
Investigating Positive Psychology Approaches in Case Management and Residential Programming With Incarcerated Youth

Enquête sur les approches de psychologie positive dans la gestion de cas et les programmes de traitement en résidence à l'intention des jeunes en détention

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ABSTRACT

This article examines how a rural Canadian secure custody facility for youth implemented positive psychology principles in its case management protocols and residential programming. A directed content analysis design was utilized to identify specific factors of positive psychology in the facility's policy and programming manual, as well as in interviews with 10 youth and 11 service providers at the facility. Data revealed numerous positive psychology factors were incorporated in various ways at the facility, particularly person-centred care, autonomy, and relatedness/connectedness. Differences among policy documentation, youth, and service provider perceptions were found, as well as challenges regarding intent versus effect of programming. Implications for practice and directions for future research are discussed.

RÉSUMÉ

Cet article examine comment un établissement canadien de garde en milieu fermé et rural destiné aux jeunes a appliqué des principes de psychologie positive à ses protocoles de gestion de cas et à la programmation des traitements en résidence. On a utilisé un concept d'analyse dirigée de contenus pour établir des facteurs précis de psychologie positive dans le manuel des politiques et programmes de l'établissement, ainsi que dans des entrevues menées auprès de 10 jeunes et 11 fournisseurs de services de l'établissement. Les données ont révélé que de nombreux facteurs de psychologie positive étaient intégrés de diverses façons dans l'établissement, notamment les soins centrés sur la personne, l'autonomie, et l'affinité/connectivité. On observa des différences de perception entre la documentation de la politique, les jeunes, et les fournisseurs de services, ainsi que des défis à relever concernant les visées et les effets de la programmation. On présente une discussion des implications pour la pratique et des pistes de recherche à venir.

The phenomenon of youth crime has generated a plethora of research in the areas of prevention, evaluation, treatment, and recidivism. Many youth between the ages of 16 and 18 have come into contact with the legal system, and some are incarcerated. Historically, the assumption has been that youth with externalizing disorders, such as oppositional defiant disorder and conduct disorder, become incarcerated. However, research reveals that many incarcerated youth have comorbid emotional disorders (Fazel, Doll, & Långström, 2008; Osterlind, Koller, & Morris, 2007). This is common in areas where few community mental health resources are available for treating complex behavioural and emotional challenges in youth (Office of the Ombudsman, 2008b). Secure custody facilities are often viewed as “last resorts” for youth with complex behavioural and emotional disorders, and the youth involved in the justice system tend to present with unmet emotional and physical needs (Maschi, Hatcher, Schwalbe, & Rosato, 2008). Residing in secure custody also detaches youth from family and community, which creates challenges to maintaining connection with positive supports (Bradshaw, Brown, & Hamilton, 2008).

Mental health programs in justice settings emphasize the identification of risk and need factors, and do so primarily through standardized assessment tools to evaluate the possibility of recidivism. Structured diagnostic screening and prescription of psychotropic medications are also common (Moses, 2008). Stemming from a deficit model of mental health, risk-need approaches focus on behavioural and emotional disorders as individual pathologies, and utilize interventions designed to reduce problem behaviours and alleviate negative symptoms (Morrison, Kirby, Losier, & Allain, 2009; Scales & Leffert, 2004). Although these assessment and treatment approaches are legitimate aspects of justice system protocol, current research suggests the risk-need approaches do not sufficiently address holistic aspects of the youth (Grisso, Vincent, & Seagrave, 2005; Laursen, 2000). They may also contribute to a distortion of the youth justice system’s restorative vision, where rehabilitation has become secondary to detainment and punitive sanctions (Wasserman et al., 2003).

In Canada, the use of detainment and punishment in secure custody facilities for youth has been called into question. For example, in 2008, the New Brunswick Office of the Ombudsman and Child and Youth Advocate identified problems with the youth justice system’s approaches to mental health care and residential programming after the suicide of Ashley Smith, a young woman whose complex behavioural and emotional needs led to her death in a secure custody facility at the age of 18 (Office of the Ombudsman, 2008a).

Youth in conflict with the law have also been found to experience challenges within the justice system in British Columbia (BC). In 2005, the McCreary Centre, a centre in BC committed to improving the health of youth, administered an adapted Adolescent Health Survey questionnaire, originally administered to 72,000 Grade 7–12 BC youth, residing in secure custody. The goal of this report was to gain insight into the lives of those youth residing in BC’s secure custody facilities. A total of 137 youth participated at three different secure

custody facilities in BC in both rural and urban cities: Burnaby, Victoria, and Prince George. Results indicated these youth had fewer social supports than the BC youth in the larger survey who were not residing in secure custody facilities. They were, however, more likely to have (a) experienced severe behavioural and emotional challenges, (b) endured physical/sexual abuse, (c) attempted suicide, (d) used drugs and alcohol, (e) been expelled from school, and (f) had a parent involved in illegal activity, compared with BC youth not residing in secure custody facilities.

The report found that 72% of the youth in these facilities have been diagnosed with mental and physical health disorders. Regarding programming needs, the majority of youth (78%) participated in health care programming, such as drug and alcohol rehabilitation. However, 50% of females reported there were not enough programming options for females and 31% of youth said there were not enough programming needs for youth with disabilities (Murphy & Chittenden, 2005).

Recent evidence-based practice research asserts the importance of moving beyond a problem-focused approach to embrace a more positive view of mental health (Laursen, 2000; Morrison et al., 2009). This shift involves the recognition that the psychological well-being of children and youth is not only influenced by the absence of problems and risk-need concerns, but is also impacted by the existence of inherent positive characteristics present within individuals and their social settings that contribute to growth and development. This perspective, which frames mental health as much more than absence of mental illness, requires service providers to focus not only on problems, but also on strengths and resiliency, optimism, hope, self-esteem, and self-determination (Seligman, 2008). This has been historically conceptualized in schools as strength-based approaches, and more recently in mental health care as positive psychology.

Although positive psychology concepts have existed within counselling and psychotherapy practice for many decades (Bedi et al., 2011), empirical research on the topic has begun to expand rapidly in the last 15 years. The focus of research is the investigation of emotions, character traits, strengths, virtues, experiences, and institutions that enhance happiness and quality of life. The hope in positive psychology is in the prevention and reduction of mental health disorders and in the facilitation of human development (Seligman, 2008; Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005). The principal tenet of positive psychology is that enhancing positive emotions will diminish negative emotions (Seligman, 2008), although its exclusive focus on strengths and positive emotions may not adequately address inevitable negative emotions and life outcomes (Wong, 2011). Wong (2011) proposed that a balanced positive psychology could be conceptualized as promoting strengths and happiness while simultaneously reducing aversive outcomes.

Positive psychology approaches have demonstrated promising outcomes for youth struggling with behavioural and emotional disorders (Amendola & Scozzie, 2004), but research is limited on its application to youth violence (Bradshaw et al., 2008; Tweed et al., 2011). Tweed and colleagues (2011) noted it is necessary

to explicitly link the core constructs of positive psychology with research on youth violence to bring balance to the field of positive psychology. They claim that resiliency can be fostered not only through finding happiness and developing positive, prosocial character strengths, but also through learning to avoid and/or cope with undesirable outcomes such as incarceration. Consequently, positive psychology may shift the perspective of incarceration to be an opportunity to develop coping skills for aversive situations and competencies to become thriving adults (Schubert, 2008).

POSITIVE PSYCHOLOGY AND YOUTH EXPERIENCING BEHAVIOURAL AND EMOTIONAL DISORDERS

A systematic review of the literature allowed the authors to synthesize information and identify 19 broad-based factors of positive psychology that are utilized when working with youth with behavioural and emotional disorders (see Table 1). These have been clustered together into three main practice areas to conceptualize the diverse ways positive psychology factors are applied with this population: (a) protocols and programming “as a whole,” (b) internal strengths and resources nurtured by participation in protocols and programming, and (c) characteristics and professional practices of service providers.

Table 1
19 Factors of Positive Psychology for Working with Youth with Behavioural and Emotional Disorders

Part One: Protocols and Programming “As a Whole”	
Structured prosocial processes/ activities	Bradshaw, Brown, & Hamilton, 2006; Brendtro, Brokenleg, & Van Bockern, 2005; Cox, 2008; Deci & Ryan, 2008; Rose, 2006
Individualized person-centred care	Cox, 2008; Lerner, Theokas, & Jelicic, 2005; Mohr, Martin, Olson, Pumariega, & Branca, 2009; Olive, 2004; Peek, 2009; Rogers, 1961; Sumsion & Lencucha, 2007
Opportunities to explore strengths/ interests and resources	Brendtro, Brokenleg, & Van Bockern, 2005; Laursen, 2000, 2004; Rose, 2006
Continuous evaluation for improvements	Leadbeater, Marshall, & Banister, 2007; Salzer, 2002
Part Two: Internal Strengths and Resources Nurtured by Participation in Protocols and Programming	
Self-Efficacy	Bandura, 1997, 2001; Marsh & Evans, 2009
Resiliency	Axvig, Bell, & Nelson, 2009; Brendtro, Brokenleg, & Van Bockern, 2005; Brendtro & Larson, 2006; Brendtro & Strother, 2007; Brennan, 2008; Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004
Autonomy	Brendtro, Brokenleg, & Van Bockern, 2005; Deci & Ryan, 2000; Hektner, 2001; Hui & Tsang, 2006

Mastery	Brendtro, Brokenleg, & Van Bockern, 2005
Achievement	Durlak, Berger, & Celio, 2009; Park, 2004; Shelton, 2009
Competency	Deci & Ryan, 2000
Empathy development	Brendtro, Brokenleg, & Van Bockern, 2005; Lardén, Melin, Holst, & Långström, 2006; Rose, 2006; Shelton, 2009
Empowerment	Deci & Ryan, 2008; Rose, 2006
Relatedness/connectedness	Brendtro, Brokenleg, & Van Bockern, 2005; Deci & Ryan, 2000; Gifford-Smith, Dodge, Dishion, & McCord, 2005; Jaffe, Wolfe, Crooks, Hughes, & Baker, 2004; Lee, 2006; Morrison, Kirby, Losier, & Allain, 2009; Steinberg, 2009
Initiative	Bandura, 1997; Garland & Zigler, 1994; Steinberg, 2009; Weihua & Williams, 2010
Hope	Langhinrichsen-Rohling & Lamis, 2008; Laursen, 2004; Miller, Gilman, & Martens, 2008; Seligman, 1991; Smith, 2006
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Part Three: Personal Characteristics and Professional Practices of Service Providers	
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Displaying an attitude of unconditional positive regard	Biggam & Power, 1997; Brendtro, du Toit, Bath, & Van Bockern, 2006; Brendtro & Shahbazian, 2003; Lerner, Jelicic, Smith, & Alberts, 2006; Marsh & Evans, 2009; Rogers, 1961; Rose, 2006
Implementing a strength-based perspective	Brendtro & Shahbazian, 2003; Cox, 2008
Training and preparedness for working with youth	Mullins, Cornille, Mullins, & Huber, 2004
Demonstrating collaborative skills and attitudes	Baggs, 2005; Hansen, Litzelman, March, & Milspaw, 2004; Leadbeater, Marshall, & Banister, 2007; Romanelli et al., 2009

Protocols and programming “as a whole.” Four factors illustrate positive psychology on a holistic level, meaning the underpinnings of positive psychology are inherent in the structure and administration of such protocols and programming. These factors are structured pro-social processes/activities, person-centred care, opportunities to explore strengths/interests/resources, and undergoing continuous evaluation for improvement (Cox, 2008; Leadbeater, Marshall, & Banister, 2007; Lerner, Theokas, & Jelicic, 2005; Rogers, 1961; Rose, 2006).

Internal strengths and resources nurtured by participation in protocols and programming. Upon participating in a variety of protocols and programming that promote positive psychology, youth are encouraged to develop the following 11 internal strengths and resources: self-efficacy, resiliency, autonomy, mastery, achievement, competency, empathy development, empowerment, relatedness/connectedness, initiative, and hope (Axvig, Bell, & Nelson, 2009; Bandura, 1997; Brendtro, Brokenleg, & Van Bockern, 2005; Deci & Ryan, 2000; Gifford-Smith, Dodge, Dishion, & McCord, 2005; Laursen, 2004; Park, 2004; Rose, 2006; Seligman, 1991; Shelton, 2009; Steinberg, 2009). Many of these strengths are nurtured concurrently and build upon each other.

Characteristics and professional practices of service providers. It is important for those professionals who administer protocols and programming to embody four personal characteristics and professional practices consistent with positive psychology. These factors consist of displaying an attitude of unconditional positive regard, utilizing strength-based approaches, having proper training and preparedness for working with youth, and demonstrating collaborative skills and attitudes (Brendtro & Shahbazian, 2003; Cox, 2008; Mullins, Cornille, Mullins, & Huber, 2004; Rogers, 1961; Romanelli et al., 2009). Understanding how positive psychology factors are utilized in specific youth justice contexts may expand the understanding of what types of factors and interventions inhibit youth violence.

RESEARCH QUESTIONS

The dearth of literature examining positive psychology approaches with incarcerated youth makes it pertinent to determine how positive psychology factors for working with youth with behavioural and emotional disorders can be applied to the specific treatment needs of incarcerated youth offenders. In addition, no research has obtained information directly from incarcerated youth about how they understand and experience factors of positive psychology and its presence in their case management and the residential programming in which they participate. By combining a review of one secure custody facility's program manual with interviews with youth and service providers, the present study provides a holistic perspective of how factors of positive psychology are implemented in case management protocols and residential programming at one secure custody facility. Four specific research questions were addressed:

1. How does this secure custody facility in rural Canada incorporate factors of positive psychology in its case management protocols?
2. What are the perspectives of the secure custody facility's youth and service providers of its case management protocols?
3. How does the facility in rural Canada incorporate factors of positive psychology in its residential programming?
4. What are the perspectives of the secure custody facility's youth and service providers about its residential programming?

METHODS

This study utilized a directed content analysis design, a type of naturalistic inquiry. This design is defined as the subjective interpretation of the content of text data through the systemic classification process of coding and identifying themes and patterns (Hsieh & Shannon, 2005). Directed content analysis is a deductive approach to validate or conceptually extend a theoretical framework or theory that could benefit from further description (Potter & Levine-Donnerstein, 1999). It can provide predictions about the variables of interest or about the relationships among variables, thus helping to determine the initial coding scheme or relation-

ships between codes. This design was appropriate to not only develop the initial coding scheme, but also provide a grounded framework for understanding how the facility incorporated these factors into its policy manual and how to ground the perceptions of the interview participants. Foundational components of the naturalistic paradigm form the foundation of the author's approach to the study design and analysis (Lincoln & Guba, 1985).

Participants

Participants were youth and service providers recruited by purposive sampling at a secure custody youth facility in Eastern Canada, which housed approximately 120 youth ages 12–18. Clinical management staff at the facility approached youth participants to describe the study and ask if the youth were interested in speaking with the primary author to learn more about the study. Staff only approached those individuals who were in good standing at the facility regarding their privileges, in keeping with the protocols of the facility. Informed consent was obtained at the meeting with the primary author. Ten youth participated (4 female, 6 male). Participation was limited to 16- to 18-year olds at the facility because these youth were expected to have more experience within the justice system compared to younger youth. Eight participants were Caucasian and 2 were Aboriginal. Length of time incarcerated at the time of interviews ranged from 0.5 to 10 months, with an average of 3.9 months. Lengths of sentences to be served ranged from 5 to 24 months, with an average of 11 months. According to clinical records, all youth met the diagnostic criteria for at least one behavioural-emotional disorder according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; American Psychiatric Association, 2000). Diagnoses included bipolar disorder, obsessive-compulsive disorder, post-traumatic stress disorder, conduct disorder, oppositional defiant disorder, substance abuse (in remission), dysthymia, and attention deficit hyperactivity disorder.

The service provider participants were 11 employees (7 female, 4 male) at the secure custody facility. Service providers were eligible for inclusion if they were currently employed at the secure custody facility and provided direct services to the youth. Participating staff members' occupations included correctional officers, management, social workers, teachers, program directors, and recreation directors. Time employed at the facility ranged from 3 to 28 years, with an average of 11.36 years. Management staff sent an e-mail to all staff at the facility describing the study and inviting them to e-mail the primary author if interested in participating. Informed consent was obtained through telephone contact, and the participants faxed the signed forms to the primary author.

Data Collection and Analysis

Data collection included four steps: (a) development of an initial coding scheme based on positive psychology literature, (b) content analysis of the facility program and protocol manual for predetermined positive psychology factors, (c) in-person semistructured interviews with youth, and (d) one-on-one telephone

interviews with service providers. Consistent with the design of directed content analysis, the researcher utilized existing theory on positive psychology to develop the initial coding scheme prior to beginning to analyze the data (Kyngas & Vanhanen, 1999). A search of PsychInfo was conducted, utilizing the terms “positive psychology,” “strengths,” “youth,” and “behavioural and emotional disorders” to identify existing literature. This was then reviewed to identify relevant factors to create a comprehensive initial coding scheme. This coding scheme was developed from the broad-based literature on positive psychology because there was insufficient existing research on the application of positive psychology specifically to forensic youth populations.

There were three phases of this literature review: preparation, organization, and reporting (Elo & Kyngas, 2008). The preparation phase began with deciding upon a unit of analysis. This included any of the key words utilized in the above search. The primary author then read the articles to “gain a sense of the whole,” in order to understand the meaning of the literature (Elo & Kyngas, 2008). Using existing theory or prior research on positive psychology with youth with a behavioural/emotional disorder, a deductive approach was utilized to transition from broad ideas to specific categories (Potter & Levine-Donnerstein, 1999). This included moving from main categories to generic categories to final subcategories (Elo & Kyngas, 2008). This deductive approach yielded 19 factors of positive psychology that served as the final coding categories to analyze the policy and program manual and the interviews with participants (see Table 1).

Data were then collected via review of the facility’s policy and program manual, semistructured in-person individual interviews with youth at the secure custody facility, and telephone interviews with service providers. The contents of the facility’s policy and program manual were subjected to a review to determine if the initial coding categories in Step 1 were present. This 50-page manual was written collaboratively between service providers and positive psychology researchers who were also registered psychologists. It provided an overview of the case management process, security status information, behavioural management protocols, and 20 different programs available to youth, including therapeutic, recreational, gender-responsive, and Aboriginal programming. Service providers at the centre received training from registered psychologists on the principles and practices in the manual. The manual had been in use for approximately one year. The manual claimed to utilize a wide range of strength-based approaches, including positive youth development and positive psychology.

For the analysis, the first author read the text a number of times and highlighted that, on first impression, it appeared to broadly represent the 19 positive psychology factors. This analysis included making notes of each protocol and program that described itself as utilizing any of the 19 factors. Many protocols and programs reflected more than one factor, and this was noted. The coded data units were then sorted in terms of the 19 categories. Any text that could not be categorized with the initial coding scheme was given a new code and examined to see if it represented a new category or a subcategory of an existing code.

Interviews were conducted by the primary author. Additionally, a research assistant assisted with taking verbatim notes in the interviews with the youth. At the request of the facility, interviews were not recorded. Individual telephone interviews were conducted by the primary author with the service providers. Telephone interviews were the most practical for scheduling purposes and maximized the number of service providers who could take part. Both types of interviews lasted 1–2 hours. Interview questions were posed in an open-ended fashion, followed by targeted prompting questions about the predetermined categories. This allowed the participants to comment as they desired, regardless of whether they were aware of the nature of positive psychology. Examples of the youth interview questions are “Do some activities involve your interests, preferences, or strengths? Provide examples” and “Do you have some choices about the activities in which you participate? Explain.” Questions for service providers included such items as “In what ways do program and case management protocols for youth incorporate youth strengths?” and “What specific program aspects foster positive psychology? Prompt—How do programs foster autonomy for the youth?”

Immediately after each interview, the researcher and assistant debriefed and discussed the field notes. After the notes were melded into one cohesive transcript, additional discussion took place with the research assistant to determine consistency and accuracy. An inductive approach to content analysis was utilized in order to code the participants’ specific comments to general categories (Elo & Kyngas, 2008). These general categories were then compared to the 19 established positive psychology factors from the literature. Data that could not be coded were identified and subsequently analyzed to determine if they represented new categories or subcategories of an existing code. Any text that could not be categorized with the initial coding scheme was given a new code. As analysis proceeded, additional codes were developed and the initial coding scheme was revised and refined. In keeping with ethics approval, the authors preserved anonymity by eliminating identifying details in transcripts. Materials were stored appropriately according to requirements of the ethics review board.

To ensure the quality of the research process, the authors were guided by auditability, fit, and transferability in order to establish trustworthiness of the results (Lincoln & Guba, 1985). Two forms of triangulation were utilized to facilitate validation of data through cross-verification from more than two sources. Methodological triangulation consisted of integration and comparison across three types of data, and investigator triangulation incorporated more than one investigator to verify results. This type of triangulation occurred among the primary author and two of the other three authors for all three types of data, and between the primary author and the research assistant for the youth interviews. According to Nightingale and Cromby (1999), the researcher should engage in reflexive practice throughout the research process in order to understand how the research outcomes inform knowledge and how the analysis is constructed to come to these conclusions. The author’s social constructivist epistemological stance informed the interpretation of the data (interview notes, policy and program manual), in which the text was

viewed as a socially constructed experience of an individual (Lincoln & Guba, 1985). Regarding personal reflexivity, the primary author maintained an ongoing reflective journal for memoing throughout the research project, to increase awareness and limit the influence of her own judgements about the participants' lives or experiences before, during, and after the interviews during the analysis process.

RESULTS

Case Management

Different perspectives about the degree to which case management protocols incorporate positive psychology emerged across the sources of information. The factors were more strongly evident in the policy and program manual than in the youth and service providers' perspectives.

“AS A WHOLE.”

Three “as a whole” factors emerged in the case management-related data: structured prosocial processes, individualized person-centred care, and opportunities to explore strengths/interests/resources. Service providers reported that youth thrive due to the structure provided, regular nutritious meals, separation from drugs, and social support. As one stated, “Kids need structure and accountability. I’ve had kids say to me, ‘How do I stay longer?’ or have broken rules and said to me, ‘I did that to stay longer.’” In the manual, person-centred care was identified as a philosophy and repeatedly referenced. For example, “case management ... is a process by which an individual’s needs are assessed, addressed, and managed from the time they enter the system until the time they depart.¹ Investigating strengths was also identified as a priority. As one service provider stated, “Any kid that comes in here, we try and find out what they are interested in right away. We are hunting all the time for strengths.”

The final “as a whole” factor—continuous evaluation for improvement—only emerged in the policy and program manual in statements such as, “Over the course of its 10-year history, [the facility] has undergone significant program development inspired by many dedicated and forward thinking academics, practitioners, administrators, and other stakeholders, from numerous disciplines and experiences.” Service providers’ interviews did not contain information regarding continuous evaluation of protocols, suggesting that continuous evaluation was not occurring, or that the service providers were not involved in these processes.

INTERNAL STRENGTHS AND RESOURCES

Of the 11 factors reflecting the internal strengths and resources dimension of positive psychology, 2 of them—autonomy and relatedness/connectedness—were present across all three sources of information; 5 of them—achievement, competency, empowerment, initiative, and hope—were evident in some sources; and the remainder were entirely absent from the descriptions of case management. The perceived importance of autonomy and relatedness was consistent with existing

literature, which discussed how these two strengths are of paramount importance to ensure positive youth development (Hektner, 2001; Park, 2004). The policy and program manual described how enforced rules and structured daily activities can assist youth to learn accountability and autonomy.

Service providers discussed case management opportunities that develop autonomy. For example, staff and youth collaborate to create competency webs, which are pictorial representations of the youth's strengths, resources, and interests. Youth also have the opportunity to live in private lodging prior to their release into community. In contrast, although youth acknowledged efforts to promote autonomy, they emphasized that residing in any secure custody facility involved restriction of choices. One youth reported an understanding regarding a time and place for rules, but felt some rules reinforce their status as "criminals": "If you are sitting on the unit and want to move to another chair, you have to ask [the correctional officer], you can't just move. That's when I really feel like a criminal."

With respect to relatedness/connectedness in case management, service providers perceived a genuine connection to be a necessary precursor to facilitating positive change. One service provider reported how her ability to connect with youth was connected with change: "The kids call me mother hen; it feels great to be a positive influence in the lives of these kids." The policy and program manual described relatedness/connectedness as an important aspect of the case management process at the facility, using the label "key supports":

A case plan, with care and reintegration components, is developed early on in the process and sets out, among other things, key supports, the most effective programs and services to meet the needs of the young person, and addresses issues of community reintegration.

This was accomplished in many ways, particularly by attempting to ensure that services and outside connections were not fragmented as the youth entered and departed the facility. Specific probation officers were assigned to each youth to promote connectedness to a stable figure during incarceration. Similarly, youth reported "good service providers" interacted and shared in their celebrations, played games with them, were easy to talk to, and provided ongoing support. As one youth stated, "Some staff are the bomb and will hang out with you on the outside."

Relationships between youth were perceived to be based on establishing and maintaining power hierarchies. All youth reported that cliques form on the units, often among youth who knew each other previously. Cliques were resistant to allowing new individuals to enter. One youth described the experience of relating to unfamiliar youth at the facility: "I do not get along with people I do not know." Another youth described what happened when a new person moved onto the unit: "The unit sticks together. We got issues with new people."

Relatedness/connectedness was an important positive psychology factor that fostered relationships leading to prosocial attitudes and affiliations (Gifford-Smith et al., 2005). However, youth were building connections among their antisocial peers that continued to reinforce antisocial behaviour. These exclusionary tactics

and problematic peer affiliations are realities that pose challenges to applying factors of positive psychology in forensics settings.

CHARACTERISTICS AND PROFESSIONAL PRACTICES OF SERVICE PROVIDERS

Unconditional positive regard was reflected in youth descriptions of the characteristics demonstrated by a “good” service provider: provide fair treatment, make a genuine connection, and act nonjudgementally. Fair treatment included behaviours such as requesting rather than demanding tasks be completed, not yelling, and upholding a nonjudgemental attitude. One youth stated, “A good staff won’t look down on me for being a criminal.” Many youth only disclosed personal information to staff they were comfortable with: “If I needed help, I would feel comfortable telling a staff member I trusted. No one else though.” The policy and program manual and service provider interviews provided numerous examples of the other characteristics: maintaining a positive psychology perspective; training and preparedness for working with youth; and demonstrating collaborative skills and attitudes. There was agreement across data sources that characteristics of an effective service provider included the ability to listen, communicate, and restrain judgement. As one service provider stated, “This job is safety and security balanced with nurturing and caring.”

Residential Programming

All factors of positive psychology were present in at least one data source, demonstrating that all aspects of the model were evident to at least some degree throughout the residential programming. However, as with case management, autonomy and relatedness/connectedness were the only factors that consistently emerged across the policy and program manual, youth, and service providers.

Regarding autonomy, the policy and program manual described the facility’s use of a base score incentive system, designed to reinforce positive efforts/behaviour and autonomy for male youth. The philosophy was that “the system provides short and medium term privileges, and intrinsic rewards are provided through community/public recognition.” However, youth discerned the system differently, perceiving that options were restricted and that choosing to not participate often had negative consequences. For example, the alternative to participating in gym was to be locked in their cell. One youth reported, “Choice is an illusion—not as it seems. You don’t get to choose when you do things but sometimes you can give input, but that doesn’t mean it happens.” Another youth confirmed, “I think there are options [for activities], but we only get to do them at certain times. But this is jail. It is not about choice here.”

Service providers confirmed youths’ perspective on autonomy, reporting that a youth’s decision to participate could be based on extrinsic, rather than intrinsic, motivation. For example, to access the weight room, youth must demonstrate they will engage in appropriate conduct. “I get a lot of requests to participate in [anger management] because they want to be a part of the weight room. It is a hook. But I hope at least they are getting some benefit from [anger management].”

The policy and program manual mentioned recreational programming, mentoring activities, and local bible college involvement as activities designed to promote relatedness and connectedness to peers inside and outside the facility through meaningful, prosocial interactions:

The purpose of the recreational program is to enable and motivate the young people to develop their fitness and nutritional habits, learn about teamwork, sportsmanship, and cooperation. Furthermore, the program imparts new skills and experiences that may better enable the young person to cope in a pro-social manner with stresses and unoccupied leisure time they may experience in the community.

Similarly, one service provider discussed how one gender-responsive program for girls facilitated connection to other youth:

Girls really cherish their relationships they form in there. Sometimes they are positive but also can be negative as well. Some genuinely make a connection to another peer that is real. During talk about their families, they realize other families have problems too. Some girls can bond, realizing they are going through the same thing.

Summary of Case Management Protocols and Residential Programming

Addressing the first and second research questions, data from the manual, youth, and service providers revealed that positive psychology has been incorporated into case management at this secure custody facility. Individualized person-centred care and relatedness/connectedness were present throughout case management, with some protocols fulfilling multiple positive psychology factors. For example, competency webs reflected individualized person-centred care, opportunities to explore strengths/interests/resources, competency, and hope. However, some factors were absent from either the policy and program manual or youth and service provider interviews. This suggests that some positive psychology factors may only be present as secondary aspects of other factors or may only be present in theory rather than practice.

These results also address the third and fourth research questions of this study. Data revealed that factors of positive psychology have been incorporated to at least some degree into residential programming at the secure custody facility. However, different perspectives about the degree to which the programming incorporated positive psychology emerged across the different sources of information. Positive psychology was more evident in the policy and program manual than in the youth and service providers' descriptions of the programming. This raises questions about translating policy into practice. The analyses also revealed challenges to the successful incorporation of some positive psychology factors into residential programming.

The program manual used phrases such as "positive psychology," "positive youth development," and "strength-based approaches" interchangeably when referring

to its policies and program descriptions. This created conceptual confusion as to what theory the policies and programs were grounded in. For example, although a number of the factors of positive psychology utilized at the facility were consistent with the initial coding factors, it was important to recognize that only some of these factors were grounded in Martin Seligman's (Seligman & Csikszentmihalyi, 2000) conceptual model of positive psychology. Seligman's model of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past), hope and optimism (for the future), and flow and happiness (in the present). At the individual level, it is about positive individual traits: capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future-mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Seligman & Csikszentmihalyi, 2000).

DISCUSSION AND IMPLICATIONS FOR PRACTICE

Individualized Person-Centred Care

Individualized person-centred care was reported across all data sources. However, when youth were asked about their own involvement in their care, they demonstrated an apathetic attitude and reported that their attendance at case meetings did not make a difference to the outcome of those meeting. This raised questions about the degree to which youth were truly involved in their care and the implementation of person-centred practice.

Literature on person-centred care provides suggestions for how to better involve youth. Models of person-centred care are prominent in mental health settings, with an interdisciplinary staff in areas such as nursing, occupational therapy, psychology, and psychiatry (Mohr, Martin, Olson, Pumariega, & Branca, 2009; Peek, 2009; Sumsion & Lencucha, 2007). These models suggest involving youth from the beginning of the process, rather than using debriefing afterwards by a staff member, or visitation at a later point in the conference. This may help youth feel more like an integral part of their case management. Youth need to be active agents in their own positive development in order to see a positive, meaningful change occur (Deci & Ryan, 2008; Lerner et al., 2005).

Demonstrating Collaborative Skills and Attitudes

Although the policy and program manual did not explicitly describe collaborating with other agencies, service providers recommended a seamless collaborative case management process, particularly with outside agencies, to overcome problems with timely access to information. Collaboration among family and relevant community agencies is an important factor for continuity of care. Enhancing this collaboration at the facility may help facilitate connection and support for all parties involved. Interagency case management procedures have been devel-

oped in other service contexts, and provide potential models of service delivery for incarcerated youth. For example, Fitch (2009) investigated a Shared Point of Access program between a group of agencies providing services to senior citizens. This was an interorganizational system that consisted of shared information and communication infrastructure to manage the relationships among the agencies. Fitch discussed the resulting design and development, leadership issues, database system models, and government structures necessary to uphold such a system. Its purpose was to facilitate knowledge sharing and participative decision making. Such models may provide concrete examples for how secure custody facilities can coordinate with other organizations, such as social services and counselling agencies. Enhancing this collaboration may facilitate connection and support for all parties.

Intent versus Effect of Protocols and Programming

Differing perceptions were revealed regarding whether the institution was therapeutic rehabilitation or punishment focused. Traditionally, addressing behavioural and emotional challenges in youth have often predominantly emphasized problems and challenges in youth, and the interventions have emphasized the need to remediate areas of risk and need (Morrison et al., 2009). However, other research has demonstrated successful incorporation of positive psychology into developmentally appropriate treatment plans in the justice system by implementing an assets orientation to clinical intervention (Bradshaw, Brown, & Hamilton, 2006; Foltz, 2006). The institution in this study met with only some success in simultaneously meeting both the therapeutic and punishment goals, creating questions about the feasibility of integrating the risk-need security approach and positive psychology treatment models.

Despite evidence that the facility incorporated a wide number of positive psychology factors, there were differences between the intent and effect of protocols and programming. Although the intent of the protocols and programming was to promote autonomy and commitment to activities, youth experienced the institution as coercive and restrictive. Secure custody service providers should consider the balance between developmental implications of youth in conflict with the law, particularly involving challenges demonstrating help-seeking behaviour, and the importance of fostering autonomy for psychological wellness (Bradshaw et al., 2006; Deci & Ryan, 2008; Sheffield, Fiorenza, & Sofronoff, 2004). Service providers and counselling practitioners could also consider the consequences of withdrawing from programming to ensure the resulting consequence indeed teaches accountability without sacrificing autonomy.

Youth experienced some protocols and programming as restrictive and coercive, contributing to their lack of engagement in their care and programming. The custodial environment inherently embodies a framework of rules and structure. Service providers were very aware of the lack of youth engagement in their care. An attitude of learned helplessness coupled with institutional challenges in the implementation of person-centred care may impede youth engagement in pro-

gramming. This may also create barriers for engagement in counselling when youth leave secure custody facilities. However, these challenges can be overcome by working collaboratively with youth and incorporating the various factors of positive psychology into programming and counselling practice with these clients (Fitch, 2009; Mohr et al., 2009).

Readiness to change may be promoted through creating a supportive environment in which youth can develop courage, resiliency, and responsibility. When youth are engaged in their own care, they access programming or counselling for intrinsic reasons and initiate involvement in their wellness (Lerner et al., 2005). Consideration should not only be given to how the youth is acting, but also *why* a youth is behaving in a certain way (e.g., refusing to cooperate or participate in programming and counselling). This may be overcome by assertive outreach with such youth and by incorporating advocacy for the youth as part of the therapeutic role. The 19 factors of positive psychology identified in this study may serve as a supplement to established strength-based and positive psychology models of counselling for a holistic approach (e.g., Duckworth, Steen, & Seligman, 2005; Smith, 2006).

LIMITATIONS

There were several limitations in this study. The inability to audio-record the interviews (due to security concerns raised by the secure custody facility) meant that most of the data were recorded in writing by the researchers and paraphrased based on their recollections, rather than directly quoted. To address the lack of audiotaping, two interviewers conducted the interviews, with both taking transcription and field notes that were as detailed as possible. For each case, these notes were then combined into a master transcript, and the interviewers debriefed with each other to discuss consistency and accuracy of notetaking.

Challenges with continued access to the youth at the facility prevented the opportunity to engage in member-checking. Alternative strategies were implemented to overcome this limitation and improve the quality of data (e.g., two note-takers, triangulation among note-takers and supervisors, as well as data collected from multiple sources). However, it is acknowledged that there was no participant validation of the findings or conclusions that were made.

Although youth were interviewed from low-, medium-, and high-security levels, participating youth were those who were displaying the best behaviour at the time. The facility did not permit us to interview youth who were in solitary confinement or on restricted privileges due to oppositional behaviour. Hence it is unclear whether the perspectives of youth with higher levels of positive behaviour are shared by other youth at the facility.

Service providers may have been guarded during the interview process. Although they did not explicitly state it, many appeared concerned about the misuse of the results of this study. This concern is inherent in any data collection where participants are asked about policy and procedure at their place of employment, even when anonymity is assured. Although this limitation does not insinuate that

their responses were false, it is possible that their interviews do not capture their entire perspective on case management and programming at the facility.

The initial coding framework was developed through a literature review on broad-based positive psychology approaches for working youth with behavioural and emotional disorders. This was because there was not enough positive psychology literature on youth in forensic settings to develop a thorough understanding of all the important factors of positive psychology that are relevant to this population. Nonetheless, because a general framework rather than one specific to incarcerated youth was used, there may be aspects of the framework that are not applicable to youth in forensic settings.

Furthermore, there was no examination of how parents and community members collaborate in policy and programming. Including this could have strengthened the findings by providing a more holistic picture of the stakeholder's perspectives of the facility's policies and programs. However, focusing on parental/community member collaboration is a separate research question and, in light of the limited resources available to undertake this study, addressing that issue would have meant dropping one of the existing research questions. This limitation would best be addressed through future research to specifically address the issue of how parents and community members collaborate in policy and programming.

Finally, this study was conducted using the policy and program manual of a single site, and asking participants about their experiences at only that specific facility. This setting may emphasize certain aspects of care and programming more than other sites do. Therefore, caution must be taken in transferring the results and conclusions to other secure youth custody facilities in Canada. Nonetheless, many of the recommendations are likely to be relevant to counselling practitioners and other service providers working with this population.

FUTURE RESEARCH

Additional avenues for future research include applying the developed model of positive psychology to case management protocols and programming in other secure custody facilities, which would increase the transferability of the developed model. The model could also be applied to other services for marginalized youth to determine the degree to which positive psychology is incorporated into their practices. These could include youth probation, child protection services, alternate education programs, and provincial mental health care centres.

CONCLUSION

This study involved an exploration of how positive psychology is incorporated into case management protocols and residential programming at a secure custody facility for youth in rural Canada. As such, it provides a scaffold upon which researchers can further explore applications of positive psychology in the youth justice system. It is important to continue to conduct research with, provide services

for, and advocate for youth in the justice system. They are vulnerable members of society who require substantial support to develop to their full potential.

Note

- 1 In order to ensure confidentiality of the secure custody facility, the citation of the policy and program manual is not made available.

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