



Literature Review

Programming for Youth Who Commit Serious Violent Offenses

Prepared for:

**Provincial Child and Youth Forensic Program,
IWK Mental Health and Addictions Program**

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INTRODUCTION

The fear caused by media accounts of violent crime perpetrated by young people frequently results in calls for action to combat this issue. Subsequent knee-jerk reactions result too often in the implementation of “get tough” policies and approaches. While these strategies are politically popular, “scared straight” programs, boot camps and transfers to adult court have been shown to increase rather than decrease the likelihood of reoffending (Borum and Verhaagen, 2006; U.S. Dept of Health and Human Services, 2001; Myers 2003). While experts tend to agree on the futility and negative repercussions of such policies, it is difficult to find a clear picture of what interventions do work as strategies to address youth violence. The reality is that youth violence is a complex and multifaceted social problem for which no simple solution is available. It appears clear that in order to address the issue of youth violence effectively, a comprehensive approach that addresses the needs of individuals, families and communities is required (Children’s Defense Fund, 2007). This literature review provides an overview of research into “what works,” in an attempt to offer a roadmap to improving the youth violence prevention strategy in Nova Scotia overall and, in particular, to augmenting existing programming for youth who have a history of serious violent offending and who are considered to be high risk for reoffending.

A complication inherent in a review of the existing literature is the difficulty of discriminating between interventions designed to change antisocial behaviour more generally and those which target violence specifically. Some authors have contended that criminal behaviour and violence are intertwined and therefore can be examined as one phenomenon (Slatkoff, 2000). Given the fact that serious violent offenders do vary in their risk profile from other offenders and are usually responsible for a significant amount of criminal behaviour in their lifespan (Borum and Verhaagen, 2006), it would seem necessary, however, to determine which programs are effective specifically for this population. Corvo (1997) also notes that violence is often a response to exposure to violence in the home and community and therefore can be viewed as an adaptive response to dysfunctional situations. As such, it would require interventions that are different from those that address delinquency more generally. Unfortunately, many existing studies report recidivism rates more generally and are not specific about how effective an intervention is in reducing violence specifically. Eddy, Bridges Whaley and Chamberlain (2004, p. 2) comment on this paucity of research as well,

“Unfortunately, very little is known about what types of interventions are effective for preventing the violent behavior of high-risk adolescent males. Most interventions designed for this population target antisocial behavior in general, or risk factors for current and future antisocial behavior, rather than violence per se; thus, researchers have rarely reported outcomes on violent behavior.”

Another facet to consider prior to drawing conclusions from the available literature is the fact that a preponderance of the research reported in peer reviewed journals has been conducted in the U.S. Despite some important similarities in our cultures, there are critical differences between our societies and justice systems, some of which are reflected in our very different rates of violence. It is therefore necessary to bear this in mind when considering the possibility of transplanting seemingly successful strategies to Nova Scotia.

There is, nevertheless, some consensus in the literature that can be used to help create a successful strategy to combat youth violence in Nova Scotia. Most experts agree that violence is best prevented through strengthening families and prosocial community institutions (Carter, Blood and Campbell, 2000) as well as by addressing the risks and needs faced by individual offenders (Borum and Verhaagen, 2006). Considerable work has been done to identify risk factors for violence and to develop risk assessment tools that can be used in attempts to predict violent behaviour, and, more usefully, as a guideline to developing effective interventions to prevent violence.

This literature review begins by discussing some key elements of developing a youth violence prevention strategy, and then proceeds to consider risk factors for violence and programs that address these key areas. Issues unique to developing interventions within custodial settings are then reviewed and some model programs for high risk youth are outlined. This literature review concludes with a summary of elements of effective strategies to address youth violence.

DEVELOPING A YOUTH VIOLENCE STRATEGY

Choosing strategies to address youth violence must be community specific and driven by creative responses to the defined needs of the community (Randall et al, 1999). Howell (2003) describes the assessment of the risks, needs and protective factors of both the wider community and the local juvenile offender population as “linchpins” in the development of comprehensive youth violence strategies for each community. Howell (2003) further recommends that such assessment and planning be achieved through a five year strategic planning process taken on by an interagency community planning team. Corvo (1997) also emphasizes the importance of clearly defining the problem to be addressed and undertaking a structured, community specific needs assessment prior to implementing any programs.

DEFINING THE PROBLEM

Target behaviour must be defined and clearly described with consideration of the reality that violence is a complex phenomenon. Tolan and Guerra (1994) separate acts of violence into four types: situational, relationship, predatory and psychopathological. Situational violence is the most commonly perpetrated form of violence and is most affected by social contexts. It is likely that this form of violence would be most influenced by mentoring programs, social skill development, school programs and parental monitoring. Relationship violence can occur within the context of familial, peer and dating relationships and is related to both social and psychological risk factors. Family therapy and improving social, problem solving, communication and anger management skills are important strategies for addressing this form of violence. Tolan and Guerra (1994) suggest that early adolescence is a good time for intervention strategies for relationship and situational violence.

Predatory violence occurs for the purpose of personal gain and as part of a larger pattern of antisocial behaviour, and includes gang behaviour, robbery, etc. Such violence is relatively rare and most likely to be committed by the small group of chronic young offenders. Programs addressing predatory forms of violence must go beyond anger management and social skill

development to address lifestyle issues and promote prosocial avenues to feeling powerful and successful. Psychopathological violence is extremely rare, and is most linked to early psychological trauma and brain damage (Corvo, 1997). Psychopathological violence is the only type of violence that seems likely to benefit from psychopharmacological intervention. Preventing the latter two forms of violence will clearly require the use of earlier, more intensive, individualized and multifaceted programming. Anger management programming is also less effective in addressing these forms of violence, and is considered to be a more appropriate intervention for situational and relationship violence (Tolan and Guerra, 1994). Clarifying which sort of behaviour is the target for a program or intervention strategy is therefore critical in achieving success.

DEFINING THE TARGET POPULATION

Youth who commit violent offences can be categorized according to early or adolescent onset of violent behaviour. Most aggressive behaviour begins in adolescence and subsides with maturity, although a small group of “early starters” or “life course persistent” youth are responsible for a highly disproportionate amount of crime and violence (Borum, 2003). Early onset youths are usually more troubled and characterized by a multitude of risk factors. These youths commit more offences, more serious violent offences and their behaviour is usually found to continue into adulthood (Blackburn, Mullings, Marquart and Trulson, 2007). Identifying these youth for early and intensive intervention is a critical task for a youth violence prevention strategy that is likely to be cost effective in the long run. As discussed further below, effective interventions target proven risk factors, and treatment strategies should include addressing the risk factors relevant to each youth. Early onset youth are likely to require long term, intensive multimodal interventions that address risk factors in each sphere of influence, while youth whose aggressive behaviour begins in adolescence may benefit from less intensive strategies (Borum and Verhaagen, 2006).

Youth violence interventions should be planned around the demographics of the target population. Planners should remember, however, that self report data often varies significantly from arrest data. Self reports of violent behaviour are often considerably higher than that revealed by arrests, and studies have suggested that more Caucasian, female and younger perpetrators of violence exist than would be suggested by data available through arrest rates (Corvo, 1997). The fact that there may be a “hidden” target population should therefore be considered when determining the design of a strategy.

Many experts also recommend that interventions should be gender specific (Hart et al, 2007). Certainly it has been found that risk factors differ somewhat between the genders; female adolescent violent offenders usually have a greater history of childhood maltreatment and depression than their male counterparts (Blackburn et al, 2007) and show a greater susceptibility to relationship factors (Hart et al, 2007). Females also seem to follow somewhat different pathways to violence and crime than males, possibly as a result of disparities in socialization and development (Blitstein, Murray, Lytle, Birnbaum and Perry, 2005).

UNIVERSAL VS TARGETED PROGRAMMING

Prevention programs can be offered universally (primary prevention), to at risk youth and families who have shown a tendency or some occurrence of violence (secondary prevention) or through intervention with youth who have shown a pattern of violent behaviour (tertiary prevention). There are significant advantages to offering primary and secondary prevention programs. Such programs can instill prosocial attitudes and improve social competencies in children and families prior to the onset of serious violent behaviour during developmental stages (i.e. around ages 10-12) when children are more susceptible to forming attitudes that are accepting of violence (Corvo, 1997). Good prevention programs target risk factors in the individual, family and community, while enhancing protective factors in all these spheres.

The Office of Juvenile Justice and Delinquency Prevention (1995, p. 3) notes in its *Guide for Implementing the Comprehensive Strategy for Serious, Violent and Chronic Juvenile Offenders* that,

“For intervention and treatment purposes, it is clear that the juvenile justice system does not see most offenders until it is too late to intervene effectively.”

Limiting violence intervention strategies to the youth justice system seems therefore to be an inadequate strategy, although funding availability commonly results in monies being focused on providing service to high risk youth and to youth offenders. Paradoxically, it is primary and secondary prevention programs that are most cost effective (Howell, 2003; Children’s Defense Fund, 2007). Preventing youth from entering the justice system through proven early intervention and enrichment programs for youth would be not only financially beneficial, but would simultaneously avoid considerable human tragedy (Children’s Defense Fund, 2007).

Providing early intervention programs is particularly important given the early onset of problem behaviour for serious, violent and chronic offenders (Howell, 2003). There is, therefore, considerable benefit to implementing primary or even secondary violence prevention programs, since early exposure to such interventions could have a significant impact. Some successful universal programs are outlined below. It is possible, however, that universal programs alone would not be able to offer sufficient inoculation against the multitude of risk factors that affect those youth who become serious and chronic violent offenders. Certainly these youth require interventions that are more intense, multifaceted and of longer duration (Borum and Verhaagen, 2006). Early identification of these youth is therefore desirable, and the use of a reliable risk assessment tool such as the SAVRY (discussed further below) can be helpful in the process of attempting to direct intensive service to those youth who could most benefit from it. It is important to remember, however, that such tools are not infallible and some youth may “fall through the cracks” despite such screening.

The most effective tertiary prevention programs utilize a multimodal approach to address the variety of risk factors linked to violent offending. Such programs emphasize developing social and other skills, improving familial relationships, cognitive restructuring, advocacy and good case management (Carter et al, 2001). Effective programs target dynamic risk factors (i.e., risk factors that are subject to change) within a framework that is developmentally, culturally and

gender appropriate and which addresses the interaction between risk factors. It is useful to consider problems such as violent behaviour in youth through an ecological perspective whereby the individual can be viewed as nested within a number of social contexts (individual characteristics, the family, schools, peer group, the community, culture, etc) each of which may be characterized by risk and protective factors, and as such are valid targets for intervention. Failure to address critical problems within one of these layers can impede the potential effectiveness of the intervention strategy. Each of these spheres of influence is discussed below, with consideration of the risk and protective factors that contribute to the etiology of violent behaviour.

RISK FACTORS

Most experts agree that intervention programs must directly target those factors with a proven correlation with violence, rather than factors that seem beneficial more generally, i.e., improving self esteem or overall psychological well being (Borum and Verhaagen, 2006, among others). In order to ensure that strategies are addressing risk factors, the use of a structured risk assessment tool such as the Structured Assessment of Violence Risk in Youth (SAVRY) for both assessment of youth and the development of treatment strategies is helpful. The SAVRY is currently being used in Nova Scotia, and is therefore described further below.

SAVRY

The Structured Assessment of Violence Risk in Youth (SAVRY) is a risk assessment tool that uses structured clinical judgment to assess risk and protective factors that are significantly correlated with youth violence. The SAVRY includes consideration of historical or static risk factors as well as dynamic risk factors that are more amenable to change and which can serve as a list of “needs” to be addressed. The SAVRY is therefore a useful tool for identifying the youth for whom intensive services are required, and for developing individualized treatment strategies that target proven criminogenic areas of concern. Careful matching of service type and intensity with identified areas of risk and overall level of risk is considered to be a core principal of best practice intervention with youth offenders, as it prevents ineffective intervention and over-intervention with low risk youth while enabling careful targeting of services to those youth who are likely to be chronic violent offenders (Borum, 2003). The SAVRY risk and protective factors are outlined in Appendix A.

The Complexity of Risk

Most experts agree that there are a number of psychosocial risk factors that have been reliably associated with youth violence, as well as protective factors that seem to mitigate negative influences. Care must be taken, however, to remember that while these risk factors are statistically correlated with youth violence, no causal relationships have ever been proven (Case, 2007; Kashani, Jones, Bumby and Thomas, 1999) and risk factors are notoriously difficult to operationalize (Case, 2007).

Adolescence is also a dynamic age when the power of specific risk factors can change considerably over time (Borum, Bartel and Forth, 2003). Moving from aggregate data (i.e., statistical probability based on large numbers) to making decisions about individuals must always be done with care, given the fact that risk, protective and other factors are interconnected in complicated ways which vary somewhat with each individual and according to developmental stage, culture, gender, etc. Familial risk factors are, for example, more powerful predictors for younger children, while other risk factors, such as association with deviant peer groups, are more powerful for older adolescents (Howell, 2003).

Despite these caveats, a consideration of risk and protective factors can provide foci for assessment and intervention, as long as sight is not lost of the complexity and dynamic nature of human behaviour. Risk factors include historical or static factors as well as dynamic factors which are more amenable to change (Borum, 2003). There is some evidence that protective factors, such as having a caring adult in the community, can mitigate the effects of risk factors (Hart, O'Toole, Price-Sharps and Shaffer, 2007). The development of effective violence prevention and treatment programs therefore must be done within a multidimensional framework that augments protective factors and addresses individual, peer, familial, school, community and cultural risk factors, while maintaining sufficient flexibility to engage with individual differences and needs (Kashani et al, 1999; Slatkoff, 2000).

Systemic Issues

While risk assessment instruments such as the SAVRY are useful in developing treatment plans for individuals, these tools ignore the systemic issues that play a large role in creating violent behaviour. Poverty and race are key risk factors for poor outcomes for youth. Disparate opportunities and lack of hope clearly influence the choices that young people make and the paths they follow. The Children's Defense Fund (2007, p. 15) suggests that "*The most dangerous place for a child to try to grow up in America is at the intersection of race and poverty.*" While Canada has a stronger social safety net, we cannot be too complacent on this front. The recently released *Roots of Youth Violence* report¹ (McMurtry and Curling, 2008) focuses on youth violence in Ontario and comes to similar conclusions. The concentrated poverty experienced by certain racial minorities leads to stigma, racism and limited opportunities for certain segments of the population. It is therefore not surprising that many of these youth experience a sense of hopelessness, oppression and a disconnect from mainstream society which ultimately leads to a sense that violence is the only way for some youth to have an impact, be heard and create a more powerful identity (McMurtry and Curling, 2008). As the work of resilience experts such as Michael Ungar suggests, youth who feel excluded from more mainstream and prosocial avenues to success and power will choose the methods easily available to them to create a successful and powerful identity, methods which commonly include crime and violence. Our youth prisons are disproportionately full of children from poor, often single parent families and visible minorities such as black and aboriginals. Efforts to equalize the playing field by ending child poverty as well as through proven preventative measures such as early intervention programs are clearly important aspects of a violence prevention program that cannot be ignored.

¹ Available at www.rootsofyouthviolence.on.ca

Race and Culture

Of the characteristics that correlate with an elevated statistical probability of violent offending, race is a fairly robust factor. While this is clearly not a risk factor that is an appropriate target of intervention, the disproportionate numbers of incarcerated black and aboriginal youth do mean that race and culture must be considered when developing a youth violence prevention strategy. Low rates of high school completion as well as high incarceration and unemployment rates among these populations imply both systemic issues and a need for cultural competence in program delivery. While an in-depth analysis of culturally specific programming for these populations is beyond the scope of this literature review, some recommendations can be gathered from the limited sources available on this topic.

The Canadian Criminal Justice Association (2000) advocates for the use of bush camps, sentencing circles and Aboriginal Youth Justice Committees as interventions for aboriginal youth. Sentencing circles have been utilized for many years in the Yukon, with considerable success. This approach offers the opportunity for culturally appropriate sentencing, the involvement of the family and the larger community, as well as a means of coming to an ecological understanding of the youth's behaviour. Bush camps provide opportunities for learning traditional survival skills and to then work towards the successful reintegration of youth into their communities. The goal of such programs is to ensure that youth are able to establish a positive role for themselves in the community, thus developing a sense of belonging and achievement. Some programs specifically developed for aboriginal youth include the Prince Albert Outreach Program (see p. 145, Program Scan), Yukon's Skookum Jim Friendship Centre, Tan Sakwathan Youth Diversion and Family Support Worker Program (see p. 162, Program Scan) and the aboriginal community based young offender programs and specialized services for aboriginal youth offered through Alberta's Young Offender system (see p. 188, Program Scan).

The Aboriginal Justice Strategy is a federally funded attempt to address the systemic problem of high aboriginal incarceration rates and a general lack of effectiveness of the mainstream criminal justice system for the aboriginal population. An evaluation of the Aboriginal Justice Strategy (AJS) reveals that community-based solutions are more effective for aboriginal offenders, but that not all aboriginal communities have developed programs. The disorganization of many communities and the lack of broad funding and support for program development, capacity building and staff retention are concerns that currently limit the effectiveness of the AJS (Department of Justice, 2007).

A recent forum on black youth held in Digby, NS (African Nova Scotian Parent Conference and Youth Forum, Sept 25 and 26 2008) revealed a need for improved community cohesion and organization, which participants suggested could be at least partially realized through the development of community centres and Afri-centric schools. It is possible that one avenue could be the development of black cultural schools/centres, similar to those developed by Asian communities across Canada.

Another concern voiced in this Digby forum was the need for youth to be exposed to a positive, prosocial portrayal of their people within the education system, and for African Canadian history and culture to be celebrated within the mainstream curriculum of schools. Certainly educational curricula within custodial institutions should include an opportunity for the celebration of the

histories and culture of minority groups such as blacks and aboriginals as well as a forum for critical analysis of the dominant culture. This concern is also raised by McMurtry and Curling (2008), who suggest that the current Euro-centric curriculum does not offer sufficient opportunities for black, aboriginal and other minority groups to develop a sense of pride in their identities and note that, “(it) is clear that students who do not see themselves reflected in the curriculum will experience a lesser degree of attachment to the education system (McMurtry and Curling, 2008, p. 11). Both the Children’s Defense Fund (2007) and McMurtry and Curling (2008) also advocate for efforts to encourage more black (and/or other minority group) men becoming teachers to serve as positive role models as well as developing the culturally competence of teachers more generally.

While no evaluation of this approach was available at the time of writing, one promising strategy to address the disproportionate numbers of minority youth who adopt antisocial and violent lifestyles includes a focus on positive identity formation. “Manhood development programs,” offer culturally sensitive methods of improving self-esteem, community cohesion and a prosocial morality within a dominant culture that denigrates visible minorities and glorifies violence. The “Warrior Method” by Dr Raymond Winbush, is one such program which offers young black males the opportunity to participate in prosocial and Afri-centric rites of passage into adulthood. Such approaches are considered particularly promising when combined with opportunities for vocational development through education and employment (Tolan and Guerra, 1994).

The strength of community and social networks is likely to be exceptionally salient for black and aboriginal youth, given the sense of disenfranchisement from the larger society commonly felt within these communities. Black and aboriginal communities frequently struggle with poverty and a lack of organization. The use of strategies that emphasize culturally sensitive community development, such as Multisystemic Therapy (MST) (see p. 32 of this report and p. 112 of the Program Scan for further discussion on MST), would seem necessary and complementary to any programs for these youth.

INDIVIDUAL RISK FACTORS

There are a variety of personal characteristics that are correlated with youth violence, many of which vary in importance at different stages of development. Substance abuse is an individual risk factor that decreases with age; early onset substance abuse has a stronger correlation with later violence than substance abuse during adolescence only (U.S. Dept of Health and Human Services, 2001). Many of these individual characteristics, such as having a “difficult” temperament as an infant, are likely to be interconnected with familial characteristics and parental responses. Insecure bonding with parents, violence in the home and a lack of prosocial role models are all linked with the development of psychological problems (i.e. PTSD, hyperactivity, attachment disorders, etc) that contribute to aggressive behaviour (Corvo, 1997), and some researchers have linked hostile attribution biases with experiencing childhood physical abuse (Herrenkohl, Huang, Tajima and Whitney, 2003). Demographic risk factors such as race and gender also require the consideration of cultural, societal and structural influences and expectations and are clearly not dynamic factors.

Other individual risk factors include: biological factors such as high testosterone levels and brain

damage, cognitive deficits such as low IQ, difficulties with reasoning and problem solving, and a tendency to over interpret the intentions and actions of others as hostile (Kashani et al, 1999). Serious violent offenders have usually demonstrated long-standing difficulties with regulating their emotions and resolving interpersonal conflict in peaceful ways (Herrenkohl, Hill, Chung, Guo, Abbott and Hawkins, 2003). Skill development in these areas is therefore an effective strategy. Mental health issues such as depression (Blackburn, Mullings, Marquart and Trulson, 2007) and personality disorders such as oppositional defiant disorder, conduct disorder and ADHD are also linked with chronic violent offending in adolescence (Borum and Verhaagen, 2006), although clearly not all young people who are so labeled continue on to become serious violent offenders. Hyperactivity and substance abuse are risk factors that are commonly targeted for intervention because of their strong link with violent behaviour (Borum, 2003). Some programs which offer a significant focus on addressing mental health issues in youth include Wisconsin's Mendota Juvenile Treatment Centre (see p. 99, Program Scan), Kinark Child and Family Services in Ontario (see p. 88, Program Scan), Pennsylvania's Treatment and Healing program (see p. 132, Program Scan), the Roberts/Smart Centre in Ottawa, Ontario (see p. 154, Program Scan) and the Mobile Urgent Treatment Team (p. 181, Program Scan) that functions as part of the Wraparound Milwaukee system.

Individual Therapy

Individual counselling has not been found to be an effective method of intervention generally with delinquent youth when targeting the construct of delinquency. However, evidence-based treatments (e.g., CBT, IPT, motivational interviewing) can be effective in addressing mental health conditions and reducing recidivism among the subgroup of youth who present with a diagnosable mental health condition (e.g., depression, anxiety).

Service providers who are quite effective with disruptive youth but not necessarily with forensic disruptive youth, may not be as effective with the latter group because they do not have the training to target the treatment to specific criminogenic targets. Services that fail to specifically address criminogenic factors may, in fact, lead to increased rates of recidivism. Some interventions, in fact may increase recidivism.

Targeting self-esteem in fact increases recidivism. Many in mental health settings would be surprised by this finding given that it is commonly understood that these youth usually have a poor sense of self. The key consideration, however, is that if the youth presents with a pro-criminal attitude, helping him or her with self-esteem will make for a more confident criminal. As such the first treatment goal would require addressing pro-criminal attitudes and helping the youth develop alternate senses of identity, and then assisting the youth in gaining confidence in the 'new' identity.

Conversely, interventions that work with disruptive youth but do not include a mental health component have also shown to be less effective. The key difference is that forensic clinical interventions target combined mental health and criminogenic targets, rather than simply criminogenic targets. Clinicians working with this population need a combined skill set of forensic and clinical training.

Cognitive Behavioural Approaches

Programs that focus on changing behaviour patterns and improving social, educational and vocational skills have been shown to be effective in reducing violent offending (Borum, 2003). Changing both thinking and behavioural patterns is crucial to substantive progress towards prosocial behaviour. Many violence prevention/intervention programs therefore emphasize addressing cognitive deficits and improving social skills, problem solving ability, cognitive restructuring (changing biases towards attributing hostile intent in others), role playing, etc. Treatment programs that include such cognitive components have been found to be significantly more effective with aggressive youth than those which do not (Borum and Verhaagen, 2006).

While cognitive behavioural approaches have been shown to reduce violent or delinquent behaviour at home or in school, their impact on long term recidivism may be less powerful (Kashani et al, 1999). Similarly, improvements that are made within a residential program as a result of cognitive behavioural programming are often not well maintained when the youth returns to their family and/or community (Carter, Blood and Campbell, 2000). This is no doubt the case because of the necessity of addressing the complicated interactions between risk factors, rather than focusing on one area in isolation. There is a general consensus in the literature that violent youth require a combination of cognitive behavioural programming and familial interventions (Carter et al, 2001) through such strategies as Functional Family Therapy (FFT), described on page 14 of this report and on page 48 of the Program Scan. It is also important to remember that while improving problem-solving skills and self-control are important methods of preventing impulsive violence, a more comprehensive approach is required for youth whose violence is instrumental or a planned means to an end. Some common cognitive behavioural approaches include Aggression Replacement Therapy (ART), Controlling Anger and Learning to Manage it (CALM), which are both described below and in the Program Scan, and Moral Reconciliation Therapy (MRT), described on page 106 of the Program Scan.

Aggression Replacement Therapy (ART)

Aggression Replacement Therapy (ART) is a cognitive behavioural strategy designed for violent youth and their families (see p. 6, Program Scan). ART is a model program that is being implemented in many juvenile justice facilities across the US and has been recommended by several program reviews (Borum, 2003). This program teaches prosocial behaviour, anger control and moral education. ART has been associated with lower recidivism rates at 12 month and seven year follow up, especially when parents were involved as well as the youth. This program can be offered within a secure custody setting and is considered to be cost effective (Slatkoff, 2000). ART also includes a focus on transferring techniques to different settings in order to ensure that treatment effects are not lost when the individual returns to the community (Mattaini and McGuire, 2006)

CALM

Controlling Anger and Learning to Manage it (CALM) is a structured group program that has been developed to teach participants about anger and other negative emotions and to provide them with the necessary skills to deal appropriately with these feelings (see p. 18, Program Scan). This program is currently being used in a variety of correctional settings, including in the UK

(West Yorkshire Probation Service), Corrections Canada and in the Nova Scotia Youth Centre to assist individuals in developing methods of controlling their anger and aggression. CALM is designed to improve impulse control and reduce criminogenic thought patterns that lead to aggressive responses to situations. The CALM program also includes materials on relapse prevention, or techniques to maintain progress. There is also an additional follow up program available called CALMER and an electronic learning component (E-CALM). CALM is not recommended, however, for those individuals who commit instrumental or predatory violence, as a primary intervention for spousal abusers or sexual offenders, or for individuals who suffer from psychosis. Participants must also have sufficient intellectual ability to utilize materials designed for a sixth grade comprehension level (Winogren, Van Dieten, Gauzas & Grisim, n.d.).

Substance Abuse Treatment

While an in-depth discussion of substance abuse treatment is beyond the scope of this literature review, substance use problems present a significant risk factor for violent behaviour and therefore play an important role in programming for many violent offenders. One multimodal program (CREASAT) is discussed below. Further information regarding substance abuse programming can be obtained through accessing the following documents:

- Literature Review: Substance Abuse Treatment Programming for Incarcerated Youth (Horizons Community Development Associates, May 2008)
- Program Scan: Substance Abuse Treatment Programming for Incarcerated Youth (Horizons Community Development Associates, May 2008)

Comprehensive Residential Education, Arts and Substance Abuse Program (CREASAT)

CREASAT is a promising program developed for incarcerated youth that is grounded in the cognitive behavioural model of addiction treatment, but which is in fact a multi-modal, family-based approach that includes key elements of academic/vocational training, parenting education, physical and mental health interventions as well as creative arts and cultural and gender-specific components. This program builds on social learning approaches and emphasizes providing opportunities for building skills and relationships. This program has several phases, beginning with educational components, individual and group therapy as well as involvement in visual and performing arts while the youth are in the institution. The second phase continues delivery of treatment through a community program (Matrix). Continuity is ensured by the provision of individual and family therapy by the same therapist who worked with the youth in the institution, as well as linkages to enable the youth to continue participation in arts programming. The creative and performing arts component is a means not only of establishing positive community networks, but has also been shown to improve functioning in areas such as logic and teamwork abilities (Watson, Bisesi, Tanamly and Mai, 2003). Multimodal programs like CREASAT appear to have potential not only to address substance abuse but other risk factors such as risk taking/impulsivity, anger management problems, poor peer relationships, lack of social support, poor family functioning, etc.

Programs for Individuals with FASD

Fetal Alcohol Spectrum Disorder (FASD) is aptly named, given the wide spectrum of symptoms and difficulties associated with this disorder, ranging from very minor learning differences to severe disabilities. FASD is, however, linked with several risk factors for violence, including learning problems, difficulties with interpreting social cues, substance abuse, hyperactivity and impulsivity. Given the differences in learning styles and abilities that individuals with FASD present, this is a diagnosis that should be considered when establishing a treatment protocol for violent offenders. An assessment of FASD is an important aspect of determining risk and needs during initial treatment planning, since cognitive, social and behavioural functioning may be impaired. An awareness of the frequency of hearing problems and concurrent diagnoses in this population will also improve the assessment of needs (Slatkoff, 2000)

In order for treatment to be successful for this population certain adaptations to treatment may need to be made. Individuals with FASD can benefit from cognitive behavioural programs, however interventions for this population may need to be modified to ensure that programs for substance abuse, life skills and anger management are sufficiently structured, concrete and repetitive. Extra life skills training may well be required. Treatment for individuals with FASD is usually most effective in small groups or in a one-on-one format, since they are often easily distracted. Careful discharge planning is also warranted for individuals with FASD, since they may require considerable extra supports on return to the community (Slatkoff, 2000).

Summary

There are a variety of interventions that address individual level risk factors. Bartel (2008) suggests that addressing individual level factors such as substance abuse problems, negative attitudes and poor interpersonal, anger management and self-control skills can reduce recidivism by up to 50%. Programs should be highly structured and address risk factors directly by focusing on developing social skills and changing negative thought patterns. The following table offers a summary of some of these intervention methods and the risk factors addressed through each approach.

Sphere of Influence: Individual				
Intervention Methods	SAVRY Risk Factors Potentially Addressed	SAVRY Protective Factors Potentially Enhanced	Target Population	Program Examples
Individual Counselling	<ul style="list-style-type: none"> • Trauma and loss suffered through historical factors such as childhood maltreatment, violence in the home; • Negative attitudes; • Poor coping skills. 	<ul style="list-style-type: none"> • Resilient characteristics • Positive attitudes towards intervention and authority. 	<ul style="list-style-type: none"> • More chronic offenders. • Lower risk youth do not benefit. • Insight based counselling is usually not suitable for individuals with FASD or lower cognitive functioning. 	<ul style="list-style-type: none"> • MTFC • MST
Cognitive-Behavioural Approaches	<ul style="list-style-type: none"> • Anger management problems; • Negative attitudes; • Poor coping skills; • Poor compliance. 	<ul style="list-style-type: none"> • Positive attitude towards intervention and authority. 	<ul style="list-style-type: none"> • Most violent youth will benefit; • Suitable for individuals with FASD as long as programming is sufficiently concrete, directive and skills based. 	<ul style="list-style-type: none"> • ART • FFT • MTFC • MST
Substance Abuse Programs	<ul style="list-style-type: none"> • Substance use difficulties 		<ul style="list-style-type: none"> • Youth with substance abuse problems 	<ul style="list-style-type: none"> • MST • CREASAT

FAMILY RISK FACTORS

Familial characteristics such as parental substance abuse problems, criminogenic attitudes and/or behaviour, family conflict and problematic child-parent interactional patterns have been linked, not surprisingly, with violent behaviour in youth. Parents of violent youth often inadvertently reinforce aggressive behaviour either through role modeling, overly harsh or avoidant discipline styles. The correlation between child abuse, especially physical abuse, and aggressive acts in adolescence and adulthood has been well documented (Crooks, Scott, Wolfe, Chiodo and Killip, 2007). Severe physical abuse has also been associated with damage to the central nervous system and subsequent increases in impulsivity, leading to more serious violent behaviour in youth (Blackburn et al, 2007).

Family violence has a particularly significant link with youth violence, especially when it is pervasive, such as in homes where spousal abuse and child abuse are both prevalent (Kashani et al, 1999). While childhood maltreatment and neglect are strong risk factors for later perpetration of violence, these factors can be mitigated by other nurturing relationships such as connections with non-offending parents or other relatives, teachers, etc. Some researchers have suggested

that physical abuse is detrimental to a child's ability to develop good connections to school while enabling antisocial peer relationships and violent attitudes, and that it is these factors that are strongly linked to the development of violent behaviour (Herrenkohl et al, 2003). Good communication with parents and close parental monitoring of adolescents has been found to be protective factors that appear to play a role in preventing youth delinquency (Crooks et al, 2007). Good family management, characterized by close supervision, reinforcement of good work habits and clear rules and expectations has been found to be a protective factor for at-risk youth who have demonstrated early tendencies towards aggression. Improving family management is therefore an important goal in interventions aimed at changing trajectories of potentially violent youth (Herrenkohl, et al, 2003).

Family Based Interventions

Given the important link between familial risk factors and youth violence, it is therefore not surprising that families are a critical focus for prevention strategies that aim to improve family relations and augment conflict and problem resolution skills. While family therapy is one of the most promising methods of addressing youth violence, it is particularly effective for families of younger children (Corvo, 1997). Interventions for older, more chronically violent youth offenders usually require a multimodal approach. Evidence-based interventions such as Multisystemic Therapy (described further on p. 32 below and on p. 112 in the Program Scan) all focus on improving family relationships as the cornerstone of achieving positive outcomes for youth (Henggeler, 2003).

Programs that improve parental communication and life skills, augment parenting strategies and understanding of child development, promote nurturing and supervision and teach non-violent means of conflict resolution have been shown to have positive long term impacts on child behaviour (Thornton, Craft, Dahlberg, Lynch and Baer, 2000). Three methods of intervention with the families of violent young offenders have demonstrated effectiveness: parental training to change negative, coercive parenting styles, approaches based in structural family therapy that improve the quality of family interaction and multisystemic family therapy that assists families in coping with both internal and external stressors (Corvo, 1997).

When implementing such programs, it is important to consider the demographics and risk and need factors of the target population. Parenting programs that use a group format are often more effective if the group members are relatively similar in demographics in order to facilitate ongoing mutual support. Attention should also be paid to the educational level of the participants and to ensuring that the format is accessible and culturally appropriate (Thornton et al, 2000). The effect of certain parenting practices also varies with the age of the children; for example, parental consistency and involvement in children's activities is most significant during adolescence, while corporal punishment has its most deleterious effects on the conduct of children between the ages of nine and 12 (Frick, Christian and Wootton, 1999).

Early Intervention Programs

Some early intervention programs have been developed to specifically prevent and reduce child abuse. The Nurturing Parents Program (see p. 227, Program Scan), is an intervention strategy for abusive parents and their children that teaches nurturing parenting styles and enhances parenting

and communication skills. This program has been found to have had positive effects on family interaction styles and attitudes for both parents and children (Thornton et al, 2000). Home visiting programs (see also p. 226, Program Scan) such as Hawaii's Healthy Start program are also potentially effective early intervention programs, and usually begin by offering support to expectant mothers and families with newborn children. Visiting nurses can provide information on child development and discipline issues and connecting individuals with further services, thus potentially assisting families to develop the skills and resources they need to prevent abusive situations. The Healthy Start program has been evaluated as preventing child abuse, improving healthy development and functioning of children and families and reducing reliance on social assistance (Thornton et al, 2000). While Nova Scotia's Healthy Beginnings Enhanced Home Visiting Initiative² is an example of a home visiting program that has potential to assist at-risk families, its focus on peer support rather than professional support may limit its effectiveness in assisting families to resolve family problems and develop complex communication, conflict resolution and problem solving skills. Thornton et al (2000) recommend the use of individuals with specialized training for providing such interventions. Evaluation of this program will assist in determining if it has a significant impact on relevant risk factors for violence.

Functional Family Therapy

Functional Family Therapy (FFT) includes cognitive therapy and family therapy/skills development and is considered to be a model program, having been found to be effective in improving family functioning and reducing aggressive behaviour in youth (see p. 48, Program Scan). There are three primary components to FFT: assessment, therapy and education. Family interactions are initially assessed and problem behaviours are identified. The subsequent therapy stage is designed to change dysfunctional attitudes, expectations and reactions. The education component teaches parenting skills, conflict resolution skills, communication skills, problem solving skills and teaches parents to reward and reinforce prosocial behaviour (Thornton et al, 2000). FFT therefore has the potential to address risk factors such as poor parental management, poor coping mechanisms, a lack of social support, negative attitudes and anger management, while potentially promoting protective factors such as attachment and positive attitudes. Functional Family Parole, utilized in Washington State, is one way in which FFT has been implemented in a youth justice context (see p. 178, Program Scan).

FFT has been most effective with younger and mildly aggressive youth and may not be as effective in addressing serious violent behaviour in adolescents (Kashani et al, 1999), although one longitudinal study did find that FFT significantly lowered recidivism rates even for youth with a history of serious offending (Thornton et al, 2000). While the strength of FFT lies in its ability to address more than one type of risk factor, which is key to developing effective programming, its weakness may lie in its failure to address broader spheres such as peer and community influences, which assume greater importance for older adolescents. Models such as MST (described further below) are therefore likely to demonstrate greater success with older, more chronic adolescent offenders.

² For more information on this program see:

<http://www.ssdha.nshealth.ca/HB%20EHV%20Pop%20Health%20Story%20rev%20Sept%202006%20%20doc.pdf>

Summary

Effective violence prevention programming addresses contextual as well as individual level risk factors. Given the importance of families in a youth's social context, it is clear that families must be included in violence prevention strategies. Key risk factors such as parental management, violence in the home, caregiver criminality and child abuse are vital areas of intervention. The following table offers a summary of some family- based interventions and the risk factors addressed.

Sphere of Influence: Family				
Intervention Methods	SAVRY Risk Factors Addressed	SAVRY Protective Factors Potentially Enhanced	Target Population	Program Examples
Early Intervention Programs	<ul style="list-style-type: none"> • Violence in the home; • Childhood history of maltreatment; • Early caregiver disruption; • Poor parental Management. 	<ul style="list-style-type: none"> • Strong attachments and bonds. 	<ul style="list-style-type: none"> • Parents of very young children 	<ul style="list-style-type: none"> • Nurturing Parents • Healthy Start
Parental Skills Programs	<ul style="list-style-type: none"> • Violence in the home • Childhood history of maltreatment • Poor parental management • Stress and poor coping • Anger management problems. 	<ul style="list-style-type: none"> • Attachments and Bonds • Social Support 	<ul style="list-style-type: none"> • Families of youth with conduct problems, especially younger adolescents 	<ul style="list-style-type: none"> • FFT • MST • MTFC
Family Therapy	<ul style="list-style-type: none"> • Violence in the home; • Poor parental management; • Lack of personal/social support; • Stress and poor coping; • Negative attitudes. 	<ul style="list-style-type: none"> • Attachments and Bonds • Social Support • Prosocial involvement 	<ul style="list-style-type: none"> • Families of youth with conduct problems, especially younger adolescents 	<ul style="list-style-type: none"> • FFT • MST

SCHOOL RELATED RISK FACTORS

“In schools, interventions that target change in the social context appear to be more effective, on average, than those that attempt to change individual attitudes, skills, and risk behaviors”.

U.S. Dept of Health and Human Services, 2001

Schools have been found to influence youth in a variety of ways. Some structural school characteristics affect levels of violence in youth; for example, urban and larger schools experience more violence than rural and smaller schools (Crooks, Scott, Wolfe and Chiodo, 2007). Overcrowding, inflexibility, poor classroom management and teacher hostility have also been linked with aggression in students. More individualized school related risk factors for violence include poor academic performance, difficulties in focusing on academic work, a lack of connection to school and dropping out (Kashani et al, 1999). Conversely, a strong connection to school can be a protective factor in preventing delinquency, suicide and substance abuse (Crooks et al, 2007), and having an adult mentor within the school system has been found to be a protective factor associated with less violence for boys and girls (Hart et al, 2007). A good connection or bond with school has been shown to be a mitigating factor for at-risk youth who have already demonstrated a tendency towards aggressive behaviour. Promoting positive connections with school through good classroom management, academic enrichment and tutoring can therefore be effective protective measures for at risk youth (Herrenkohl et al, 2003). It is also important that there be “alternative” school options for youth who struggle to cope in the school setting. Examples of such programs include Nova Scotia’s Centre 24-7 (see p. 199, Program Scan).

Given the considerable amount of time that young people spend in school and their potential to offer a structured, safe and prosocial environment, it is clear that schools can play an important role in the development of prosocial attitudes, behaviours and opportunities (Crooks et al, 2007). The general popularity of “zero tolerance” policies in schools (whereby the primary response to aggressive behaviour is for the youth to be removed from the school) is therefore problematic, given the important role that a positive connection with school can play in promoting prosocial behaviour in youth. The Children’s Defense Fund (2007) advocates for developing a positive, supportive structure in schools to address problems within the school, rather than relying on zero tolerance policies, which push youth out of school, thus contributing to poor school outcomes and possible delinquency in the community. Certainly, there is little evidence to indicate that zero tolerance policies are effective in resolving aggression problems other than displacing problematic behaviour to a location outside the school. McMurtry and Curling (2008) suggest that the use of such policies often avoids consideration of alternative solutions that could support a youth’s learning needs and fails to take into account individual circumstances. The development of more inclusive policies and approaches to addressing violence within schools, whereby violence is attended to without removing students would appear to be more productive and equitable overall (Jull, 2000). Programs such as the Safe and Caring Schools³ program used in Alberta is one such method that promotes working problems out together and fostering a warm and caring school environment.

³ Please see <http://education.alberta.ca/teachers/safeschools.aspx> for more information on this program.

Based in part on research suggesting that there is an over-representation of minority groups impacted by zero tolerance policies (e.g., Advancement Project and The Civil Rights Project, 2000), the Nova Scotia Department of Education (DOE) rejected zero tolerance as a possible direction for Nova Scotia schools nearly ten years ago. The Provincial School Code of Conduct and Code of Conduct Guidelines are based on Section 47 of the Ministerial Education Act Regulations and represent official DOE policy for Nova Scotia public schools.

The implementation of Positive Effective Behaviour Supports (PEBS) in Nova Scotia schools is intended to provide the philosophical framework for schools to develop their own school codes of conduct, consistent with the provincial code. PEBS is a school-wide, systems approach to discipline which emphasizes prevention and uses pro-active strategies to teach appropriate behaviours and reduce inappropriate behaviors. It includes tracking behaviour incident data to monitor effectiveness and to inform school and board decision-making regarding the effectiveness of strategies used. Currently, there is no provincial Student Information System (SIS) for collecting standard behaviour incident data, but it is anticipated that this will begin to be implemented by Sept., 2009. The new Provincial School Code of Conduct and Code of Conduct Guidelines are available online at www.ednet.ns.ca

A study by Crooks et al (2007) found that students who attend a school that they consider to be a “safe” place are less likely to be violent than students who attend a school perceived to be “unsafe.” These authors also found that when schools implemented a comprehensive violence prevention program called “The Fourth R” (see p. 230 of the Program Scan), they were able to somewhat mitigate the effects of childhood maltreatment on rates of violent delinquency (Crooks et al, 2007). The Fourth R is a three year intervention offered to high school students. The curriculum includes information sessions as well as skill building exercises to develop relationship skills. The program also offers information to parents and school wide activities (Crooks et al, 2007).

Numerous school based programs have been developed to address youth violence. Providing universal programming through schools can be an effective method of improving prosocial problem solving skills and reducing violence generally. Effective programs work on changing the entire atmosphere of the school to one promoting prosocial behaviour. Universal school based programs commonly focus on reducing problem behaviour and promoting social competence (Vazsonyi, Belliston and Flannery, 2004). These strategies have the advantage of targeting large numbers of students at once, while avoiding the difficulties created by grouping high risk youth together. School based programs that are focused on high risk youth should also include measures that improve academic achievement, promote healthy peer and youth-adult relationships as well as teaching social skills, anger management and education/awareness (Thornton et al, 2000).

Universal school-based violence prevention programs have been found to be effective across school levels and different demographics. Such programs include informational, cognitive/affective and social skills building approaches to addressing such issues as disruptive behaviour, bullying and dating violence. All programs appear to have some positive impact on the student body. Regardless of socio-economic status, age, racial and ethnic characteristics and crime levels, providing school based anti-violence programming has been associated with reductions in violent behaviour in the school. General improvements in behaviour have also been

reported as benefits of such programming, including reductions in drug abuse, delinquency and property crime, as well as improved school attendance and achievement (Hahn, Fuqua-Whitley, Wethington, Lowy, Liberman, Crosby, Fullilove, Johnson, Moscicki, Price, Snyder, Tuma, Cory, Stone, Mukhopadhaya, Chattopadhyay and Dahlberg, 2007). While schools are an excellent forum for providing universal and preventative programming, it must be remembered that very few chronically criminally involved and violent youth attend school on a regular basis. These youth must be reached through other avenues, such as outreach workers, mentors, family members, community groups, probation officers and/or institutional programming.

Universal School-Based Programs

Peacebuilders

The PeaceBuilders Program (see p. 228, Program Scan) is based in elementary schools and involves the entire school as well as sometimes including parental and community involvement. In this program efforts are made to reinforce positive behaviour and to “right wrongs.” (Hahn et al, 2007). Peacebuilders has, in particular, been identified as a sound approach to reducing violence and creating a culture of prosocial behaviour in schools (Corvo, 1997). This program uses role modeling, role playing and a rewards system to improve social skills and avoiding reinforcing negative behaviour. The Peacebuilders program is based on promoting praise, avoiding put-downs, seeking out wise people, noticing when people have been hurt and righting wrongs. It has been found to have reduce aggression and increase social competence in elementary school children, especially in youth considered to be high risk for future violence. Peacebuilders also assists to create a positive climate within the school, thus potentially promoting connection to school (Vazsonyi et al, 2004).

ICPS

I Can Problem Solve (ICPS) is a universal program delivered to students, parents and teachers to improve problem solving skills (see p. 226, Program Scan). This program was found through a longitudinal study to lessen acts of violence and involvement in substance abuse while improving commitment to school and conduct within the school at age 18 when children participated in the program since first grade (Mattaini and McGuire, 2006).

PATHS

PATHS (Promoting Alternative Thinking Strategies) is a school based curriculum that also includes materials for parents. PATHS is considered to be a model program (Centre for the Study and Prevention of Violence, accessed online 2008), and has received some results in reducing aggression and improving social skills and problem solving ability, especially when combined with the Fast Track model, which provides some broader interventions in the home environment, including home visitation, tutoring, parenting skill development and classroom management for teachers (Mattaini and McGuire, 2006). This program teaches social skills, problems solving skills, emotional literacy and promotes positive peer relationships and positive attitudes. While the material is primarily taught by teachers, one of its strengths no doubt lies in the inclusion of materials for parents who can then reinforce learning at home.

LIFT

Programs that address more than one identified risk factor and decrease risks in more than one setting at a time are clearly most powerful. One such research-based prevention program that has been delivered effectively in elementary schools is LIFT (Linking the Interests of Families and Teachers – see p. 227, Program Scan). This multimodal universal prevention program includes age appropriate, classroom-based training in social skills and problems solving skills, a behaviour modification component based in the playground and parenting skills training delivered in to groups of parents. Training to children and parents is geared to the developmental needs and issues relevant to specific age groups – i.e., first or fifth graders. It is designed to counteract the development of oppositional behaviour in children and to improve their social skills, while improving discipline, monitoring and relationship building techniques used by parents with their children. The results of this program were found to be positive and cost effective, despite the fact that it is provided to the general population rather than targeted to specific high risk children. LIFT was evaluated through a randomized clinical trial that involved over 600 children and their families in areas that had high levels of youth crime. By the end of the year of the program, children in the LIFT program were less aggressive on the playground, behaved more positively in the classroom and their parents were able to solve problems less aversively. Effects were strongest for those children who had demonstrated the highest level of behaviour problems prior to the program. Older participants in the LIFT program (i.e., those who were then young adolescents) were found three years later to be less likely to engage in drug and alcohol use, associate with deviant peers and/or to be arrested than the individuals in the control group. Younger participants were found to display fewer disruptive classroom behaviours such as impulsivity and hyperactivity (Eddy, Reid and Fetrow, 2000).

Secondary Prevention Programs

Universal school based programs are generally considered to be cost effective (Vazsonyi et al, 2004). While there are advantages to offering universal programming to prevent violence and promote prosocial behaviour before it occurs, the realities of limited funding often means that efforts will often be geared to addressing violence with high risk youth and families as well as those families where some aggressive behaviour has already occurred (secondary prevention). Some promising secondary intervention programs include PACT (Positive Adolescent Choices Program) and First Step to Success. PACT is a cognitive behavioural group training approach to teaching anger management, social skills and conflict resolution to young adolescents (see p. 228, Program Scan). This program has been provided to at-risk African American youth with some success, including being arrested for fewer violent offences than those in a control group. The First Step to Success group is offered to children in kindergarten who have shown some aggressive or defiant behaviour (see p. 225, Program Scan). This program provides interventions at both school and at home, and has been successful in reducing aggressive behaviour for at least two years (Kashani et al, 1999).

The Incredible Years

The Incredible Years program is considered to be a model program (Centre for the Study and Prevention of Violence, accessed online 2008) and utilizes a three pronged approach to working with children aged two to ten who have demonstrated conduct problems. The Incredible Years teaches parents and teachers methods of promoting prosocial behaviour through improved parenting skills and classroom management skills while teaching problem solving and social skills. The third aspect to the program involves small group treatment of children with conduct problems, whereby they are taught such skills as empathy, anger management and ways to resolve interpersonal problems. Numerous clinical trials have demonstrated improved nurturing, disciplining, communication and problem solving by parents as well as reduced child aggression and improved relationships with teachers and peers (Centre for the Study and Prevention of Violence, accessed online 2008).

Montreal Prevention Project

The Montreal Prevention Project (see p. 227, Program Scan) also addressed social skills in elementary school children and parenting skills to families with good results at five year follow up. This two year program was offered to boys who had been identified in kindergarten as the most disruptive students, although this intervention was offered when the boys were between seven and nine years of age. At the age of five, boys who had participated in the treatment program were doing better in school and were involved in fewer delinquent activities than those who were not in the treatment group. Relevant changes included an apparent increase in responsiveness to concerns about the rights of others. It is noteworthy that changes in behaviour and attitude took time to develop, and were most clearly seen at the five year follow up point. This finding underlines the importance of longer term treatment and of the awareness that habits take time to change. The primary strength of this program appears to have been simultaneously changing both the attitudes and behaviour of children and the approaches used by their parents (McCord, Tremblay, Vitaro and Desmarais-Gervais, 1994).

Summary

Effective primary and secondary violence prevention strategies can be offered through schools, especially when programs involve parents and the broader community as well. The following table summarizes some school-based intervention methods.

Sphere of Influence: Schools				
Intervention Methods	SAVRY Risk Factors Addressed	SAVRY Protective Factors Potentially Enhanced	Target Population	Program Examples
Prosocial skill building in students	<ul style="list-style-type: none"> • Anger management problems • Negative attitudes • Low interest/commitment to school • Substance use difficulties • Peer rejection 	<ul style="list-style-type: none"> • Prosocial involvement • Commitment to school 	<ul style="list-style-type: none"> • Students 	<ul style="list-style-type: none"> • The 4th R • Peacebuilders • ICPS • PATHS • LIFT • PACT • Montreal Prevention Project • First Step to Success • CDF Freedom Schools
Parenting skill development	<ul style="list-style-type: none"> • Childhood history of maltreatment • Exposure to violence in the home • Anger management problems 	<ul style="list-style-type: none"> • Strong attachment and bonds 	<ul style="list-style-type: none"> • Parents 	<ul style="list-style-type: none"> • PATHS • Fast Track • LIFT • Incredible Years • Montreal Prevention Project • First Step to Success • CDF Freedom Schools
Improved classroom management	<ul style="list-style-type: none"> • Low interest/commitment to school • Anger management problems 	<ul style="list-style-type: none"> • Strong commitment to school • Positive attitude towards intervention and authority 	<ul style="list-style-type: none"> • Teachers 	<ul style="list-style-type: none"> • LIFT • Peacebuilders • Incredible Years
Tutoring	<ul style="list-style-type: none"> • Low interest/commitment to school • Poor school achievement 	<ul style="list-style-type: none"> • Strong commitment to school 	<ul style="list-style-type: none"> • Students 	<ul style="list-style-type: none"> • Fast Track • CDF Freedom Schools

PEER RISK FACTORS

A lack of positive social connections and association with a deviant peer group are the most significant risk factors for predicting violent offending in adolescents (Howell, 2003). Even when such strong risk factors as child abuse are controlled for, young people are more likely to commit acts of violence when in the presence of other youth who support or engage in aggressive behaviour (Crooks et al, 2007). Adolescents with poor social skills and aggressive behaviour are often rejected by more prosocial peers and therefore associate more frequently with other youth who demonstrate similar antisocial behaviour. Aggressive behaviour in youth has been found to decrease when they are put together with prosocial peers and to increase again when they are placed together with other youth who demonstrate violent behaviour (Kashani et al, 1999). It is therefore not surprising that analyses of program effectiveness have found that enhancing prosocial peer connections can have positive outcomes for violent youth (Corvo, 1997). Successful intervention strategies such as MST also work to minimize contact between the youth who is the target of treatment and antisocial peers (Henggeler, 2003).

The potentially negative influences of antisocial peers clearly presents a challenge to developing programs for residential facilities for young offenders and is no doubt a factor in the lack of success found generally by peer led initiatives and programs which group high risk youth together (Borum, 2003; Borum and Verhaagen, 2006; National Youth Violence Prevention Resource Centre, accessed online 2008). It is especially noteworthy that less seriously delinquent youth appear to experience the most deleterious effects of group programming with other high risk youth (Borum and Verhaagen, 2006). This finding underlines the importance of intervening with youth in the community whenever possible, instead of using custodial facilities.

Positive Youth Development Programs

Positive youth development programs can offer an opportunity for young people to build skills and pro-social relationships with other youth and adults (National Youth Violence Prevention Resource Centre, accessed 2008). The most effective youth development programs are those which offer long term services, focus on developmental needs (such as developing a sense of competency and self confidence) rather than on deficits and which provide the opportunity for the creation of caring adult-youth relationships (Hirsch, Roffman, Deutsch, Flynn, Loder and Pagano, 2000). Programs such as CASASTART (described on p. 224 of the Program Scan) promote the development of summer and after school activities in order to facilitate positive peer relationships as well as connections to adult role models and the larger community (Centre for the Study and Prevention of Violence, accessed online 2008). Heartwood Centre for Community Youth Development (<http://www.heartwood.ns.ca/main.shtml>) is an organization in Nova Scotia that provides some positive youth development programming for at-risk youth and assists communities and youth to develop mentorship programs, community building, recreational opportunities and youth action teams. No evaluation of their work was available at time of writing however.

Experiential Programs

Such programs as adventure, wilderness and equine programs can offer unique and enjoyable

opportunities to build relationships and develop and practice social skills such as communication, cooperation, negotiation, mutual support and respect. The Enviro Wilderness School Association in Alberta is one Canadian program for youth offenders that offers an experiential learning environment (see p. 34, Program Scan). The fact that the context is appealing – wilderness, adventure, horses – is one method of stimulating interest in doing the hard work of skill development and moving people into an action stage of change (see stages of change model discussed below). Many youth considered to be high risk for violence are attracted to risky and exciting activities (Essau, Sasagawa and Frick, 2006). Providing prosocial opportunities to engage in exciting activities is an important tool to engaging these youth. In a similar vein, programs that focus on tapping the artistic skills and interest of youth have the potential to engage youth and increase self-esteem and relationships with mentors. The Philadelphia Mural Arts program (p. 142 of the Program Scan) utilizes both creative writing and mural making as the basis of a community building, crime prevention mentorship program.

Slatkoff (2000) notes that while wilderness experience programs have the potential to reduce recidivism and further an individual's ability to develop positive relationships, this potential is enhanced when the program includes such components as family therapy and individual counselling. Having significant individual(s) from a youth's home context involved in wilderness or equine assisted programming would clearly improve the ability for sustainable improvements to be made through such a program.

Improvement of interpersonal skills is likely to lead to increased ability to develop positive peer and other relationships. Wendigo Lake Expeditions is a program for youth offenders in Ontario that has shown significant success in improving youth participants' abilities to resolve social and relationship problems in non-aggressive ways. This program's limitation may lie in its failure to provide opportunities to practice transference of skills between contexts (Russell, 2006).

While no peer reviewed evaluations of the effect of equine assisted psychotherapy on violent youth was found, this approach has been used to address a variety of mental health issues and can be effective in developing problem solving skills, communication skills (including non-verbal communication skills), creative thinking skills, teamwork, relationship skills and self confidence (<http://www.eagala.org>). Equine assisted psychotherapy is described further on p. 37 of the Program Scan. Mandala Farms is one resource in Nova Scotia where equine assisted psychotherapy is provided by a trained equine therapist in conjunction with a licensed psychotherapist (<http://www3.ns.sympatico.ca/mandala/home.htm>).

Mentoring Programs

The Children's Defense Fund (2007) emphasizes the importance of having a long term, positive adult role model for all children, whether this person is a family member, teacher or a mentor from the broader community. The Big Brothers Big Sisters of America (BBBSA) is one of the best known mentoring programs and has been evaluated as having considerable success for at-risk youth in decreasing such behaviours as substance abuse and aggression, while improving academic performance and relationships with family and peers. Its success is in part based on its use of volunteer screening, youth needs assessment, careful matching and monitoring of the match between youth and mentor (Centre for the Study and Prevention of Violence, accessed online 2008). Mentoring programs have been found to be difficult to implement, however, for

those youth at the highest risk of violent trajectories and certainly these youth require a multimodal intervention. Mentoring or positive youth development programs for high risk youth should therefore offer family and community intervention components as well (Thornton et al, 2000).

One promising mentoring program, the Toronto Argonauts Youth Centre Mentorship program, is offered to youth while in custody (see p. 173, Program Scan). This unique program provides young offenders with the opportunity to engage in group discussions and recreational activities with professional athletes who serve as positive role models and examples of prosocial success stories. An in-house evaluation suggests that this program has been successful in improving institutional behaviour, promoting skill development and risk reduction and possibly reducing recidivism rates (Ferdinand and Winters, 2008). As this evaluation did not use a control group and the number of participants is quite small, the results should, however, be interpreted with caution.

Summary

Peer influences are particularly important for older adolescents and high risk youth who have weak or unhealthy family connections. This critical sphere of influence can be impacted by developing opportunities for youth to engage in prosocial activities, to develop a positive sense of competence and to establish healthy relationships with other youth and adults. The following table summarizes some strategies for intervening to improve peer relationships.

Sphere of Influence: Peers				
Intervention Methods	SAVRY Risk Factors Addressed	SAVRY Protective Factors Potentially Enhanced	Target Population	Program Examples
Developing recreational opportunities	<ul style="list-style-type: none"> • Lack of personal/social support 	<ul style="list-style-type: none"> • Prosocial involvement 	<ul style="list-style-type: none"> • At risk youth 	<ul style="list-style-type: none"> • CASASTART • MST
Prosocial skill building	<ul style="list-style-type: none"> • Peer rejection • Anger management difficulties • Stress and poor coping 	<ul style="list-style-type: none"> • Prosocial involvement 	<ul style="list-style-type: none"> • At risk youth 	<ul style="list-style-type: none"> • BBBS • Experiential learning • Toronto Argonauts Youth Centre Mentorship Program
Mentoring programs	<ul style="list-style-type: none"> • Lack of personal/social support • Substance use problems • Anger management problems 	<ul style="list-style-type: none"> • Strong attachments and bonds • Prosocial involvement • Strong social support 	<ul style="list-style-type: none"> • At risk youth 	<ul style="list-style-type: none"> • BBBS • Toronto Argonauts Youth Centre Mentorship Program

COMMUNITY RISK FACTORS

Community level risk factors associated with youth violence include availability to guns, drugs and alcohol and exposure to violence in the media. While a certain amount of violence can be traced to a general glorification of violence and individualism in contemporary Western society (Mattaini and McGuire, 2006), communities characterized by high levels of poverty, transience and a low sense of community cohesion are also associated with increased youth violence (Kashani et al 1999). Exposure to violence within the community and community disorganization (i.e., unsupervised groups of teens, open drug trafficking and consumption) interact to create an environment that significantly increases risk of developing violent behaviour (Corvo, 1997). McMurtry and Curling (2008) also note the importance of community design in creating positive neighbourhoods. Safe and inviting spaces, accessibility to services, employment and other opportunities as well as facilities for youth which foster contact with adults and offer prosocial recreational activities are all critical components in creating safe and cohesive communities. Youth with a strong connection to their community have been found to be less likely to engage in delinquency, suicidal attempts and substance abuse (Crooks et al, 2007). Connections to community can be fostered through neighbourhood youth groups, religious and cultural organizations. Commitment to a religious institution has also been demonstrated to be a protective factor for youth at risk of developing violent behaviours, possibly as a result of the opportunities for positive interactions with prosocial adults and peers (Herrenkohl et al, 2003). The creation of communities that promote peaceful solutions rather than violence is an important aspect to violence prevention. Neighbourhood Solutions (see p. 116, Program Scan) is one MST based initiative that focused on a variety of community development methods to reduce youth violence and included developing a variety of prosocial opportunities for youth to get involved in. The following table offers a summary of some strategies to improve the opportunities for building positive connections between youth and their communities.

Sphere of Influence: Community				
Intervention Methods	SAVRY Risk Factors Addressed	SAVRY Protective Factors Potentially Enhanced	Target Population	Program Examples
Promoting involvement in community/cultural organizations	<ul style="list-style-type: none"> • Community disorganization 	<ul style="list-style-type: none"> • Prosocial involvement 	<ul style="list-style-type: none"> • At risk youth 	<ul style="list-style-type: none"> • CASASTART • Churches • Youth groups • MST
Mentoring programs	<ul style="list-style-type: none"> • Substance use problems • Anger management problems • Lack of personal/social support 	<ul style="list-style-type: none"> • Prosocial involvement • Strong social support 	<ul style="list-style-type: none"> • At risk youth 	<ul style="list-style-type: none"> • BBBS
Recreational opportunities	<ul style="list-style-type: none"> • Lack of personal/social support 	<ul style="list-style-type: none"> • Prosocial involvement 	<ul style="list-style-type: none"> • At risk youth 	<ul style="list-style-type: none"> • CASASTART

PROGRAMS FOR YOUTH IN CUSTODY

“The most effective programs are those that address key areas of risk in the youth’s life, those that seek to strengthen the personal and institutional factors that contribute to healthy adolescent development, those that provide adequate support and supervision, and those that offer youth a long term stake in the community.”

Office of Juvenile Justice and Delinquency Prevention, 1995

Much of the available research indicates that interventions with youth in institutions are the least successful approaches to addressing youth violence (Borum and Verhaagen, 2006; U. S. Dept of Health and Human Services, 2001, among others). Even serious and chronic violent offenders can be supervised within the community, if treatment programs are adequately designed and implemented, with results that usually surpass those achieved through custodial sentencing (Borum, 2003). This evidence supports the intention of Canada’s Youth Criminal Justice Act (YCJA) to reduce custodial sentencing and to promote sanctions that occur within the community setting (Doob and Sprott, 2006). The Office of Juvenile Justice and Delinquency Prevention (1995) also notes that the use of intensive supervision combined with the provision of services within the community can be as or more effective than incarceration for many offenders, and is certainly more cost effective.

While much of the research suggests that the most effective anti-violence programs are those which are delivered within the community (Borum and Verhaagen, 2006, among others), attempts must also be made to provide intervention for youth who are incarcerated for their violent behaviour. The small group of serious, violent and chronic offenders (SVC), who commit a disproportionate amount of crime and for whom custodial sentences can probably not always be avoided, are usually individuals who present with a broad range of risk factors and whose problematic behaviour began at an early age (Howell, 2003). The use of a structured assessment tool such as SAVRY is useful to assist in identifying dynamic risk factors that are important targets for behavioural change (Meyers and Schmidt, 2008) in order to develop individualized treatment plans. Programs which include a clear emphasis on developing treatment plans based on assessed risks and needs include: the Rideau Correctional and Treatment Centre’s Integrated Service Delivery Model (see p. 151, Program Scan), the Texas Youth Commission’s CoNEXTions program (see p. 167, Program Scan) and British Columbia’s Youth Forensic Psychiatric Services (see p. 184, Program Scan). Effective programming for SVC incarcerated youth should include interpersonal skills training, cognitive-behavioural programming and multimodal services (Howell, 2003). While all spheres of influence and risk factor domains should ideally be addressed through programming, the institutional setting will compromise the extent to which treatment can be ecologically sound and address all risk factors.

Heide and Solomon (2003) identify components of effective treatment for incarcerated youth offenders. While these authors focus specifically on youth who have committed homicide, their conclusions are based on research and experience with youthful offenders more generally. These components of effective programming are well documented throughout the wider literature. They suggest that:

- Treatment should begin with comprehensive assessments;
- Services should be geared to identified needs;
- Treatment facilities should have an atmosphere of clear and consistent discipline;
- Individual risk factors should be addressed through cognitive behavioural approaches such as cognitive restructuring, empathy training, learning social skills and anger management;
- Drug and alcohol counselling and education should be provided as necessary;
- Intensive and extensive after care should be offered, including assisting youth to develop positive peer communities and providing family counselling;
- Educational and vocational programs should be offered to provide opportunities for prosocial success.

Engagement in Treatment

Treatment within an institution has unique challenges. Engaging high risk youth and their families in meaningful treatment is often a challenge, given the family problems, mistrust of the system and feelings of disempowerment that are common in this population. Given the difficulty of developing trusting therapeutic relationships within a custodial setting and the complexity of the problems faced by these youth and their families, it is therefore not surprising that employing mental health professionals rather than correctional staff to deliver programming has been shown to improve the effectiveness of treatment for incarcerated youth (Bartel, 2008).

An additional complication to violence prevention programming is, of course, the fact that violence is condoned and supported in many ways within youth and mainstream culture. Many high risk youth may, therefore, not see violence as a problem to overcome, but rather as a valuable strategy that affords them power, status and a sense of efficacy as well as being an often effective means of resolving problems and conflict in their world. This perspective should not be discounted, but rather used as the basis for exploring additional tools that the youth may require to achieve their goals in ways other than through crime and violence.

There are some strategies that have been shown to be effective in facilitating the involvement of hard-to-engage youth and families. Motivational interviewing and the use of Family Group Conferencing (FGC), described below, are two such effective approaches for engaging youth and families.

Motivational Interviewing

Motivational Interviewing (MI) (see also p. 227, Program Scan) has been identified as a useful therapeutic approach for overcoming resistance or “countermotivation” in youth offenders and their families (Borum and Verhaagen, 2006). This approach uses empathy to encourage clients to change from within, rather than attempting to force change through confrontation.

MI is described by the developers of this model as “...a *directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence*” (Rollnick and Miller, 1995). This method is based on the following principles:

- Motivation to change is elicited from the client, and not imposed from without.

- It is the client's task, not the counsellor's, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The counselling style is generally a quiet and eliciting one.
- The counsellor is directive in helping the client to examine and resolve ambivalence.
- Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.
- The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.

Rollnick and Miller, 1995.

<http://www.motivationalinterview.org/clinical/whatismi.html>

This approach requires the development of a non-judgmental, collaborative therapeutic relationship between participant and therapist or youth workers. The adoption of MI as an interpersonal approach for treatment staff members serves to create a respectful environment conducive to personal growth and development.

Closely related to MI is the use of the Stages of Change Model. Therapists work within the stages of change and discuss openly where a client is along this continuum. The Stages of Change are:

- **Precontemplation**
In this stage people do not see their behaviour as a problem and are therefore not open to advice or pressure to change their behaviour. They may not believe that they can be successful in creating change.
- **Contemplation**
In this stage individuals are aware of some of the problems associated with their behaviour and are ambivalent about change. Personalized assessments and information are helpful at this stage.
- **Preparation/Determination**
People in this stage have decided to change, and are exploring ways to change their behaviour. Individualized goal-setting is a useful task for this stage.
- **Action/Willpower**
In this stage people believe that they can change and are developing plans and taking steps to change their behaviour. Individuals in this stage are most open to advice and support.
- **Maintenance**
This stage involves developing new skills and methods of coping as well as learning to avoid relapse.

While both MI and the Stages of Change model originate in the field of addictions counselling, they have been found to be useful heuristics for work with individuals who are attempting to change anything about their lifestyle. In the case of violent youth this model can be used as a means to address a variety of risk factors, including substance abuse, association with an antisocial peer group, school performance, family relationships, involvement in criminal activity,

and the use of violence as a primary strategy for problem solving (Borum and Verhaagen, 2006).

Additional lessons in facilitating involvement by difficult to engage families can be learned from MST interventions, whereby community members are used to initially engage family members and then to trouble shoot issues such as cultural competence when difficulties arise in working with families (Randall et al, 1999).

Discharge Planning

The developmental stage of adolescence presents unique challenges to treatment and discharge planning for young offenders. Promoting prosocial maturation so that young offenders are able to form positive identities and successfully assume adult roles such as that of employee, parent, spouse, community member, etc, is a particularly difficult task within an institution, where they are confined together with other antisocial peers and disconnected from opportunities and relationships within the community (Mears and Travis, 2004; Steinberg, Chung and Little, 2004). Treatment and discharge planning must compensate for the detrimental effects of incarceration on developmental trajectories by focusing on creating opportunities for youth to develop skills and relationships. Steinberg, Chung and Little (2004, p. 33) suggest that,

“..the necessary conditions for successful psychosocial development in late adolescence include the presence of supportive adults as well as opportunities to develop responsible autonomy, acquire important competencies, and establish positive relationships with prosocial peers.”

Altschuler and Brash (2004) suggest that discharge planning should be informed by developmental stage, noting that plans for older adolescents will vary considerably from those for younger adolescents. Post-release placement considerations for younger individuals will focus primarily on family or alternative caregivers, while older youths will need to be assisted to develop the skills necessary for independent living. Vocational planning will also be more employment focused for older youths, while improving academic skills may be more relevant for those in earlier stages of development.

Discharge planning and planned reintegration into the community must be a central aspect of any treatment program. The more intensive and structured the program, the more resources will have to be engaged for successful reintegration. Young people require considerable support immediately upon release from prison (Children’s Defense Fund, 2007). Youth who are serving custodial sentences should therefore have very well developed discharge plans, and should, where possible, serve the final portion of their sentence within the community to facilitate case management and follow through with appropriate services. Given the fact that the goal of any rehabilitative strategy is improved behaviour within the general community, discharge planning should commence at the beginning of treatment rather than at the end. This discharge planning should mean the incorporation of significant people in the youth’s life, such as family members and other mentors or caregivers, as key members of the planning and treatment team. The young offender should also be an active member of the treatment team, and should play an important role in planning for his/her return to the community. Discharge planning is also an ongoing, iterative process that will be modified over the period of incarceration. The development and growth of such plans is an integral to good planning, and in fact the process of plan development

can itself be conducive to the growth of relationships and treatment success. Planning for release from an institution should be done with consideration of identified risk and protective factors to ensure that all relevant supports are in place and all assets are capitalized upon. Ensuring that there is a network of support available to the youth and that prosocial recreational, educational and vocational opportunities are available is critical to ensuring success on return to the community (Borum and Verhaagen, 2006).

Systematic provision of after care services is vital to successful maintenance of treatment progress and further prosocial development. Some programs that offer innovative after care services include the Ottawa-Carleton Community Reintegration Project (see p. 26, Program Scan), the After School Evening Day Treatment Program offered by Pennsylvania's Treatment and Healing Program (see p. 132, Program Scan) and the Halifax Youth Attendance Centre (see p. 201, Program Scan). The wraparound model, which ensures integration and networking between service providers, is a promising approach to ensuring that youth do not "fall through the cracks". Wraparound programs are discussed further below, and the Program Scan offers a description of the Wraparound Milwaukee program (see p. 181, Program Scan).

The transition from a highly structured setting to the community at large is often problematic, especially when the home environment is beset with risk factors. Many authors have noted that while individuals frequently make improvements in their behaviour while in a treatment program or custodial facility, this progress is often difficult to maintain on release back into the community. This difficulty underlines the importance of including some form of family therapy in the treatment plan. Even a well developed and administered program will have highly diminished impact if there is no follow up, however (Borum, 2003). (Re)connecting youth to family, prosocial peers, schools and employment opportunities after release from institutions must be an integral aspect of the intervention strategy (Mears and Travis, 2004). Programs which enable youth to achieve employment and academic goals can be successful in facilitating change towards prosocial lifestyles, especially for older adolescents. Vocational programming with support should therefore not be overlooked as a critical aspect of treatment within institutions and as an aspect of after care and community programming (Office of Juvenile Justice and Delinquency Prevention, 1995). Washington State's Juvenile Rehabilitation Administration offers a Juvenile Vocational Industries Program that improves employability options after incarceration (see p. 178, Program Scan). Reduced recidivism has also been found for programs that incorporated case management, life skills and mentoring components to aftercare services (Beale Spencer and Jones-Walker, 2004; Bouffard and Bergseth, 2008).

PRINCIPLES OF EFFECTIVE DISCHARGE PLANNING

- *Begin discharge planning near the beginning, not the end, of treatment;*
- *Involve individuals from the youth's target environment in the discharge planning;*
- *Base discharge planning on risk and protective factors;*
- *Involve the juvenile in his or her own discharge planning;*
- *Expect the discharge plan to evolve over time;*
- *The more intensive the treatment, the more extensive the discharge planning.*

Borum and Verhaagen, 2006, p. 184-186

SOME MODEL PROGRAMS

“Most highly effective programs combine components that address both individual risks and environmental conditions, particularly building individual skills and competencies, parent effectiveness training, improving the social climate of the school, and changes in type and level of involvement in peer groups.”

U.S. Department of Health and Human Services, 2001

There is considerable evidence that violence prevention programming can be effective, even for high risk youth, as long as it is of sufficient quality, intensity and duration and addresses relevant risk factors (Borum and Verhaagen, 2006; Office of Juvenile Justice and Delinquency Prevention, 1995). It appears clear from a review of the literature that effective programming must address multiple risk factors at various levels. Focusing on individual risk factors, without considering familial, peer and community influences, results almost inevitably in low success rates. Providing interventions within a closed community such as a custodial facility is also generally considered to be much less effective than community interventions, unless a concerted effort is made to involve family and community in the strategy, since young people experience difficulty in transferring learned skills to a new environment if nothing has changed there. Some program models that appear to be effective for high risk youth are discussed below.

Intensive Supervision

Intensive supervision programs (ISP) either in lieu of custody or at the end of a custodial sentence have had considerable success, especially when effective programs are available for case managers to link youth to services. Such programs have been found to be more effective for high risk offenders than incarceration in many situations. While ISP rely on low caseloads and intensive intervention, they are nevertheless cost effective (Office of Juvenile Justice and Delinquency Prevention, 1995). The Program Scan describes several intensive supervision programs. These include: Wisconsin’s Community Supervision Programs (p. 30, Program Scan), Intensive Aftercare Program (p. 55, Program Scan), Intensive Probation Supervision (p. 58, Program Scan), Intensive Protection Supervision Program (p. 61, Program Scan), North Carolina Intensive Protective Supervision Program (p. 121, Program Scan) and Nova Scotia’s Intensive Support and Supervision Program (p. 215, Program Scan).

Sentencing youth assessed to be chronic violent offenders (SVO) through an Intensive Rehabilitative Custody and Supervision (IRCS) process, as in the Alberta process outlined below and on p. 63 of the Program Scan, would seem to be an effective strategy for the SVO population and could rely on a similar infrastructure as other intensive supervision options. Certainly most SVO youth would meet the IRCS criteria under the YCJA. The IRCS process has the additional advantage of eligibility for federal funding agreements.

IRCS Process: The Alberta Model

The Youth Criminal Justice Act (YCJA) includes provision for an Intensive Rehabilitative Custody and Supervision (IRCS) Process for youth who meet certain criteria – conviction of murder, manslaughter, aggravated sexual assault or third serious personal injury offence,

individual must suffer from some mental disturbance or disorder and an available plan of treatment must have been developed. Alberta has developed an IRCS process which reflects many of the best practices outlined above, by reducing emphasis on custodial options and offering a graduated release process. This sentencing option for serious, violent and chronic young offenders provides intensive supervision and treatment options within progressively less restrictive settings through an integrated case management approach. Youth sentenced through this model serve an initial custodial sentence for purposes of stabilization and progression through the pre-contemplation and contemplation stages of change, followed by intensive treatment, usually in a residential facility. The final two stages of supervision and treatment are provided within the community, in open custody and finally in their planned long term placement – either with their family, independent living, supportive housing, etc. Services are coordinated by one case manager in order to ensure continuity and effective service coordination, and a focus is maintained on furthering educational and vocational goals in the final two stages of the sentence. While this option is still in its infancy, it appears to reflect many of the recommendations for best practice: initial assessment to identify high risk youth, provision of intensive treatment in the least restrictive setting, consistent case management and collaboration between service providers, multimodal and ecologically sound treatment and a focus on addressing risk factors by developing prosocial skills and attitudes, improving academic and vocational opportunities and ensuring supported reintegration into the community (IRCS Committee, 2008).

IRCS Process: The Nova Scotia Model

Nova Scotia's IRCS process has evolved based on the needs of the youth sentenced through this option. It is, in many ways, similar to the system developed in Alberta, and takes advantage of a strong partnership between the Department of Justice and Mental Health in order to develop individualized treatment and transition plans (see also p. 210, Program Scan). Nova Scotia however, has very few residential treatment options available in the community and therefore is required to rely largely on programming available through the Nova Scotia Youth Facility. Given the necessary reliance on a custodial setting, transitioning is achieved through escorted absences, developing community supports while the youth is in custody and allowing youth to attend school in the community during the day and returning to the Youth Facility at night. Intensive monitoring and ongoing treatment is provided during final stages of the sentence when the youth has returned to the community. The lack of alternative residential treatment facilities and a dearth of resources in many rural communities in Nova Scotia are challenges for the utilization of the IRCS process in Nova Scotia. The development of such treatment resources could make this a more effective sentencing option in Nova Scotia.

Multi Systemic Therapy (MST)

MultiSystemic Therapy (MST) is probably the best documented and empirically validated approach to reducing violent behaviour in youth (Kashani et al, 1999; Slatkoff, 2000). MST is one of the few interventions that has been evaluated with regards to its effects on specifically reducing violence in youth offenders, and which has been evaluated through several clinical trials with chronically violent youth offenders (Henggeler, 2003). There have been at least two empirical studies that have demonstrated a significant reduction over a four year period in violent offending by youth who have been involved in MST (Eddy et al, 2004; Henggeler, 2003). MST

is described in depth in the program scan and appears to be a very promising approach. One of its strengths is the use of a multidimensional focus that enables clinicians to develop very specific responses based on the constellation of risks, needs and assets that characterize the individual in question and his/her context. The emphasis on enabling primary caregivers to become the main agents of change for a youth meanwhile promotes long term outcomes. MST includes individualized treatment for each participant, whereby each person develops her/his own goals for therapy and a plan is created based on these goals. Other assets include the involvement and development of support networks outside of the family (including peers) and an awareness of cultural issues, all of which serve to increase client engagement in therapy.

The behavioural focus of this method emphasizes improving problem solving abilities, strengthening social networks and developing methods of generalizing new skills. Therapists emphasize dealing appropriately with developmental issues and work individually and with the whole family to improve parenting skills and familial interactions. Because this approach is intended only for those youth who would otherwise be faced with out-of-home placements, MST is considered to be cost effective, despite the intensity of therapy that is involved (Randall, Swenson and Henggeler, 1999).

One attempt to replicate this approach in Ontario, has, however, met with limited success, according to Leschied and Cunningham (2002). After four years, very few significant differences were found between the individuals who received “services as usual” and those who were involved with MST. While some improvements were found in parental monitoring, psychological symptoms and family functioning as a result of MST, and it appears that patterns of offending may have been positively affected, MST does not appear to have been as effective in Ontario as it was in other sites such as North Carolina. Recidivism rates did not vary significantly between the MST group and the “treatment as usual” control group (Leschied and Cunningham, 2002).

Through contact with some of the developers of MST (Cynthia Cupit Swenson, Jeff Randall and Keller Strother) and a review of the website (www.mstservices.com), some of the possible reasons for the disappointing Ontario results came to light. First of all, a site-specific analysis reveals that the effectiveness of MST varied considerably between sites. One MST site did particularly badly, most likely as a result of a failure to adhere to implementation standards, according to Keller Strother (personal communication and review of discussion paper that can be found at: http://www.mstservices.com/canadian_mst_study_w_tables.doc)

In order for MST to be implemented effectively, it appears clear that certain standards must be adhered to carefully. Programs must be well funded in order to attract and retain quality therapy teams with low caseloads, 24/7 availability of therapists for families and regular supervision and support for therapists. Collaborative relationships with community organizations and the full support of community stakeholders are key elements of successful MST interventions. It was also found in the Canadian MST study that programs were less effective during the start up phase and improved effectiveness over time. This provides additional support for the need to ensure staff retention in order to maintain effectiveness.

MST is an intervention that can be used effectively with youth with personality disorders. While standard MST programs require stabilization from acute mental health conditions prior to

participating in MST, there are a variety of adaptations that have been developed for MST. MST Mental Health, for example, can be used with individuals who have acute mental health issues, such as active suicidality or psychosis (Dr. Jeff Randall, Medical University of South Carolina, personal communication).

MST is described further on page 112 of the Program Scan. For further information regarding implementation and start up training, view the MST Services website:

http://www.mstservices.com/program_design_and_implementation.php

Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is a structured, problem-solving focused multimodal approach and is described in detail in the program scan. MTFC is one of the few interventions that has been demonstrated to be effective in reducing violent behaviour specifically and is one of the most promising programs for high risk youth who require placement outside their home. MTFC involves placing a youth in the care of foster parents who are highly nurturing and well trained in the area of behavioural parenting techniques. These foster parents provide a highly supervised environment with consistent and ongoing positive reinforcement. The youth receives individual therapy to promote prosocial skill development, while biological parents (or the intended post-treatment placement) receive training in parenting techniques, monitoring and problem solving. A case manager is available 24/7 to coordinate services as required. An evaluation of MTFC over a two year period demonstrated that MTFC had a positive impact in reducing both arrest rates for violent behaviour and self reports of violence (Eddy et al, 2004). MTFC is described further on page 109 of the Program Scan. Washington State's Juvenile Rehabilitation Administration also offers a program based on the MTFC model (see p. 178, Program Scan).

Restorative Justice

Restorative Justice (RJ) refers to a way of doing justice rather than a specific program. A wide variety of models, including community circles, family conferences and victim offender mediation, have emerged under this umbrella term. Some examples of RJ programs described in the Program Scan include the Nova Scotia Restorative Justice Program (p. 124, Program Scan) and the Collaborative Justice Project (p. 23, Program Scan). RJ principles of repairing harm and restoring balance to relationships between the offender, the victim and the community are compatible with many of the best practice models and, in particular with approaches that emphasize reintegration of the offender in the community (Altschuler and Brash, 2004). While the Children's Defense Fund (2007) notes how many issues that have historically been dealt with through families, schools and communities are now brought before the courts, RJ processing is one way to return responsibility for problem behaviour and its solutions to its sources. It can be argued that a truly restorative process would ensure a collaborative effort between the offender, the victim and the community in developing the opportunities required for youth to be effectively reintegrated into the community. There is, in the process, the potential for a variety of risk factors to be addressed through effective interventions.

Some studies have suggested that restorative justice processes can result in improved recidivism

rates over more traditional programs (Latimer, Dowden and Muise, 2005; Rodriguez, 2007) with some indication that violent offenders may benefit more from such processes than other offenders. There is, however also some evidence that these processes may not offer sufficient intervention for more chronic offenders, and that girls may benefit more than boys (Rodriguez, 2007). Overall it is likely that the quality, relevance and intensity of the outcomes of restorative justice interventions will affect how much youth benefit, since a time limited intervention such as victim offender mediation will not be able to have sufficient impact on a chronic violent offender without considerable rehabilitative follow up (Latimer et al, 2005). The use of RJ processes does not preclude rehabilitative programming, however. In fact, developing an effective rehabilitative plan would be very much in keeping with the principles of RJ.

Family Group Conferencing

The Family Group Conference (FGC) approach is currently used in New Zealand as the primary method of processing both youth offending and child welfare interventions. While this model was developed parallel to the restorative justice movement, it has much in common with restorative justice in philosophy and practice. The New Zealand model of FGC involves families and other relevant individuals (extended family, friends, victims, other community members) in a meaningful way from the very beginning of the youth's criminal justice system involvement (see p. 45, Program Scan for more information on this process). By having a real voice in decision making and by participating in a process that is less intimidating than the traditional court system, families are placed in a position where they are expected and supported to take actively take responsibility for their child (Morris and Maxwell, 1998). Ideally, when young offenders and victims are involved in decision making in a meaningful way, the young person will take more responsibility for his/her behaviour from the onset as well. It would seem likely that a well-run FGC (and other RJ processes) would also provide the opportunity to begin the process of cognitive restructuring that is often an important aspect to the treatment of chronically violent youth, as discussed above. By hearing the perspectives of victims and family members and by being actively supported by family, it is likely that hostile attributional biases could be challenged in an important way.

The New Zealand FGC model is used for all moderate and serious offences, and serves both as an alternative to court processing and as a method of making recommendations to judges. The substantial reduction in the use of the court system and custodial sentencing seen in New Zealand suggests a model of sanctioning that could make significant changes to our current system. Given the lack of success of most institutional programming, this approach is worth considering. There is certainly evidence that a carefully implemented FGC process is likely to result in more positive outcomes, including reduced recidivism, than the traditional court process (Morris and Maxwell, 1998). While such fundamental changes in youth justice processing are unlikely to occur in Canada in the near future, the potential of FGCs to stimulate the involvement of families and the acceptance of family and individual responsibility make the implementation of some form of the Family Group Conference an attractive possibility. The involvement of family, community members and service providers in planning for interventions for youth is also instrumental in building the positive connections that will support the youth when (s)he is released from the institution (Mears and Travis, 2004).

The FGC model has been used successfully as an intervention strategy with violent youth

(Kethineni, Blimling, Madden Bozarth and Gaines, 2004). FGC requires considerable planning, skilled professionals and a coordinated system of service delivery as well as commitment to the core principles of self determination, empowerment of families, respect for diversity and collaboration in order to be successful.

OPTIONS

The OPTIONS program, based in Illinois, utilized a model based on MST and FGC and has achieved some positive results with violent adolescents and their families. This program offers assessment and intervention to youth who have been acting out violently, many of whom are referred through the court system. Individualized treatment strategies are developed, including education, vocational and recreational plans. Counselling sessions are provided to individuals and families as needed – sometimes several times each week during periods of crisis. Interventions include families, community groups and schools as well as referrals to a variety of services and mentoring opportunities. Youth and families who participated in the OPTIONS program showed improved communication skills and reduced aggressive and self destructive behaviour (Kethineni et al, 2004). This program clearly benefitted from an existing well networked system of service provision.

IMPLEMENTATION ISSUES

“Program effectiveness depends as much on the quality of implementation as on the type of intervention. Many programs are ineffective not because their strategy is misguided, but because the quality of implementation is poor.”

US Dept of Health and Human Services, 2001

There are numerous evidence-based approaches to addressing violence in youth. Regardless of the program model used, however, success of any intervention is dependent on how well the approach is implemented (Borum, 2003). Quality of program delivery can considerably impact on the outcomes of even the most well-designed strategy (Fagan, Hanson, Hawkins and Arthur, 2008). The performance of any program must be closely monitored and assessed on an ongoing basis to ensure that it is adhering to the principles and design of the strategy (Borum and Verhaagen, 2006). VanDenBerg (2006) suggests that effective delivery of programs (such as the wraparound process advocated by VanDenBerg) requires not only good training that includes practice, but also follow up training and ongoing coaching. VanDenBerg (2006) suggests that the opportunity for coaching and staff development during service delivery provides the most significant impact on program effectiveness.

SERVICE COORDINATION AND INTEGRATION

A coordinated approach is clearly the most effective strategy to create a continuum of care to address youth violence. Disconnected child welfare, youth justice, health and educational systems currently contribute to gaps in service delivery. There are programs that could effectively prevent youth violence that are a good fit with the mandate of each of these systems and which would improve their service delivery while preventing youth violence, which is too

often considered to be solely the responsibility of the youth justice system. For example, child welfare service delivery would benefit from implementing programs such as the Nurturing Parent program described above, while schools could improve their functioning by implementing one of the school based programs mentioned, perhaps in coordination with child welfare agencies. A stronger social safety net more generally would clearly benefit high risk youth as they return to their social contexts on release from custody and could prevent the use of custody in many cases. The U.S based SafeFutures Initiative provides a model for creating a best practice based continuum of care for at risk youth (see p. 157, Program Scan). Howell (2003) recommends the use of the “wraparound” model of service integration in order to prevent the use of costly and largely ineffective residential programs.

“The wraparound service delivery model reflects the ideal principles of service planning and delivery. These include parental and child involvement in determining needed services, integration of services and delivery systems, flexibility in the funding and provision of services, and individualized, strengths-based, family- and community-centered, and culturally competent services.”

Howell, 2003, p. 222

Creating networks of service delivery and avoiding turf wars over jurisdiction and funding could contribute to smoother and more effective interventions with youth. The Ottawa Carleton Youth Services Bureau has created a “wraparound” system, one aspect of which is the Community Reintegration Project described in the Program Scan on page 26. Using a case management approach to ensure efficient connections to services would also prevent young people from “falling through the cracks,” and would be facilitated by ensuring that youth serve at least the final portion of their sentences within the community under supervision in order to facilitate involvement in services upon discharge from an institution. The Division of Youth Services in Missouri utilizes a case management approach through which youth are followed consistently through the system by the same “service coordinator,” a system which ensures that each youth has an advocate who can facilitate appropriate services at each stage of their youth justice involvement (see p. 101, Program Scan).

VanDenBerg (2006) recommends going beyond service coordination (whereby different systems communicate with each other, but still make individual decisions and plans) to service integration, whereby intervention strategies are developed through a team effort that includes the family. Plans made through an integrated process are intended to include the goals and mandates of all systems that are involved with the child and family and ensure role clarity and shared responsibility for plan implementation and success. VanDenBerg (2006) suggests that implementing a carefully run wraparound process has reduced costs, the use of institutional care and reduced offending in sites such as Kansas and Milwaukee. Additional reported benefits include improved individual and family functioning, improved school outcomes, the strengthening of protective factors and reduction of familial risk factors as well as improvements in familial engagement with services. The phases of VanDenBerg’s wraparound model are outlined in Appendix B.

PRINCIPLES OF WRAPAROUND

- Family voice and choice;
- Team based;
- Natural supports;
- Collaboration and Integration;
- Community based;
- Culturally competent;
- Individualized;
- Strengths based;
- Persistence;
- Outcome based;
- Cost responsible.

(VanDenBerg, 2006)

CONCLUSIONS: ELEMENTS OF EFFECTIVE STRATEGIES FOR VIOLENT YOUTH

“The best outcomes typically occur in community settings using cognitive and multimodal interventions. Juveniles at home or in family settings with a comprehensive treatment plan that involves modeling prosocial behavior and teaching targeted skills while improving parental effectiveness and family communication have a strong chance of showing significant and sustained improvements in their behavior.”

Borum and Verhaagen, 2006 p. 160

While there are some model programs that appear to be successful elsewhere, the implementation of programs must be done in a manner that is community specific; simply transplanting a model to Nova Scotia without ensuring that unique needs and assets are considered is not likely to meet with success. Regardless of the model(s) chosen, however, experts tend to agree that there are some critical elements that must be included in a violence prevention strategy. The literature is quite clear that effective tertiary programs for high risk or violent youth must be multifaceted and ecologically sound (Kashani et al, 1999; Slatkoff, 2000) as well as individualized and tailored to the specific needs and developmental stage of each youth (Heide and Solomon, 2003). Many experts have stressed the importance of flexibility of treatment; that treatment must meet the needs of the specific youth, rather than the youth adjusting to the availability of existing programming. Case managers must also be prepared to re-evaluate treatment plans on an ongoing basis to ensure that the changing risk factors and treatment needs of adolescents are being addressed (Borum, 2003). Programming must also be sufficiently intense (involving very frequent contact with therapists and case managers) and long term (including follow up in the community and post treatment) in order to have a significant impact. Such intensive work with youth also provides the opportunity for good relationship building between professionals and the youth they work with (Bartel, 2008).

Optimal anti-violence programming would involve well-coordinated efforts of the child welfare, youth justice, health and school systems to augment the current social safety net and create a continuum of care. Given the importance of well targeted early intervention, the provision of quality programs for youth at risk of becoming chronic and violent offenders by addressing home, school and other problems at an early stage is perhaps the most promising method of violence prevention (Office of Juvenile Justice and Delinquency Prevention, 1995). Primary and secondary prevention programs are without a doubt the most cost effective and significant strategies to affect change (Children’s Defense Fund, 2007). Despite the importance of avoiding over-intervention in the lives of minor delinquents, secondary prevention programs seem to have considerable success in altering the trajectories of potentially chronic offenders at an early age (Office of Juvenile Justice and Delinquency Prevention, 1995). Needless intervention can be avoided through screening processes, but having a continuum of services – primary, secondary and tertiary prevention - available to youth and their families through the child welfare, youth justice, school and health care systems would greatly improve opportunities for altering the life course of many young people.

The effectiveness of intervention strategies can be further strengthened by ensuring that the

opportunities exist for young people to use the vocational, educational and social skills they learn through programming to become full and active community members. While much of this literature review has focused on programming for youth involved in the criminal justice system, it is clear that more macro level considerations are also vital for any significant attempts to reduce youth violence. Any violence prevention strategy will have only a limited impact if poverty and racism and the disparate opportunities that result from these important social problems are not addressed. Creating a more just and equitable society where all feel they have opportunity for success, a voice and a connection to the community is one of the most important elements of a real and lasting solution to the problem of youth violence.

PRINCIPLES OF EFFECTIVE PROGRAMMING FOR VIOLENT YOUNG OFFENDERS

- Use a reliable risk and needs assessment system to develop a treatment plan;
- Ensure that close monitoring and intensive services are reserved for highest risk cases – those individuals who are characterized by a variety of risk and need factors;
- Ensure that interventions are geared to the specific and individual needs of youth offenders;
- Ensure that interventions are developmentally appropriate;
- Target key criminogenic risk factors for intervention;
- Use a multimodal approach to address a variety of risk factors and risky contexts;
- Treatment approaches should be flexible enough to respond to individual needs and developmental differences and changes;
- Treatment should be sufficiently intensive and of sufficient duration to affect significant change for high risk youth;
- Treatment plans should be continually updated and modified as needed;
- Interventions should occur as much as possible outside of institutions in order to ensure that change also occurs within the youth's social context;
- Avoid focusing exclusively on the individual in treatment – look at social and family context as targets for change as well;
- Discharge and aftercare planning are critical to promote transference of learned skills;
- Utilize a case management approach to ensure coordination and integration of services.

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APPENDIX A

SAVRY RISK AND PROTECTIVE FACTORS

HISTORICAL RISK FACTORS

- History of violence
- History of nonviolent offending
- Early initiation of violence
- Past supervision/ intervention failures
- History of self-harm or suicide attempts
- Exposure to violence in the home
- Childhood history of maltreatment
- Parental/caregiver criminality
- Early caregiver disruption
- Poor school achievement

SOCIAL/CONTEXTUAL RISK FACTORS

- Peer delinquency
- Peer rejection
- Stress and poor coping
- Poor parental management
- Lack of personal/social support
- Community disorganization

INDIVIDUAL/CLINICAL RISK FACTORS

- Negative attitudes
- Risk taking/impulsivity
- Substance-use difficulties
- Anger management problems
- Psychopathic traits
- Attention deficit/hyperactivity difficulties
- Poor compliance
- Low interest/commitment to school

PROTECTIVE FACTORS

- Prosocial involvement
- Strong social support
- Strong attachments and bonds
- Positive attitude toward intervention and authority
- Strong commitment to school
- Resilient personality traits

APPENDIX B

VANDENBERG'S WRAPAROUND PROCESS

Phase 1: Engagement and Team Preparation

- Orient the family to Wraparound;
- Stabilize crises;
- Facilitate conversations about strengths, needs, culture and vision of the family;
- Engage other potential team members;
- Make needed meeting arrangements;

Phase 2: Initial Plan Development

- Develop a plan of care
- Develop a detailed crisis/safety plan

Phase 3: Implementation

- Implement the plan;
- Revisit and update the plan;
- Maintain team cohesiveness and trust;
- Complete documentation and handle logistics;

Phase 4: Transition

- Plan for cessation of wrap;
- Conduct commencement ceremonies;
- Follow-up with the families after graduation.

(VanDenBerg, 2006)