambling? What contributes to that level of comfort? What would help teachers be more comfortable?
- How able are teachers to adapt or construct lessons based on *iMinds* principles? How inclined are they to do so? Give examples.
- In what ways, if any, have teachers shared *iMinds* related ideas or materials with other educators? What has been the response?
- What further assistance or training would teachers like in order to implement *iMinds* informed drug and gambling education?

- b. Classroom experience

- How do students engage in critical and collaborative processes to examine beliefs, attitudes and behaviours related to drugs and gambling? Provide examples.
- What pedagogical strategies are used to engage students to critically assess and apply knowledge related to drugs and gambling? Provide examples.
- How might students’ engagement with each other, related to drugs and gambling, be characterized?
- What has been the value of using *iMinds* in the classroom/school? Is this limited to discourse around drugs and gambling? Give examples.
- Are there other positive/negative things that took place in classrooms when using *iMinds* that didn’t take place (or took place less often) before implementation? Give examples.

2. An evaluation serving the needs of **students** might address the following.
 - a. Engagement of students
 - What is the reaction of students to a non-directive approach to discussing drugs and gambling? Give examples.
 - To what degree are students able to consider diverse views and respectfully engage with others?
 - To what degree are students engaging in meaningful conversations about drugs and gambling as a result of *iMinds* related lessons?
 - What contributes to this level of engagement or lack of engagement?
 - b. Utility in managing life and well-being
 - Are students challenged to examine the factors that influence the way they think, feel or behave related to drugs and gambling? Can you provide examples?
 - Do students engage in critical and collaborative processes to examine beliefs, attitudes and behaviours related to drugs and gambling? Can you provide examples?
 - To what degree do students demonstrate ability to recognize implications from the drugs and gambling discourse for life in the world? Give examples.
 - What pedagogical strategies are most useful in helping to bridge classroom discourse and life in the world?



CONCLUSION

The capacity to think for oneself and develop critical judgement and self-understanding in a context of mutual respect and justice for all is essential in our complex world. A social ecological approach focuses on building individual decision-making capacity by engaging students in learning how to think and act within the complex interaction between their actions and their environment in order to address health issues.

Using a social ecological approach, *iMinds* seeks to help students reflect on and understand the human experience with drugs and gambling and make choices about how to manage them in their individual lives and in the human communities they are building with others. The approach is neither didactic nor aimed at behavioural control. It does not seek to tell students what to think, feel, or do about drug use and gambling. Rather, it challenges them to reflect on these phenomena as they are experienced in their daily lives, and consider possibilities for advancing the well-being of themselves and their communities. This cannot be achieved

by trying to measure knowledge of certain facts. Nor can it be assessed by recording compliance to a pre-determined behaviour such as non-engagement in drug use or gambling. Meaningful evaluation must explore the extent to which the approach builds the capacity of students to engage in responsible citizenship relative to social issues such as drug use and gambling.

In this paper, we suggested that an interactive or responsive approach to evaluation may be most useful for assessing drug and gambling education. Both our recommended approach to health education, and responsive evaluation, recognize the complexity of the relationship of individuals within their social and physical environments. Both draw on phenomenological insights and a hermeneutical understanding of dialogue. As such, they fit. The approach to health education and evaluation mesh, theoretically, and in practice. We have also mapped out a general approach for conducting such a responsive evaluation for drug and gambling education. We believe this offers a beginning place from which to develop a new way of assessing health education.

REFERENCES

- Abbott, J. (2014). *Battling for the soul of education: Moving beyond school reform to educational transformation*. Bath, UK: The 21st Century Learning Initiative.
- Abma, T. A. (2005). Responsive evaluation: Its meaning and special contribution to health promotion. *Evaluation and Program Planning*, 28, 279–289.
- Abma, T. A. (2006). The practice and politics of responsive evaluation. *American Journal of Evaluation*, 27, 31–43.
- Abma, T. A., Greene, J. C., Karlsson, O., Ryan, K., Schwandt, T. A., & Widdershoven, G. A. M. (2001). Dialogue on dialogue. *Evaluation*, 7, 164–180.
- Abma, T. A., & Stake, R. E. (2001). Stake's responsive evaluation: Core ideas and evolution. *New Directions for Evaluation*, 2001, 7–22.
- Abma, T. A., & Widdershoven, G. A. M. (2011). Evaluation as a relationally responsible practice. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed.). Sage.
- Barnekow, V., Buijs, G., Clift, S., Jensen, B. B., Paulus, P., Rivett, D., & Young, I. (2006). *Health-promoting schools: A resource for developing indicators*. European Network of Health Promoting Schools.
- Barrow, R. (2019). Social science, philosophy and education. *Philosophical Inquiry in Education*, 26, 146–155.
- Barrow, R., & Foreman-Peck, L. (2005). What use is educational research: A debate. *Impact*, 2005, 9–56.
- Bartlett, L. (2005). Dialogue, knowledge, and teacher-student relations: Freirean pedagogy in theory and practice. *Comparative Education Reviews*, 49, 344–364.
- Belfiore, E., & Bennett, O. (2010). Beyond the “toolkit approach”: Arts impact evaluation research and the realities of cultural policy-making. *Journal for Cultural Research*, 14, 121–142.
- Biesta, G. (2006). *Beyond learning: Democratic education for a human future*. London: Routledge.
- Biesta, G. (2017). Touching the soul? Exploring an alternative outlook for philosophical work with children and young people. *Childhood & Philosophy*, 13, 415–452.
- Bowles, T., & Scull, J. (2018). The centrality of connectedness: A conceptual synthesis of attending, belonging, engaging and flowing. *Journal of Psychologists and Counsellors in Schools*, 1–23.
- Brown, J. H., Jean-Marie, G., & Beck, J. (2010). Resilience and risk competence in schools: Theory/knowledge and international application in project rebound. *Journal of Drug Education*, 40, 331–359.
- Buchanan, D. R. (2006). A new ethic for health promotion: Reflections on a philosophy of health education for the 21st century. *Health Education & Behavior*, 33, 290–304.
- Buchanan, D. R. (2008). Autonomy, paternalism, and justice: Ethical priorities in public health. *American Journal of Public Health*, 98, 15–21.
- Cam, P. (2000). Philosophy, democracy and education: Reconstructing Dewey. In I.-S. Cha (Ed.), *Teaching Philosophy for Democracy* (pp. 158–181). Seoul: Seoul University Press.
- Christens, B. D., & Peterson, N. A. (2012). The role of empowerment in youth development: A study of sociopolitical control as mediator of ecological systems' influence on developmental outcomes. *Journal of Youth and Adolescence*, 41, 623–635.
- Coelho, K. R. (2012). Emotional intelligence: An untapped resource for alcohol and other drug related prevention among adolescents and adults. *Depression Research and Treatment*, 1–6.
- Collins, J., Hess, M. E., & Lowery, C. L. (2019). Democratic spaces: How teachers establish and sustain democracy and education in their classrooms. *Democracy & Education*, 27, 12.
- Csikszentmihalyi, M. (1975). *Beyond boredom and anxiety*. San Francisco: Jossey-Bass.
- De Lissovoy, N. (2008). *Power, crisis, and education for liberation: Rethinking critical pedagogy*. New York: Palgrave Macmillan.
- Dewey, J. (1910). *How we think*. Chicago: D. C Heath & Co.
- Dewey, J. (1938). *Experience and education* (Kindle edition). New York: Macmillan.
- Dewey, J. (1960). *Theory of the moral life*. New York: Holt, Rinehart & Winston. (Original work published 1908)
- Dewey, J. (2010). *The school and society; and The child and the curriculum* (ebook). Overland Park, KS: Digireads.

- Dewey, J. (2016). *Democracy and education* (Kindle edition). CreateSpace Independent Publishing Platform. (Original work published 1916)
- Drug & Alcohol Findings. (2016). Drug education yet to match great (preventive) expectations. Retrieved January 20, 2019, from https://findings.org.uk/PHP/dl.php?file=drug_ed.hot&s=eb&sf=sfnos
- Early Childhood Learning Knowledge Centre. (2006). *Let the children play: Natures answer to early learning*. Ottawa, ON: Canadian Council on Learning.
- Ennis, R. H. (1998). Is critical thinking culturally biased? *Teaching Philosophy*, 21, 15–33.
- Freire, P. (1970). The adult literacy process as cultural action for freedom. *Harvard Educational Review*, 40, 205–225.
- Freire, P. (1996). *Pedagogy of the oppressed*. London: Penguin Books. (Original work published 1970)
- Gadamer, H.-G. (1992). Interview: The German university and German politics, the case of Heidegger. In D. Misgeld & G. Nicholson (Eds.), & L. Schmidt & M. Reuss (Trans.), *Hans-Georg Gadamer on education, poetry, and history: Applied hermeneutics* (pp. 3–14). Albany: State Univ of New York Press.
- Gadamer, H.-G. (2001). Education is self-education. *Journal of the Philosophy of Education*, 35, 529–538.
- Gadamer, H.-G. (2007). Aesthetics and hermeneutics. In R. E. Palmer (Ed.), & D. E. Linge (Trans.), *The Gadamer reader: A bouquet of the later writings*. Evanston, IL: Northwestern University Press.
- Gadamer, H.-G. (2013). *Truth and method* (Rev. 2nd ed. ePub; J. Weinsheimer & D. G. Marshall, Trans.). London: Bloomsbury. (Original work published 1960)
- Galloway, S. (2009). Theory-based evaluation and the social impact of the arts. *Cultural Trends*, 18, 125–148.
- Gandhi, A. G., Murphy-Graham, E., Petrosino, A., Chrismer, S. S., & Weiss, C. H. (2007). The devil is in the details: Examining the evidence for “proven” school-based drug abuse prevention programs. *Evaluation Review*, 31, 43–74.
- Giroux, H. A. (2010). Rethinking education as the practice of freedom: Paulo Freire and the promise of critical pedagogy. *Policy Futures in Education*, 8, 715–721.
- Gorman, D. M., & Huber, J. C. (2009). The social construction of “evidence-based” drug prevention programs: A reanalysis of data from the drug abuse resistance education (DARE) program. *Evaluation Review*, 33, 396–414.
- Gregory, A., & Cahill, M. A. (2009). Constructing critical literacy: Self-reflexive ways for curriculum and pedagogy. *Critical Literacy: Theories and Practices*, 3, 6–16.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, Calif: Sage.
- Habermas, J. (1984). *The theory of communicative action: Reason and rationalization of society* (Vol. 1). Boston: Beacon Press.
- Habermas, J. (1990). *Moral consciousness and communicative action* (C. Lenhardt & S. W. Nicholsen, Trans.). Cambridge, Mass: MIT Press.
- Hansen, W. B. (1992). School-based substance abuse prevention: A review of the state of the art in curriculum, 1980–1990. *Health Education Research*, 7, 403–430.
- Hansen, W. B. (1997). A social ecology theory of alcohol and drug use prevention among college and university students. In *Designing alcohol and other drug prevention programs in higher education: Bringing theory into practice*. Newton, MA: Higher Education Center for Alcohol and other Drug Prevention.
- Hodder, R. K., Freund, M., Wolfenden, L., Bowman, J., Nepal, S., Dray, J., ... Wiggers, J. (2017). Systematic review of universal school-based ‘resilience’ interventions targeting adolescent tobacco, alcohol or illicit substance use: A meta-analysis. *Preventive Medicine*, 100, 248–268.
- Huizinga, J. (1949). *Homo Ludens: A study of the play-element in culture*. London: Routledge & Kegan Paul. (Original work published 1938)
- Jensen, B. B. (2000). Health knowledge and health education in the democratic health-promoting school. *Health Education*, 100, 146–154.
- Johnson, D. W., & Johnson, R. T. (1999). Making cooperative learning work. *Theory into Practice*, 38, 67–73.
- Keen, B., Blaszczynski, A., & Anjoul, F. (2017). Systematic review of empirically evaluated school-based gambling education programs. *Journal of Gambling Studies*, 33, 301–325.
- Khanlou, N., & Wray, R. (2014). A whole community approach toward child and youth resilience promotion: A review of resilience literature. *International Journal of Mental Health and Addiction*, 12, 64–79.

- Kiely, E., & Egan, E. (2000). *Drug education: A social and evaluative study*. Cork: National University of Ireland.
- Klecun, E., & Cornford, T. (2005). A critical approach to evaluation. *European Journal of Information Systems*, 14, 229–243.
- Lancaster, K. (2014). Social construction and the evidence-based drug policy endeavour. *International Journal of Drug Policy*, 25, 948–951.
- Lincoln, Y. S. (1993). I and thou: Method, voice, and roles in research with the silenced. In D. McLaughlin & W. G. Tierney (Eds.), *Naming silenced lives: Personal narratives and processes of educational change* (pp. 29–47). New York: Routledge.
- MacIntyre, A. (1984). *After virtue: A study in moral theory* (2nd ed). Notre Dame: University of Notre Dame Press.
- Mallick, J., & Watts, M. (2007). Personal construct theory and constructivist drug education. *Drug and Alcohol Review*, 26, 595–603.
- Martin, J. (2019). In defense of Robin Barrow's concerns about empirical research in education. *Philosophical Inquiry in Education*, 26, 137–145.
- Merleau-Ponty, M. (1968). *The visible and the invisible: Followed by working notes* (C. Lefort, Ed.; A. Lingis, Trans.). Evanston: Northwestern University Press.
- Merleau-Ponty, M. (2012). *Phenomenology of perception* (D. A. Landes, Trans.). Abingdon, Oxon ; New York: Routledge. (Original work published 1945)
- Micari, M., Light, G., Calkins, S., & Streitwieser, B. (2007). Assessment beyond performance: Phenomenography in educational evaluation. *American Journal of Evaluation*, 28, 458–476.
- Millward, L. M., Kelly, M. P., & Nutbeam, D. (2003). *Public health intervention research: The evidence*. Health Development Agency.
- Minkler, M. (1989). Health education, health promotion and the open society. *Health Education Quarterly*, 16, 17–30.
- Mogensen, F. (1997). Critical thinking: A central element in developing action competence in health and environmental education. *Health Education Research*, 12, 429–436.
- Mooss, A. D., & Zorlanf, J. (2014). Gambling during adolescence. In *Encyclopedia of primary prevention and health promotion* (2nd ed., Vol. 2). New York: Springer.
- Oberle, E., Domitrovich, C. E., Meyers, D. C., & Weissberg, R. P. (2016). Establishing systemic social and emotional learning approaches in schools: A framework for schoolwide implementation. *Cambridge Journal of Education*, 46, 277–297.
- Paglia, A., & Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *Journal of Primary Prevention*, 20, 3–50.
- Pawson, R., Greenhalgh, T., Harvey, G., & Walshe, K. (2005). Realist review—A new method of systematic review designed for complex policy interventions. *Journal of Health Services Research & Policy*, 10, 21–34.
- Raphael, D., & Layton, J. (2007). *Poverty and policy in Canada: Implications for health and quality of life*. Toronto: Canadian Scholars' Press.
- Raylu, N., & Oei, T. P. (2004). Role of culture in gambling and problem gambling. *Clinical Psychology Review*, 23, 1087–1114.
- Reist, D., & Asgari, M. (2019). *Health education is education: An introduction to iMinds*. Vancouver, BC: Canadian Institute for Substance Use Research.
- Renwick, K. (2014). Critical health literacy: Shifting textual–social practices in the health classroom. *Asia-Pacific Journal of Health, Sport and Physical Education*, 5, 201–216.
- Renwick, K. (2017). Critical health literacy in 3D. *Frontiers in Education*, 2, 1–5.
- Ritter, A., Lancaster, K., & Diprose, R. (2018). Improving drug policy: The potential of broader democratic participation. *International Journal of Drug Policy*, 55, 1–7.
- Roona, M., Streke, A., Ochshorn, P., Marshall, D., & Palmer, A. (2000). Identifying effective school-based substance abuse prevention interventions. *Department of Health Promotion and Protection - Literature Review*, 51–60. Department of Health Promotion and Protection.
- Rorty, R. (2010). Redemption from egotism: James and Proust as spiritual exercises. In C. J. Voparil & R. J. Bernstein (Eds.), *The Rorty reader* (pp. 389–406). Malden, MA: Wiley.
- Rutten, K., & Soetaert, R. (2013). Rhetoric, citizenship, and cultural literacy. *CLCWeb: Comparative Literature and Culture*, 15, 1–9.
- Schwandt, T. A. (2001a). A postscript on thinking about dialogue. *Evaluation*, 7, 264–276.

- Schwandt, T. A. (2001b). Responsiveness and everyday life. *New Directions for Evaluation*, 2001, 73–88.
- Schwandt, T. A. (2001c). Understanding dialogue as practice. *Evaluation*, 7, 228–237.
- Schwandt, T. A. (2015). *Evaluation foundations revisited: Cultivating a life of the mind for practice*. Stanford, CA: Stanford University Press.
- Shanker, S. (2014). *Broader measures of success: Social/emotional learning* (p. 29). Toronto, ON: People for Education.
- Shannon, P. (1995). *Text, lies, & videotape: Stories about life, literacy, & learning*. Portsmouth, NH: Heinemann Educational Books.
- Shields, S. S., Guyotte, K. W., & Weedon, N. (2016). Artful pedagogy: (En)visioning the unfinished whole. *Journal of Curriculum and Pedagogy*, 13, 44–66.
- Stake, R. E. (2004). Responsive evaluation. In R. E. Stake (Ed.), *Standards-based & responsive evaluation* (pp. 86–107). Thousand Oaks California: SAGE Publications.
- Stead, M., & Angus, K. (2004). *Literature review into the effectiveness of school drug education*. Edinburgh: Scottish Executive Education Department.
- Sykes, S., Wills, J., Rowlands, G., & Popple, K. (2013). Understanding critical health literacy: A concept analysis. *BMC Public Health*, 13, 1–10.
- Taylor, C. (1989). *Sources of the self: The making of the modern identity*. Cambridge, Mass: Harvard University Press.
- Taylor, C. (1994). The politics of recognition. In A. Gutmann (Ed.), *Multiculturalism: Examining the politics of recognition* (pp. 25–73). Princeton, NJ: Princeton University Press.
- Ungar, M. (2004). A constructionist discourse on resilience: Multiple contexts, multiple realities among at-risk children and youth. *Youth & Society*, 35, 341–365.
- Ungar, M. (Ed.). (2012). *The social ecology of resilience: A handbook of theory and practice*. New York: Springer.
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, Violence, & Abuse*, 14, 255–266.
- Ungar, M., Russell, P., & Connelly, G. (2014). School-based interventions to enhance the resilience of students. *Journal of Educational and Developmental Psychology*, 4, 66–83.
- Warren, F. (2016). *“What works” in drug education and prevention?* Edinburgh: Scottish Government.
- Wehbi, S. (2015). Arts-informed teaching practice: Examples from a graduate anti-oppression classroom. *Social Work Education*, 34, 46–59.
- Whitebread, D., Neale, D., Jensen, H., Liu, C., Solis, S. L., Hopkins, E., ... Zosh, J. M. (2017). *The role of play in children's development: A review of the evidence*. Billund, DK: The LEGO Foundation.
- Widdershoven, G. A. M. (2001). Dialogue in evaluation: A hermeneutic perspective. *Evaluation*, 7, 253–263.
- World Health Organization. Constitution of the World Health Organization. , Off. Rec. Wld Hlth Org., 2, 100, amend to WHA51.23 (2005) § (1946).



**University
of Victoria**

Canadian Institute for
Substance Use Research

Vancouver office | 909 - 510 Burrard Street
Vancouver, BC V6C 3A8
helpingschools.ca



© 2020 Permission to copy for non-commercial purposes.

This resource was developed by the Canadian Institute for Substance Use Research with funding provided by the BC Ministry of Health. Any views expressed herein are those of the authors and do not necessarily represent the views of the BC Ministry of Health or the Canadian Institute for Substance Use Research.

