

Tiltak for å forebygge og håndtere vold og aggresjon mellom ungdom og ungdomsarbeidere

Notat fra Kunnskapsenteret
Systematisk litteratursøk med sortering og
kartlegging
Oktober 2014

Nasjonalt kunnskapssenter for helsetjenesten
Postboks 7004, St. Olavs plass
N-0130 Oslo
(+47) 23 25 50 00
www.kunnskapssenteret.no
Notat: ISBN 978-82-8121-894-9

Oktober 2014

 kunnskapssenteret

Tittel	Tiltak for å forebygge og håndtere vold og aggresjon mellom ungdom og ungdomsarbeidere
English title	Interventions to prevent and manage violent incidents between youth and youth workers
Institusjon	Nasjonalt kunnskapssenter for helsetjenesten
Ansvarlig	Magne Nylenna, direktør
Forfattere	Munthe-Kaas, Heather M, prosjektleder, Nasjonalt kunnskapssenter for helsetjenesten Wollscheid, Sabine, forsker, Nasjonalt kunnskapssenter for helsetjenesten
ISBN	978-82-8121-894-9
Notat	Systematisk litteratursøk og kartlegging
Prosjektnummer	1004
Publikasjonstype	Notat
Antall sider	49 (87 inklusiv vedlegg)
Oppdragsgiver	Barne, ungdoms- og familiedirektoratet (Bufdir)
Emneord(MeSH)	Adolescent; Aggression; Child Care; Occupational Health; Social Work; Workplace Violence
Sitering	Munthe-Kaas HM, Wollscheid S. Tiltak for å forebygge og håndtere vold og aggresjon mellom ungdom og ungdomsarbeidere. Notat 2014. Oslo: Nasjonalt kunnskapssenter for helsetjenesten, 2014.

Nasjonalt kunnskapssenter for helsetjenesten fremskaffer og formidler kunnskap om effekt av metoder, virkemidler og tiltak og om kvalitet innen alle deler av helsetjenesten. Målet er å bidra til gode beslutninger slik at brukerne får best mulig helsetjenester. Kunnskapssenteret er formelt et forvaltningsorgan under Helsedirektoratet, men har ingen myndighetsfunksjoner og kan ikke instrueres i faglige spørsmål.

Nasjonalt kunnskapssenter for helsetjenesten
Oslo, oktober 2014

Hovedfunn

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag av Barne, ungdoms- og familiedirektoratet (Bufdir) å utarbeide en systematisk oversikt om effekt av tiltak for å forebygge/håndtere vold og aggresjon mellom ungdom og ungdomsarbeidere. For å kartlegge forskningslitteraturen i forkant av oppstart, utførte vi et systematisk litteratursøk med sortering.

Metode

Vi utarbeidet en søkestrategi og søkte i relevante databaser i september 2014. To forskere gikk uavhengig av hverandre gjennom identifiserte referanser, og vurderte deres relevans i forhold til de forhåndsdefinerte inklusjonskriteriene. Relevante referanser ble sortert etter studiedesign, tiltak og populasjon.

Resultater

Vi identifiserte totalt 3664 referanser. Av disse vurderte vi 60 som mulig relevante.

- Vi fant fire systematiske oversikter. To oversikter undersøkte effekten av tiltak rettet mot fosterforeldre for å redusere vold/vanskelig atferd blant fosterbarn (Hahn 2004, Turner 2007). En oversikt, Limbos 2006, undersøkte effekt av tiltak rettet mot ungdom for å forebygge voldelig atferd. Den nyeste oversikten, Oliver 2011, så på effekten av ulike strategier for klasseledelse på aggressiv atferd. Videre identifiserte vi 31 effektstudier, hvorav 11 var randomiserte kontrollerte studier. Vi fant også fire kvalitative studier og to studier som brukte blandede metoder (mixed methods). Studiedesign var ikke oppgitt i 19 studier.
- 43 studier var rettet mot ungdom i kontakt med ungdomsarbeidere, og undersøkte effekten av tiltak for å forebygge eller håndtere voldelig/aggressiv atferd. 17 studier undersøkte effekten av tiltak rettet mot ungdomsarbeidere for å forebygge eller håndtere voldelige eller aggressive hendelser med ungdom.
- Basert på de identifiserte referansene mener vi det er mulig å gjennomføre en systematisk oversikt på effekt av tiltak rettet mot ungdom for å forebygge og håndtere voldelig eller aggressiv atferd.

Vi har sortert og listet mulige relevante referanser, men vi har hverken lest studiene i fulltekst, vurderte den metodologisk kvaliteten, eller slått sammen funnene.

Tittel:

Tiltak for å forebygge/håndtere vold og aggresjon mellom ungdom og ungdomsarbeidere

Publikasjonstype:

Systematisk litteratursøk med sortering

Systematisk litteratursøk med sortering er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

Svarer ikke på alt:

- Ingen kritisk vurdering av studienes kvalitet
- Ingen analyse eller sammenfatning av studiene
- Ingen anbefalinger

Hvem står bak denne publikasjonen?

Kunnskapssenteret har gjennomført oppdraget etter forespørsel fra Barne-, ungdoms- og familiedirektoratet

Når ble litteratursøket utført?

Søk etter studier ble avsluttet september 2014.

Key messages

The Norwegian Knowledge Centre for the Health Services was commissioned by the Directorate for Children, Youth and Family Affairs (Bufdir) to conduct a systematic review on the effect of interventions to prevent/manage violence and aggression between youth and youth workers. To identify and map the existing literature before beginning the review, we conducted a systematic literature search.

Method

We developed a search strategy, and conducted a systematic search of relevant databases in September 2014. Two researchers independently went through identified references to assess inclusion according to predefined criteria. We sorted potentially relevant references according to study, intervention, and population.

Results

We identified 3664 references through the literature search. Of these, we assessed 60 as being potentially relevant:

- We identified four systematic reviews. Two reviews examined the effect of interventions targeting foster parents to reduce violence/aggression among foster children (Hahn 2004, Turner 2007). One review (Limbos 2006) examined the effect of interventions to prevent violent behaviour among youth. The most recent review (Oliver 2011) looked at the effect of teachers' various classroom management strategies on aggressive behaviour. Furthermore, we identified 31 effect studies, of which 11 were randomized controlled trials. We also found four qualitative studies, two studies that used mixed methods. Study design was not reported for 19 included studies.
- 43 studies examined interventions targeting youth in contact with youth workers to prevent or manage violent or aggressive behaviour. Seventeen studies examined interventions targeting youth workers to prevent or manage violent or aggressive incidents with youth.
- Based on the identified references, it may be possible to conduct a systematic review on the effect of interventions targeting youth to prevent violent or aggressive behaviour.

We have sorted and listed all possibly relevant references, but we have neither read the papers in full, critically appraised their methodological quality, nor synthesised their conclusions.

Title:

Interventions to prevent/manage violent incidents between youth and youth workers

Type of publication:

Systematic reference list

A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts.

Doesn't answer everything:

- No critical evaluation of study quality
- No analysis or synthesis of the studies
- No recommendations

Publisher:

Norwegian Knowledge Centre for the Health Services

Updated:

Last search for studies: September 2014.

Innhold

HOVEDFUNN	2
KEY MESSAGES	3
INNHold	4
FORORD	5
INNLEDNING	6
Bakgrunn	6
Styrker og svakheter ved litteratursøk med sortering	7
Begrunnelse for valg av søkestrategi	7
Problemstilling	7
METODE	8
Litteratursøk	8
Inklusjonskriterier:	8
Artikkelutvelging og sortering	9
RESULTAT	10
Resultat av søk	10
Resultat av sorteringen	10
VEDLEGG	50
Vedlegg 1: Andre referanser	50
Vedlegg 2: Søkestrategier	50
Vedlegg 3: Søkestrategier med tilleggssøk	70

Forord

Nasjonalt kunnskapssenter for helsetjenesten fikk i oppdrag av Barne, ungdoms- og familiedirektoratet (Bufdir) å utarbeide en systematisk oversikt om effekt av tiltak for å forebygge/håndtere vold og aggresjon mellom ungdom og ungdomsarbeidere. For å kartlegge forskningslitteraturen i forkant av oppstart, utførte vi et systematisk litteratursøk med sortering.

Prosjektgruppen har bestått av:

- Heather Menzies Munthe-Kaas, forsker, Kunnskapssenteret
- Sabine Wollscheid, forsker, Kunnskapssenteret
- Elisabet Hafstad, bibliotekar, Kunnskapssenteret

Gro Jamtvedt
Avdelingsdirektør

Karianne Thune Ham-
merstrøm
Seksjonsleder

Heather Menzies
Munthe-Kaas
Prosjektleder

Innledning

Bakgrunn

Ungdomsarbeidere må takle svært aggressive og voldelige situasjoner i møte med utagerende ungdom på en slik måte at sikkerheten til både ungdom og ansatte ivaretas (1). Begrepet «ungdomsarbeidere» forstås her i bred betydning, og omfavner for eksempel lærere, politi, miljøarbeidere, fosterforeldre og fritidsledere.

Det er ulik praksis i sikkerhetsopplæring for ansatte – og det finnes ulike strategier for å takle utagerende ungdom. Både voksne og unge kan komme til skade. Når unge blir skadet vil dette i så fall være brudd på forsvarlighetskravet i revidert barnevernlov og Bufetats kvalitetskrav om at tiltak skal være trygge og virkningsfulle (2). Bufetat ønsker at veiledning kan gis til ansatte slik at det blir ikke uensartet praksis på dette området.

Det finnes flere alternativer for å forebygge eller håndtere vold mellom ungdom og ungdomsarbeidere: tiltak rettet mot ungdom (for eksempel sinnemestring), eller tiltak rettet mot ungdomsarbeidere, enten for å forebygge vold, som for eksempel trening i klasseledelse, eller for å håndtere voldelig situasjoner, som for eksempel fysisk tvang.

Barne-, ungdom- og familiedirektoratet (Bufdir) skal utarbeide et nytt opplæringsprogram i sikkerhet for ansatte i barnevernet. Ansatte innen helse og omsorg, inkludert barnevernet, er blant de som blir mest utsatt for vold og trusler ifølge Arbeidstilsynet (3). *Arbeidsmiljølovens § 4-3, nr. 4* lyder: «-ansattes rett til sikkerhetsopplæring. I § 4 heter det: «Arbeidstaker skal, så langt det er mulig, beskyttes mot vold, trusler og uheldige belastninger som følge av kontakt med andre» (4). *Barnevernlovens § 5-9 (Rettigheter under opphold i institusjon)* har som formål å sikre at institusjonen gir barn og unge forsvarlig omsorg og behandling (5). Videre heter det at barn skal bli behandlet hensynsfullt og med respekt for den enkeltes integritet, og at rettsikkerheten deres blir ivaretatt. Ett av Bufdirs seks kvalitetskrav omhandler at tiltak ikke skal være skadelige. Når Bufdir nå skal utarbeide det nye nasjonale programmet for sikkerhetsopplæring, må dette være i tråd med barn og unges rettigheter. Det er behov for en forskningsbasert praksis på dette området som best både ivaretar de unge og de ansatte.

Styrker og svakheter ved litteratursøk med sortering

Ved litteratursøk gjennomfører vi systematiske litteratursøk for en gitt problemstilling. Resultatene fra søket blir i sin helhet overlevert oppdragsgiver, eller vi kan gjennomgå søkeresultatet før overleveringen og sortere ut ikke-relevante artikler. Utvelgelse av relevante artikler gjøres basert på tittel og sammendrag. Artiklene innhentes ikke i fulltekst. Det gjør at vi kan ha inkludert titler som ville vist seg å ikke være relevante ved gjennomlesning av fulltekst. Vi benytter kun databaser for identifisering av litteratur og kan derfor ha gått glipp av potensielt relevante studier. Andre måter å identifisere studier på, som søk i referanselister, og kontakt eksperter på fagfeltet er ikke utført i dette oppdraget. Vi gjennomfører dessuten ingen kvalitetsvurdering av artiklene.

Ved en full forskningsoppsummering ville vi ha innhentet artiklene i fulltekst for endelig vurdering opp mot inklusjonskriteriene. Inkluderte studier ville så blitt kvalitetsvurdert i henhold til våre sjekklister og resultater sammenstilt og diskutert.

Begrunnelse for valg av søkestrategi

Søkestrategien ble utviklet etter et scopingsøk for å avdekke nøkkelord. Vi søkte i elektroniske kilder. Søket er gjort for hele tidsperioden databasen dekker bakover i tid. Vi begrenset søket til studier med kontrollbetingelser, systematiske oversikter eller kvalitative studier.

Problemstilling

I prosjektet har vi søkt etter litteratur som skal belyse problemstillinger knyttet til forebygging eller håndtering av vold eller aggresjon mellom ungdom og ungdomsarbeidere. Vi er interessert i både tiltak rettet mot å forebygge vold (rettet mot ungdom eller ungdomsarbeidere), og tiltak for å hjelpe ungdomsarbeidere til å håndtere voldsom atferd eller hendelser når de først skjer.

Metode

Litteratursøk

Vi søkte etter relevant litteratur fra følgende databaser.

- Bibsys
- Campbell Library
- Cinahl
- Cochrane Library (alle databaser)
- Centre for Reviews and Dissemination Database
- DARE
- ERIC
- ISI Science/Social Science Citation Index
- PsycINFO
- Medline
- Sociological Abstracts
- Web of Science
- Social Care Institute for Excellence (Social Care Online)
- SSRN Social Science Research Network

Forskningsbibliotekar Elisabet Hafstad planla og utførte samtlige søk i samarbeid med prosjektleder Heather Munthe-Kaas. Den fullstendige søkestrategien er gitt ut i vedlegg til denne rapporten. Vi måtte gjennomføre søket to ganger for å forsikre oss om at alle tiltak rettet mot ungdom var inkludert. Vi justerte derfor søket ved å legge til nøkkelbegrep relatert til tiltak for å øke «selvkontroll» blant ungdom. Søket, med tilleggssøkestrategi, er rapportert i vedlegg 2 og 3.

Søk etter studier ble avsluttet september 2014.

Inklusjonskriterier:

Populasjon:

- Ungdomsarbeidere, for eksempel ansatte i institusjoner, miljøarbeidere, lærere, fritidsledere for ungdom, politi eller helsepersonell.
- Ungdom (under 21 år)

Intervensjon:

- Tiltak for å øke sikkerheten i møte mellom ungdomsarbeideren og de unge, for eksempel sikkerhetsopplæringstiltak
- Tiltak rettet mot ungdomsarbeidere, for eksempel opplæring av teknikker for å unngå og/eller håndtere vold.
- Tiltak rettet mot ungdommer i institusjon for å redusere vold/aggresjon, for eksempel opplæring av selvkontroll

Kontroll: Alternative tiltak, venteliste, ingen tiltak

Utfall:

- Primærutfall: opplevd trygghet hos ungdomsarbeidere, endring i antall hendelser/ skademeldinger; antall sykmeldinger; aggressiv atferd hos barn/ungdom, trivsel hos ungdomsarbeidere

Studiedesign: systematiske oversikter, randomiserte og kvasi-randomiserte kontrollerte studier, kontrollerte studier med før- og ettermålinger, kohortstudier, avbrutte tidsserier, kvalitative studier

Artikkelutvelging og sortering

To forskere gikk gjennom alle titler og sammendrag for å vurdere relevans i henhold til inklusjonskriteriene. Vurderingene gjorde de uavhengig av hverandre og sammenlignet i etterkant. Der det var uenighet om vurderingene, ble inklusjon eller eksklusjon avgjort ved konsensus.

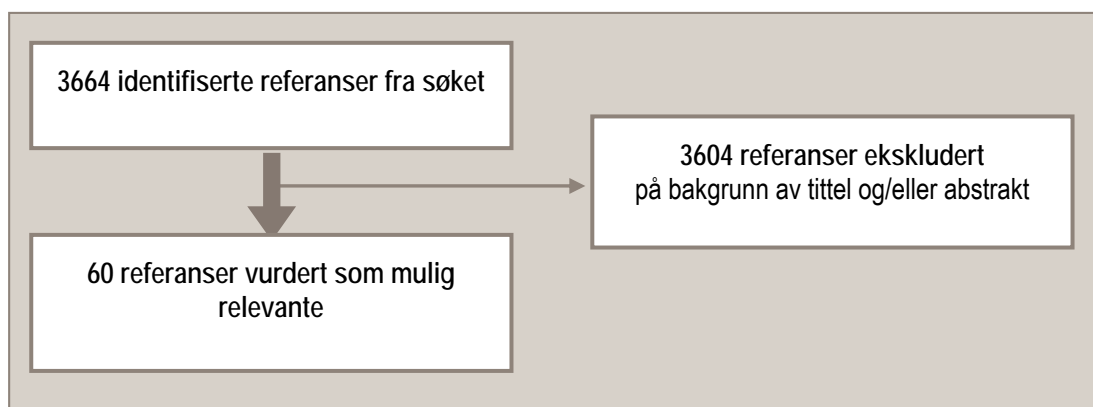
Utvelging av litteratur ble kun gjort basert på tittel og sammendrag. Vi bestilte ikke fulltekst av artiklene. Vi sorterte identifiserte referanser etter studiedesign, tiltak, populasjon, kontekst (type institusjon) og publikasjonsår.

Resultat

Resultat av søk

Søket resulterte i 3664 unike referanser. Vi vurderte 60 av de identifiserte referansene til å være mulig relevante i henhold til inklusjonskriteriene.

Hovedårsaken til eksklusjon var at publikasjonen ikke omhandlet et relevant tiltak.



Figur 1. Flytskjema over identifisert litteratur

Resultat av sorteringen

De mulig relevante referansene ble sortert ut fra studiedesign, populasjon, tiltak eller setting.

Studiene ble først sortert etter studiekarakteristika (studiedesign og studieår) (se tabell 1,2, 3). Deretter ble studiene sortert etter hvem tiltakene var rettet mot (ungdom eller ungdomsarbeidere) (se tabell 4). Under hver kategori (tiltak rettet mot ungdom og tiltak rettet mot ungdomsarbeidere) ble referansene videre sortert etter spesifikke tiltak, populasjon og setting (se tabell 5-10).

Vi oppgir forfattere, tittel på publikasjonen, publikasjonssted og sammendrag av artikkelen slik de fremkom i de elektroniske databasene.

Studiekarakteristika

Systematiske oversikter

Vi identifiserte fire relevante systematiske oversikter. To oversikter (Hahn 2004 (refnr. 35) og Turner 2007 (refnr. 72)) undersøkte effekten av tiltak rettet mot fosterforeldre for å redusere henholdsvis vold og vanskelig atferd blant fosterbarn. I Turners oversikt (refnr. 72) ble litteratursøket oppdatert i 2006. De inkluderte seks studier, og konkluderte med at kognitiv atferdsbasert opplæring for fosterforeldre synes å ha lite effekt på vanskelig atferd hos fosterbarna. Hahns oversikt fra 2004 (refnr. 35) (søksdato og antall inkluderte studier ikke oppgitt) rapporterte ikke funn i sammendraget, men anbefalte bruk terapeutiske fosterhjem for å redusere vold blant ungdom som har begått forbrytelser. Oversikten gjennomført av Limbos og kollegaer i 2007, med søk fra 2006, (refnr. 43) inkluderte 41 studier som undersøkte effekt av tiltak for å forebygge voldelig atferd blant ungdom. Forfatterne konkluderte med at tiltak rettet mot ungdom som tidligere hadde utvist voldelig atferd var mer effektive enn tiltak rettet mot ungdom som var identifisert som risikoutsatte for voldelig atferd, eller tiltak rettet mot alle ungdom (universelle tiltak). Oversikten som ble gjennomført av Oliver og kollegaer (refnr. 56) i 2011 hadde den nyeste publiseringsdato, og så på effekten av ulike strategier for klasseledelse på aggressiv atferd, men diskuterte ikke konklusjoner eller resultater i sammendraget. Dato for utført søk var ikke oppgitt.

Table 1. Systematiske oversikter fra nyest til eldst

Referanse (Førstforfatter, år)	Sammendrag
Oliver, 2011 Refnr. 56	Despite the large research base grounded in behavioral theory for strategies to increase appropriate behavior and prevent or decrease inappropriate behavior in the classroom, a systematic review of multi-component universal classroom management research is necessary to establish the effects of teachers' universal classroom management approaches. This review examines the effects of teachers' universal classroom management practices in reducing disruptive, aggressive, and inappropriate behaviors. The specific research questions addressed are: Do teacher's universal classroom management practices reduce problem behavior in classrooms with students in kindergarten through grade 12? What components make up the most effective and efficient classroom management programs? These questions were addressed through a systematic review of the classroom management literature and a meta-analysis to calculate the magnitude of the effects of classroom management on disruptive or aggressive student behavior. In addition, limitations found in this body of research will be highlighted. (Contains 2 tables and 2 figures.)
Turner, 2007 Refnr. 72	Background: The provision of training for foster carers is now seen as an important factor contributing to the successful outcome of foster care placements. Since the late 1960s, foster carer training programs have proliferated, and few of the many published and unpublished training curricula have been systematically evaluated. The advent of cognitive-behavioural therapy (CBT) and the research evidence demonstrating its effectiveness as a psychotherapeutic treatment of choice for a range of emotional and behavioural problems, has prompted the development of CBT-based training programmes.

CBT approaches to foster care training derive from a 'skill-based' training format that also seeks to identify and correct problematic thinking patterns that are associated with dysfunctional behaviour by changing and/or challenging maladaptive thoughts and beliefs. Objectives: To assess the effectiveness of cognitive-behavioural training interventions in improving a) looked-after children's behavioural/relationship problems, b) foster carers' psychological well-being and functioning, c) foster family functioning, d) foster agency outcomes. Search methods: We searched databases including: CENTRAL (Cochrane Library Issue 3, 2006), MEDLINE (January 1966 to September 2006), EMBASE (January 1980 to September 2006), CINAHL (January 1982 to September 2006), PsycINFO (January 1872 to September 2006), ASSIA (January 1987 to September 2006), LILACS (up to September 2006), ERIC (January 1965 to September 2006), Sociological Abstracts (January 1963 to September 2006), and the National Research Register 2006 (Issue 3). We contacted experts in the field concerning current research. Selection criteria: Random or quasi randomised studies comparing behavioural or cognitive-behavioural-based training intervention (in a group or one-to-one settings or both) versus a no-treatment or wait-list control, for foster parents/carers. Data collection and analysis: Two authors independently assessed trial quality and extracted data. We contacted study authors for additional information. Main results: Six trials involving 463 foster carers were included. Behavioural and cognitive-behavioural training interventions evaluated to date appear to have very little effect on outcomes relating to looked-after children, assessed in relation to psychological functioning, extent of behavioural problems and interpersonal functioning. Results relating to foster carer(s) outcomes also show no evidence of effectiveness in measures of behavioural management skills, attitudes and psychological functioning. Analysis pertaining to fostering agency outcomes did not show any significant results. However, caution is needed in interpreting these findings as their confidence intervals are wide. Authors' conclusions: There is currently little evidence about the efficacy of behavioural or cognitive-behavioural training intervention for foster carers. The need for further research in this area is highlighted.

Limbos, 2006
Refnr. 43

OBJECTIVES: To identify interventions effective in preventing youth violent behavior and commonalities of effective and ineffective interventions.

METHODS: A systematic review of the literature on the effectiveness of youth violence interventions was conducted. Interventions were categorized according to the level of the intervention: primary (implemented universally to prevent the onset of violence), secondary (implemented selectively with youth at increased risk for violence), and tertiary (focused on youth who had already engaged in violent behavior). An intervention was considered effective if one or more violence outcome indicators was reported as significantly different at the $p < 0.05$ level, and ineffective if none of the violence outcome indicators was significantly different at the $p < 0.05$ level. Data collection and analysis were conducted in 2003 and updated in 2006.

RESULTS: Forty-one studies were included in the review. Overall, 49% of interventions were effective. Tertiary-level interventions were more likely to report effectiveness than primary- or secondary-level interventions. Effective interventions evaluated by randomized controlled trials included Responding in Peaceful and Positive Ways, Aban Aya Youth Project, Moving to Opportunity, Early Community-Based Intervention Program, Childhaven's Therapeutic Child-Care Program, Turning Point: Rethinking Violence, and a multisystemic therapy program. Differences among programs and within subpopulations could not be assessed because of inadequate data.

CONCLUSIONS: Increasing effectiveness was reported as the level of intervention increased from primary to tertiary. Approaches to evaluate prevention interventions need to be clarified and standardized. [References: 59]

Hahn, 2004 Refnr. 35	In therapeutic foster care programs, youths who cannot live at home are placed in homes with foster parents who have been trained to provide a structured environment that supports their learning social and emotional skills. To assess the effectiveness of such programs in preventing violent behavior among participating youths, the Task Force on Community Preventive Services conducted a systematic review of the scientific literature regarding these programs. Reported and observed violence, including violent crime, were direct measures. Proxy measures were externalizing behavior (i.e., behavior in which psychological problems are acted out), conduct disorder, and arrests, convictions, or delinquency, as ascertained from official records, for acts that might have included violence. Reviewed studies assessed two similar interventions, distinguished by the ages and underlying problems of the target populations. Therapeutic foster care for reduction of violence by children with severe emotional disturbance (hereafter referred to as cluster therapeutic foster care) involved programs (average duration: 18 months) in which clusters of foster-parent families cooperated in the care of children (aged 5-13 years) with severe emotional disturbance. The Task Force found insufficient evidence to determine the effectiveness of this intervention in preventing violence. Therapeutic foster care for the reduction of violence by chronically delinquent adolescents (hereafter referred to as program-intensive therapeutic foster care) involved shortterm programs (average duration: 6-7 months) in which program personnel collaborated closely and daily with foster families caring for adolescents (aged 12-18 years) with a history of chronic delinquency. On the basis of sufficient evidence of effectiveness, the Task Force recommends this intervention for prevention of violence among adolescents with a history of chronic delinquency. This report briefly describes how the reviews were conducted, provides additional information about the findings, and provides information that might help communities in applying the intervention locally.
-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Enkeltstudier

De aller fleste enkeltstudiene undersøkte effekten av tiltak (n=31), og var enten randomiserte kontrollerte studier (n=11), kvasi-randomiserte kontrollerte studier (n=17), eller avbruttetidsserier (n=3). Fire studier undersøkte erfaringer med tiltak eller med implementeringen av tiltak. To studier brukte blandede metoder (kvantitative og kvalitative), og studiedesign var ikke oppgitt i 19 studier.

Tabell 2: Antall oversiktsartikler sortert etter studiedesign

Studiedesign	Antall referanser: 60	Rekord nr.
Randomisert kontrollert studie	11	22, 29, 38, 40, 42, 45, 58, 59, 64, 76, 87
Kvasi-randomisert kontrollert studie	17	6, 10, 18, 19, 26, 33, 37, 41, 49, 53, 60, 61, 62, 63, 65, 67, 83
Avbrutt tidsserie	3	31, 51, 84
Kvalitativ studie (erfaringer/prosess/implementering)	4	1, 27, 52, 69
Blandede metoder	2	28, 71

Systematisk oversikt	4	35, 43, 56, 72
Uklart	19	23, 30, 32, 44, 46, 47, 48, 50, 54, 55, 57, 66, 70, 73, 78, 82, 85, 86, 89

Tabell 3: Antall oversiktsartikler sortert etter publikasjonsår

Publikasjonsår	Antall referanser: 60
1980-1989	4
1990-1999	11
2000-2009	28
2010-2014	17

Tiltakskarakteristika

Vi fant 43 studier som var rettet mot ungdom i kontakt med ungdomsarbeidere, og som undersøkte effekten av tiltak for å forebygge eller håndtere voldelig/aggressiv atferd, inklusiv en systematisk oversikt (Limbos 2006, refnr. 43). Videre fant vi 17 studier som undersøkte effekten av tiltak rettet mot ungdomsarbeidere for å forebygge eller håndtere voldelige eller aggressive hendelser med ungdom, inklusiv tre systematiske oversikter (Hahn 2004 (refnr. 35), Taylor 2007 (refnr. 72), Oliver 2011 (refnr. 56)).

Tabell 4: Antall oversiktsartikler sortert etter behandlingstype

Tiltak	Antall referanser:
Rettet mot ungdom	43
Rettet mot ungdomsarbeidere	17

Tiltak rettet mot ungdom

Vi fant 43 studier som undersøkte effekten av eller erfaringer med tiltak rettet mot ungdom. Studiene er sortert etter type tiltak (tabell 5), populasjon (tabell 6), og kontekst der tiltakene ble gjennomført (tabell 7).

Tabell 5: Antall referanser sortert etter type tiltak

Tiltak	Antall referanser: 43	Referansenr.
Fysisk tvang	4	23, 27, 69, 82

Programmer for forebygging av aggresjon/vold	5	18, 29, 43, 44, 51
Sinnemestring	5	22, 50, 60, 66, 83
Trening i avspenningsteknikker	1	31
Terapi (for eksempel kognitiv atferdsterapi, "problem solving")	9	33, 38, 40, 41, 42, 54, 70, 78, 84
«Second step» (amerikansk skoleprogram for å forebygge vold)	4	1, 30, 49, 85
Trening av sosiale ferdigheter, sinnekontroll og i moralsk resonnering («Aggression Replacement Training»)	3	19, 55, 89
Trening i sosiale ferdigheter	5	46, 48, 58, 61, 71
Trening i oppmerksomt nærvær («Mindfulness based Cognitive therapy»)	2	26, 53
Ernæring	3	62, 63, 64
Multidimensjonell behandling i fosterhjem	1	59
Barnehageprogram ("Incredible Years Child Training")	1	87

Tabell 6: Antall referanser sortert etter populasjon (kun ungdom)

Populasjon	Antall referanser:	Referansenr.
	43	
Barn i skole/barnehage (<13 år)	8	1, 30, 40, 42, 46, 48, 49, 58
Ungdom i skole (≥ 13 år)	3	31, 51, 78
Barn og ungdom i skole (alder ikke spesifisert)	4	29, 44, 71, 85
Barnevernsbarn	18	18, 19, 22, 23, 26, 38, 41, 50, 54, 55, 59, 60, 61, 69, 82, 84, 87, 89
Unge kriminelle	7	33, 53, 63, 64, 65, 70, 83
Uklart	3	27, 43, 66

Tabell 7: Antall referanser sortert etter setting

Setting	Antall referanser:	Referansenr.
	22	
Skole/barnehage	11	1, 29, 30, 40, 42, 44, 46, 48, 49, 71, 85,
Døgninstitusjon (barnevern eller behandling)	10	18, 19, 22, 26, 38, 41, 50, 54, 60, 69, 78, 82, 84, 89
Døgninstitusjon for unge kriminelle	8	31, 33, 53, 63, 64, 65, 70, 83
Fosterhjem	3	58, 59, 61

Midlertidig boform for bostedsløse unge	1	55
-----------------------------------------	---	----

Tiltak rettet mot ungdomsarbeidere

Vi fant 18 studier som undersøkte effekt av eller erfaringer med tiltak rettet mot ungdomsarbeidere. Studiene er sortert etter type tiltak (tabell 8), type ungdomsarbeidere (tabell 9) og kontekst der tiltakene ble innført (tabell 10).

Tabell 8: Antall referanser sortert etter type tiltak rettet mot ungdomsarbeidere

Tiltak	Antall referanser: 17	Referansenr.
Faglig utvikling	12	6, 28, 32, 35, 37, 45, 47, 57, 67, 72, 76, 86
Klasseledelse ("classroom management")	1	56
Støtte for ansatte ("staff support and supervision programme")	1	52
Terapi (for eksempel kognitiv atferdsterapi, "problem solving")	1	73
Incredible years foreldreveiledning for fosterforeldre	1	10
Trening i avspenningsteknikker («relaxation training»)	1	62

Tabell 9: Antall referanser sortert etter populasjon (kun for tiltak rettet mot ungdomsarbeidere)

Populasjon	Antall referanser: 18	Referansenr.
Lærere	9	6, 28, 32, 37, 56, 57, 67, 73, 76
Sosionomer/skoleveiledere	3	45, 47, 62
Fosterforeldre	3	10, 35, 72
Medarbeider på døgninstitusjon	2	52, 86

Tabell 10: Antall referanser sortert etter setting (kun for tiltak rettet mot ungdomsarbeidere)

Kontekst	Antall referanser: 22	Referansenr.
Skole	9	6, 28, 32, 37, 45, 56, 57, 73, 76
Fosterhjem	6	10, 35, 47, 72, 86, 87

Døgninstitusjon for unge kriminelle	1	52
Uklart	1	62

Liste over inkluderte referanser

Referansenr. 1

Ableser J. Elementary Teachers' Attitudes, Perceptions and Practices towards the Implementation of a Violence-Prevention Curriculum: "Second Step". *Journal of School Violence* 2003;2(4):81-100.

Abstract: This ethnographic study's intent was to understand and interpret elementary teachers' evolving attitudes, perceptions and practices towards non-violence curriculum, the "Second Step" violence-prevention program, and a project model utilizing consultants to implement instruction. Findings included that the curriculum was not implemented as intended and that there was a wide range of attitudes and practices reflecting difference in knowledge, cultural experience, and acceptance of the program and project. Recommendations for the future use of violence-prevention curricula are presented.

Referansenr. 6

Amodei N, Taylor ER, Hoffman T, Madrigal A, Biever J, Cardenas F. Professional Development of Head Start Teachers in Hispanic Communities: Effects of a Violence Prevention Curriculum. 1998.

Abstract: Noting that early childhood education is one tool for violence prevention, this study examined the effectiveness of a preschool violence prevention program in influencing the knowledge and attitudes of Head Start teachers in a rural, heavily Hispanic, southern Texas community. Head Start teachers were nonrandomly assigned to a control group, a Long Intervention group, or a Brief Intervention group. The Long Intervention group received a 6-hour training session conducted over one day. The Brief Intervention group received two 3-hour training sessions held 2 months apart. Training in the two intervention groups was identical and included training in the following areas: effects of violence over the lifespan, teaching young children to resolve conflict peacefully, handling teacher-parent conflicts, using positive discipline, and commitment to change. Data were collected on teachers' knowledge regarding violence prevention and attitudes related to violence prevention competency, violence prevention attributes, role efficacy, and remediation competency. Eighty-four teachers completed both pre- and posttests. The results indicated that knowledge and attitudes were influenced by the training and by having had prior exposure to violence. Posttest scores in remediation competence and violence prevention attributes improved over pretest scores, with the increase greater

for those in the Brief Intervention group than in other groups. Knowledge score increases were greatest for those in the Long Intervention group and for those who had previous experience with violence. Higher final knowledge scores were associated with higher final remediation competence scores. (Author/KB)

Referansenr. 10

Bywater T, Hutchings J, Linck P, Whitaker C, Daley D, Yeo ST, et al. Incredible Years parent training support for foster carers in Wales: a multi-centre feasibility study. *Child* 2011;37(2):233-243.

Abstract: **BACKGROUND:** the incidence of conduct disorder in young children is 10% in the general population and 37% among fostered children. Up to 40% of untreated children diagnosed with conduct disorder develop problems later in life including drug misuse, criminal and violent behaviour. There are more than 80,000 looked after children in the UK, with 5000 in Wales. Challenging child behaviour is the main reason for placement breakdown and has huge cost implications as challenging children cost up to 10 times more in service use than children without conduct disorder. The Incredible Years (IY) evidence-based parenting programme is an effective, low cost solution in improving child behaviour and social competence in 'conventional' families and thus has the potential to support foster carers in managing difficult behaviours. Our main aims were to establish: ? The feasibility of delivery and the effectiveness of the IY parenting programme in supporting carers in managing difficult behaviour in looked after children. ? Service use costs for foster carers and looked after child. **METHODS:** This was a 12-month trial platform study with 46 foster carers in three authorities in Wales. Carers were allocated 2:1 intervention to waiting-list control. Validated measures were used to assess 'parenting' competency, carers' depression levels, child behaviour and service use. Measures were administered at baseline and 6-month follow-up. Intervention carers received the programme between baseline and follow-up. **RESULTS:** Analyses showed a significant reduction in child problem behaviour and improvement in carers' depression levels for intervention families at follow-up, compared with control. Unexpectedly, there was a significant improvement in control carers' self-reported 'parenting' strategies. Special education was the greatest service cost for looked after children. **CONCLUSIONS:** Initial foster carer training could incorporate the IY programme to support carers in establishing positive relationships and managing difficult child behaviour. Programme participation may lead to reduced service use and improved placement stability.

Referansenr. 18

Cloyd CJ. Evaluation of the efficacy of a manualized aggression prevention program for adolescents in residential treatment. *Dissertation Abstracts International: Section B: The Sciences and Engineering* 2008;68(7-B):4816.

Abstract: High youth violence rates coupled with the rash of media reports about youth shootings, stabbings and physical fights in school have led mental health researchers to investigate the efficacy and effectiveness of aggression prevention programs. The current study evaluates the effectiveness of a Social Cognitive Information Processing program, the Stop and Go program, in reducing the aggressiveness of adolescents placed at residential treatment program. The current investigator posits that adolescents who received the Stop and Go program will exhibit less aggressive behaviors than adolescents who did not receive the manualized Stop and Go aggression prevention program. The control group was the population of adolescents in treatment at the center before the implementation of the Stop and Go treatment program (n=29; 15 males and 14 females). The actual residential treatment group population consisted of 18 students (9 males and 9 females) who received the treatment and 29 students who were selected as the comparison group. The number of critical incident reports for each participant for the first 30 days after admission to the program and for the 30 days before discharge from the treatment program were used to determine the effectiveness of the aggression prevention program. The critical incidents for each resident were compiled monthly and placed into a report. The 17 critical incident items (Property Violation Stealing Fire setting Property damage >50 dollars Property damage <50 dollars Direct Aggression Assault on staff Assault on peer Fighting Threatening Weapons Status Violation out of supervision on the roof smoking AWOL, Oppositional Behaviors, Disrespectful, Non-Compliance, Sexual Gestures) were grouped into logical categories (Property Violation, Aggression and, Status Violation). The results of the MANOVA revealed that no significant main effect exists on Property Violation, Aggression and Status Violations, $F(3, 43) = 0.19, p = .900$ ($\eta^2 = .01$, Power = 0.08). The results of the MANOVA also revealed that no significant interaction effect existed on Property Violation, Aggression and Status Violations by Group, $F(3, 43) = 0.89, p = .461$ ($\eta^2 = .06$, Power = 0.23). Even though the MANOVA did not yield significant results separate ANOVAs on the three dependent variables (Property Violation; Aggression and, Status Violation) were conducted to ensure that no significant findings were missed. The findings suggest that the Stop and Go program may not be an effective tool to reduce aggressive behaviors of adolescents in residential treatment. Perhaps due to a small sample size, item floor level or inadequate selection of a tool to detect changes in behavior. The Stop and Go program may be effective as a individually administered aggression reduction program but not a group administered program. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 19

Coleman M, Pfeiffer S, Oakland T. Aggression replacement training with behaviorally disordered adolescents. *Behavioral Disorders* 1992;18(1):54-66.

Abstract: This study assessed the effects of a 10-wk aggression replacement training program with a group of 39 adolescents (aged 13-18 yrs) with behavioral disorders in

residential treatment. Two-thirds of the sample had Diagnostic and Statistical Manual of Mental Disorders-III-Revised (DSM-III-R) diagnoses of conduct disorder. Assigned to the treatment group were 25 Ss and 14 Ss were assigned to the control group. Subjects were pre- and posttested on 4 criterion-referenced measures and 1 behavior incident measure. Personality characteristics of subjects reflecting possible amenability to treatment were also explored. Results indicate that subjects in the treatment group improved over controls only on one measure: knowledge of social skills. Exploratory analyses indicated that skill knowledge increased across the personality dimensions of self-concept, locus of control, and psychopathy. Strategies are presented for maximizing the probability of demonstrating behavioral gains in future research. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 22

Ellmann SW. An anger management intervention for adolescent males in a residential treatment center: The impact of treatment for cognitive distortions and deficiencies. *Dissertation Abstracts International: Section B: The Sciences and Engineering* 2003;64(1-B):416.

Abstract: Although anger and aggression are separate concepts, there is a growing amount of empirical support for the idea that anger quickly escalates into aggression with adolescents. Anger impacts four areas in the lives of adolescents-interpersonal, academic, environmental, and self. Anger control is a larger problem in residential treatment centers for adolescents-specifically for males. The youths in these centers have poor social skills, self-control, problem-solving skills, lower self-esteem, and are more aggressive than the population of adolescents in the general public. The initiation of anger-control intervention in residential settings has several implications for residents in treatment centers and the treatment centers. This study focused on addressing the impact of an intervention for problems with anger management and low level aggression. The sample for this study consisted of 69 male adolescents admitted to a residential treatment center located in the Midwest. The ages ranged from 12-17 (Mean age = 15.3). The population was split between urban (77%), suburban (14%), and rural (9%). The ethnic background of the youths involved were as follows: 45% European American, 36% African American, 4% Hispanic, 3% Native American, 1% Asian American, and 10% Bi-racial. All participants were assigned randomly to one of four groups. There were three treatment groups (Problem Solving, Cognitive Restructuring, and Combined Problem Solving/Cognitive Restructuring) and a Control group. Each treatment group met for one hour two times a week for four weeks. All participants were given pre-test and post-test assessments in one hour long group session. The follow-up assessments were scheduled for one month after the intervention. The results of the study indicated that all three treatment groups were equally effective in terms of improvement on the measures of cognition, behavior, and affect and all three groups had significant improvement on these measures in comparison to the control group. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansnr. 23

Epps K, Moore C, Hollin C. Prevention and management of violence in a secure youth centre. *Nursing & Residential Care* 1999;1(5):261.

Abstract: Physical restraint is common in some children's homes. In this paper, Kevin Epps, Claire Moore and Clive Hollin present the preliminary evaluation of the Protecting Rights in a Care Environment training course in a secure youth treatment centre.

Referansnr. 26

F DO, Goethals I, Broekaert E, Schuyten G, De Maeyer J. Implementation and effect of life space crisis intervention in special schools with residential treatment for students with emotional and behavioral disorders (EBD). [Erratum appears in *Psychiatr Q.* 2008 Mar;79(1):81 Note: Boekaert, Eric [corrected to Broekaert, Eric]]. *Psychiatric Quarterly* 2008;79(1):65-79.

Abstract: The increase of violence in present-day society calls for adequate crisis interventions for students with behavioral problems. Life Space Crisis Intervention (LSCI) is a systematic and formatted response to a student's crisis, based on cognitive, behavioral, psychodynamic and developmental theory. The following research article evaluates a LSCI Program with students referred to special schools with residential treatment because of severe behavioral problems. The evaluation was conducted using a quasi experimental pre-test-post-test control group design. Thirty-one match paired students were pre-tested before the interventions started and post-tested after a period of 11 months. Five standardized questionnaires were examined to assess the effectiveness of the LSCI Program. General Linear Model (GLM) with repeated measures was used to analyze all data. For the total group of subjects (n = 62) it was found that students' perception about their athletic competence decrease significantly after 11 months in residential care. A positive effect of LSCI was found on direct aggression and social desirability.

Referansnr. 27

Fish R, Culshaw E. The last resort?: Staff and client perspectives on physical intervention. *Journal of Intellectual Disabilities* 2005;9(2):93-107.

Abstract: This study provides feedback from research with staff and clients of a medium secure learning disability service in north-west England. Participants were asked about incidents which required the use of physical intervention, using unstructured interviews within a participatory research framework. The article explores clients' and staff accounts of aggressive incidents and the consequences of physical intervention. Clients cited other clients and the ward atmosphere as the main reasons for aggressive behaviour. Some clients said that the use of physical intervention made them more frustrated and brought back memories of frightening

experiences. Staff reported that incidents of aggression and the use of physical intervention were upsetting and traumatic, causing feelings of guilt and self-reproach. Staff said that they always used physical intervention as a last resort, although clients often reported otherwise. Time out and post-incident discussions were valued by both groups, as were strong staff/client relationships. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Referansenr. 28

Flynn SD. Teacher implementation of trial-based functional analysis and function-based interventions for students with challenging behavior. Dissertation Abstracts International Section A: Humanities and Social Sciences 2013;73(12-A(E)):No Page-
nation Specified.

Abstract: Children and youth with autism spectrum disorders (ASD) or emotional and behavioral disabilities (E/BD) often exhibit challenging behavior including aggression, self-injury, non-compliance, or property destruction (Kamps, Kravits, Rauch, Kamps, & Chung, 2000; National Autism Center, 2009). As a result, students with ASD or E/BD often miss out on critical opportunities for learning due to their challenging behavior. Fortunately, the literature provides information on the effectiveness of functional behavioral assessment (FBA) to assess or reduce challenging behavior and increase appropriate behavior of children and youth with ASD or E/BD (e.g., Hanley, Iwata, & McCord, 2003; Horner, Carr, Strain, Todd, & Reed, 2002; Lane, Kalberg, & Shepcaro, 2009; Simpson, 2005). Functional analysis (FA), conducted as a component of FBA or alone, is specifically used to identify the function of targeted challenging behavior via a systematic experiment. The literature suggests the importance of FA as a more valid method than indirect methods or descriptive analyses in identifying behavioral functions (Asmus, Vollmer, & Borrero, 2002). FA is the only method that can demonstrate a causal relationship between an antecedent stimulus or reinforcer and a behavior (Asmus et al., 2002); however, FA is rarely used in school settings. A possible reason is associated with the complexity of FA procedures (e.g., manipulating stimuli accurately) and time constraints. To address these issues, many variations to the standard FA have been made, including trial-based FA (i.e., TBFA). In addition to the need for accurately identifying the function of students' challenging behavior, there is also a critical need for the design and implementation of function-based interventions (FBI) for students in school settings (Scott & Kamps, 2007). Interventions based on behavioral functions are essential in educational settings, especially for students with ASD or E/BD due to their susceptibility to receive disciplinary actions because of their challenging behavior. In order for FBI to be effective in addressing challenging behavior, research on FA and professional development for special education teachers is crucial. The current study used a multielement research design (Kazdin, 1982) to determine the function of six student participants' challenging behavior using TBFA in the classroom setting. Data on teacher participants' acquisition of skills learned after TBFA and FBI training and performance feedback, and their effect on students'

challenging and replacement behaviors were evaluated using a multiple-probe-across-participants research design (Horner & Baer, 1978) in the classroom setting. Findings indicated that all three teacher participants were able to implement TBFA during TBFA with feedback conditions and FBI during FBI with feedback conditions with high procedural integrity. In addition, two of three teachers maintained high procedural integrity during generalization measures. Findings also indicated a reduction in students' challenging behavior and an increase in replacement behavior after training. Finally, social validity data suggested teachers felt that TBFA and FBI had an overall positive impact on student behavior. Limitations of the study, suggestions for future research, and implications for practice are also discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

Referansenr. 29

Foster EM. Costs and effectiveness of the fast track intervention for antisocial behavior. *Journal of mental health policy and economics* 2010;13(3):101-119.

Abstract: **BACKGROUND:** Antisocial behavior is enormously costly to the youth involved, their families, victims, taxpayers and other members of society. These costs are generated by school failure, delinquency and involvement in the juvenile justice system, drug use, health services and other services. For prevention programs to be cost effective, they must reduce these costly behaviors and outcomes. **AIM:** The Fast Track intervention is a 10-year, multi-component prevention program targeting antisocial behavior. The intervention identified children at school entry and provided intervention services over a 10-year period. This study examined the intervention's impact on outcomes affecting societal costs using data through late adolescence. **METHODOLOGY:** The intervention is being evaluated through a multi-cohort, multi-site, multi-year randomized control trial of program participants and comparable children and youth in similar schools, and that study provides the data for these analyses. Schools within four sites (Durham, NC; Nashville, TN; Seattle, WA; and rural central Pennsylvania) were selected as high-risk based on crime and poverty statistics of the neighborhoods they served. Within each site, schools were divided into multiple sets matched for demographics (size, percentage free/reduced lunch, ethnic composition); one set within each pair was randomly assigned to the intervention and one to the control condition. Within participating schools, high-risk children were identified using a multiple-gating procedure. For each of three annual cohorts, all kindergarteners (9,594 total) in 54 schools were screened for classroom conduct problems by teachers. Those children scoring in the top 40% within cohort and site were then solicited for the next stage of screening for home behavior problems by the parents, and 91% agreed (n = 3,274). The teacher and parent screening scores were then standardized within site and combined into a sum score. These summed scores represented a total severity-of-risk screen score. Children were selected for inclusion into the study based on this screen score, moving from the highest score downward until desired sample sizes were reached within sites, cohorts, and conditions. **RESULTS AND DISCUSSION:** The intervention

lacked both the breadth and depth of effects on costly outcomes to demonstrate cost-effectiveness or even effectiveness. Limitations: The outcomes examined here reflect effects observed during measurement windows that are not complete for every outcome. Data are lacking on some potential outcomes, such as the use of mental health services before year 7. CONCLUSION AND IMPLICATIONS: The most intensive psychosocial intervention ever fielded did not produce meaningful and consistent effects on costly outcomes. The lack of effects through high school suggests that the intervention will not become cost-effective as participants progress through adulthood. FUTURE RESEARCH: Future research should consider alternative approaches to prevention youth violence.

Frey K, Sylvester L. Research on the Second Step Program: Do Student Behaviors and Attitudes Improve? What Do Teachers Think about the Program? Committee for Children, 2203 Airport Way South, Suite 500, Seattle, WA 98134-2027;; 1997. P. 15. Referansnr. 30 Abstract: The Second Step program has been evaluated through formative evaluations of the curriculum versions before publication and outcome evaluations of the published versions. One outcome evaluation assessed student aggression and positive social behavior in students from 12 schools in Washington state in grades 1 through 3. It is concluded that the "Second Step" curriculum led to moderate decreases in aggression and increases in neutral and prosocial behavior in school. However, parent and teacher ratings of student behavior did not show any differences between the experimental and control groups. Another study assessed attitudes, teaching practices, and class climate over 3 years. Results from this study suggest that teachers and class climate undergo positive changes during program participation. Formative studies of the first edition curricula for "Second Step" for preschool through grade 8 were conducted in 12 public and 2 private schools in urban and suburban schools in Washington state. Results from five formative studies suggest that the "Second Step" program may foster social skills knowledge with students in preschool, elementary, and middle/junior high school classrooms. Some limitations of the formative studies are discussed. (Contains 26 references.) (SLD)

Referansnr. 31

Gaines T, Barry LM. The effect of a self-monitored relaxation breathing exercise on male adolescent aggressive behavior. *Adolescence* 2008;43(170):291-302.

Abstract: This study sought to contribute to the identification of effective interventions in the area of male adolescent aggressive behavior. Existing research includes both group- and single-case studies implementing treatments which typically include an anger-management component and its attendant relaxation and stress-reduction techniques. The design of this study was single-subject with multiple baselines across 6 subjects on 2 behavioral measures. The setting was a residential juvenile justice program for male adolescents, and the treatment was a relaxation breathing exercise. The results of the study were mixed, with improvement on both

behavioral measures in 2 of the 6 participants. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Referansnr. 32

Gorman-Smith D, Eron L, Guerra N, Henry DB, Huesmann LR, Tolan P, et al. Effects of teacher training and consultation on teacher behavior toward students at high risk for aggression. *Behavior therapy* 2003;34(4):437-452.

Abstract:

Referansnr. 33

Guerra NG, Slaby RG. Cognitive mediators of aggression in adolescent offenders: II. Intervention. *Developmental Psychology* 1990;26(2):269-277.

Abstract: A 12-session intervention program, based on a model of social-cognitive development, was designed to remediate cognitive factors identified as correlates of aggression (R. G. Slaby and N. G. Guerra; see record 1989-01839-001). 120 male and female adolescents incarcerated for aggression offenses participated in either the cognitive mediation training program, an attention control group, or a no-treatment group. Compared with Ss in both control groups, Ss in the treatment group showed increased skills in solving social problems, decreased endorsement of beliefs supporting aggression, and decreased aggressive, impulsive, and inflexible behaviors, as rated by staff. Posttest aggression was directly related to change in cognitive factors. No group differences were detected for number of parole violators up to 24 months after release. The ways in which changes in cognitive skills and beliefs may mediate changes in aggressive behavior are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansnr. 35

Hahn RA, Lowy J, Bilukha O, Snyder S, Briss P, Crosby A, et al. Therapeutic foster care for the prevention of violence: a report on recommendations of the Task Force on Community Preventive Services. *MMWR: Morbidity and Mortality Weekly Report* 2004;53(RR-10):1-8.

Abstract: In therapeutic foster care programs, youths who cannot live at home are placed in homes with foster parents who have been trained to provide a structured environment that supports their learning social and emotional skills. To assess the effectiveness of such programs in preventing violent behavior among participating youths, the Task Force on Community Preventive Services conducted a systematic review of the scientific literature regarding these programs. Reported and observed violence, including violent crime, were direct measures. Proxy measures were externalizing behavior (i.e., behavior in which psychological problems are acted out), conduct disorder, and arrests, convictions, or delinquency, as ascertained from official records, for acts that might have included violence. Reviewed studies assessed two

similar interventions, distinguished by the ages and underlying problems of the target populations. Therapeutic foster care for reduction of violence by children with severe emotional disturbance (hereafter referred to as cluster therapeutic foster care) involved programs (average duration: 18 months) in which clusters of foster-parent families cooperated in the care of children (aged 5-13 years) with severe emotional disturbance. The Task Force found insufficient evidence to determine the effectiveness of this intervention in preventing violence. Therapeutic foster care for the reduction of violence by chronically delinquent adolescents (hereafter referred to as program-intensive therapeutic foster care) involved shortterm programs (average duration: 6-7 months) in which program personnel collaborated closely and daily with foster families caring for adolescents (aged 12-18 years) with a history of chronic delinquency. On the basis of sufficient evidence of effectiveness, the Task Force recommends this intervention for prevention of violence among adolescents with a history of chronic delinquency. This report briefly describes how the reviews were conducted, provides additional information about the findings, and provides information that might help communities in applying the intervention locally.

Referansenr. 37

Hoffman TJ, Amodei N, Taylor ER, Madrigal A, Biever J, Cardenas F. Violence Prevention in Early Childhood: Effectiveness of a Violence Prevention Curriculum for Head Start Teachers. *Free Inquiry in Creative Sociology* 1999;27(1):67-75.

Abstract: Youth in the US are victims of, perpetrators of, & exposed to violence. A tool of violence prevention is early childhood education. Teachers of Head Start in rural, heavily Hispanic, south TX are recruited to receive a newly developed violence prevention training program. This was done utilizing a quasi-experimental design with a control group & two experimental groups. Of the 107 teachers involved in the program, 84 completed both the pretest & post test instruments. The effectiveness of the training in influencing knowledge & attitudes is tested here. Analysis of the data indicates that knowledge & attitudes are influenced both by the training & by having had prior exposure to violence. The results of this study suggest that violence prevention education enhances both knowledge & feelings of competency regarding ability to deal with violence. This study indicates that there is a need for further development & implementation of violence prevention curricula for both teachers & children involved in early childhood training programs such as Head Start. 5 Tables, 1 Figure, 27 References. Adapted from the source document.

Referansenr. 38

Jarden HW. A comparison of problem-solving interventions on the functioning of youth with disruptive behavior disorders. *Dissertation Abstracts International Section A: Humanities and Social Sciences* 1995;55(7-A):1828.

Abstract: This study investigated the effects of problem-solving interventions on the functioning of conduct-disordered youth. Fifty adolescents, ages eleven to sixteen,

in a residential treatment center, participated in this study. The participants were randomly assigned to a Problem-Solving Group Therapy (PSGT), a Problem-Solving Group Therapy with Generalization Procedures (PSGT-GP), or a Delayed-Treatment Control Group (DTCG). The PSGT groups were based upon the work of Spivak, Platt, and Shure (1976) and Platt and Duome (1990). The PSGT intervention consisted of eighteen one-hour group sessions focused on helping youth develop problem-solving skills. The PSGT-GP was identical to the PSGT intervention except that the youth in this intervention met weekly with their teacher and a residential counselor to discuss how they could transfer the skills learned in the problem-solving group intervention to their academic and residential programs. Youth in the DTCG participated in their regular treatment program and did not receive any interventions. Treatment effects were examined using a 3x(2) analysis of variance (ANOVA) with repeated measures on the second factor. Participants were assessed on the following dependent measures of the Child Behavior Checklist (CBCL) and Teacher Report Form (TRF): (1) Aggression, (2) Delinquency, (3) Withdrawn, (4) Social Problems, (5) Internalizing Behavior Problems, (6) Externalizing Behavior Problems, and (7) Total Behavior Problems. They were also assessed on the following dependent measures: (1) Piers-Harris Self-Concept Scale, (2) Means-End Problem-Solving (MEPS), (3) School Behavior Points, (4) Residential Behavior Points, and (5) Incidents of Aggressive Behavior. Analyses of treatment effects did not reveal any significant differences among the three groups on seventeen of nineteen criterion measures. There was a significant main effect on the School Behavior Points with the PSGT-GP intervention earning a significantly higher percentage of (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 40

Larkin R, Thyer BA. Evaluating cognitive-behavioral group counseling to improve elementary school students' self-esteem, self-control, and classroom behavior. *Behavioral Interventions* 1999;14(3):147-161.

Abstract: The objective was to evaluate the effectiveness of cognitive-behavioral group counseling provided to behaviorally disruptive elementary school children. Fifty-two referred children received protocol-based cognitive-behavioral group counseling provided by the first author, a school social worker. Students were randomly assigned to receive either immediate (IT) group counseling or delayed treatment (DT). The two groups were roughly equivalent on most demographic and outcome measures at the first assessment. Following group counseling, the IT groups' self-esteem, perceived self-control, teacher, and teacher aide grades of classroom comportment significantly improved, while similar measures of the DT children did not appreciably change. The DT children then received the same group program the IT group was exposed to three months earlier, and when group counseling was completed (third assessment) the IT groups' gains had been maintained, and the DT

group gained improvements similar to those obtained by the IT group. In conclusion, cognitive-behavioral group work can be an effective intervention with behaviorally disruptive elementary school students.

Referansnr. 41

LeSure-Lester GE. An application of cognitive-behavior principles in the reduction of aggression among abused African American adolescents. *Journal of Interpersonal Violence* 2002;17(4):394-402.

Abstract: This study examined the difference between a cognitive-behavior therapeutic approach and an indirect therapeutic approach on the reduction of aggression among abused African American adolescents. The sample consisted of 12 males (age 12 to 16) living in a group home under the protective services of local authority. Participants received psychological treatment over a 52-week period. All participants received indirect therapy during the pretest phase of treatment (1 to 26 weeks). During the posttest phase (27 to 52 weeks), half of the participants were provided cognitive-behavior therapy (skilled group), and the remaining half received indirect therapy (nonskilled group). As predicted, results showed a greater decrease in aggressive behaviors for adolescents trained in cognitive-behavior techniques than for those who received indirect therapy. A major implication is that specific cognitive-behaviorally based interventions can be an effective and promising treatment for aggression reduction among African American youth with a history of abuse.

Referansnr. 42

Liber JM, De Boo GM, Huizenga H, Prins PJM. School-Based Intervention for Childhood Disruptive Behavior in Disadvantaged Settings: A Randomized Controlled Trial With and Without Active Teacher Support. *Journal of Consulting and Clinical Psychology* 2013;81(6):975-987.

Abstract: Objective: In this randomized controlled trial, we investigated the effectiveness of a school-based targeted intervention program for disruptive behavior. A child-focused cognitive behavioral therapy (CBT) program was introduced at schools in disadvantaged settings and with active teacher support (ATS) versus educational teacher support (ETS) (CBT + ATS vs. CBT + ETS). **Method:** Screening (n = 1,929) and assessment (n = 224) led to the inclusion of 173 children ages 8-12 years from 17 elementary schools. Most of the children were boys (n = 136, 79%) of low or low-to-middle class socioeconomic status (87%); the sample was ethnically diverse (63% of non-Western origin). Children received CBT + ATS (n = 29) or CBT + ETS (n = 41) or were entered into a waitlist control condition (n = 103) to be treated afterward (CBT + ATS, n = 39, and CBT + ETS, n = 64). **Effect sizes (ES), clinical significance (reliable change), and the results of multilevel modeling are reported. Results:** Ninety-seven percent of children completed treatment. Teachers and parents reported positive posttreatment effects (mean ES = .31) for CBT compared with the

waitlist control condition on disruptive behavior. Multilevel modeling showed similar results. Clinical significance was modest. Changes had remained stable or had increased at 3-months follow-up (mean ES = .39). No consistent effect of teacher condition was found at posttreatment; however, at follow-up, children who received ETS fared significantly better. Conclusions: This study shows that a school-based CBT program is beneficial for difficult-to-reach children with disruptive behavior: The completion rate was remarkably high, Ess (mean ES = .31) matched those of previous studies with targeted intervention, and effects were maintained or had increased at follow-up.

Referansnr. 43

Limbos MA, Chan LS, Warf C, Schneir A, Iverson E, Shekelle P, et al. Effectiveness of interventions to prevent youth violence a systematic review. *American Journal of Preventive Medicine* 2007;33(1):65-74.

Abstract: **OBJECTIVES:** To identify interventions effective in preventing youth violent behavior and commonalities of effective and ineffective interventions. **METHODS:** A systematic review of the literature on the effectiveness of youth violence interventions was conducted. Interventions were categorized according to the level of the intervention: primary (implemented universally to prevent the onset of violence), secondary (implemented selectively with youth at increased risk for violence), and tertiary (focused on youth who had already engaged in violent behavior). An intervention was considered effective if one or more violence outcome indicators was reported as significantly different at the $p < 0.05$ level, and ineffective if none of the violence outcome indicators was significantly different at the $p < 0.05$ level. Data collection and analysis were conducted in 2003 and updated in 2006. **RESULTS:** Forty-one studies were included in the review. Overall, 49% of interventions were effective. Tertiary-level interventions were more likely to report effectiveness than primary- or secondary-level interventions. Effective interventions evaluated by randomized controlled trials included Responding in Peaceful and Positive Ways, Aban Aya Youth Project, Moving to Opportunity, Early Community-Based Intervention Program, Childhaven's Therapeutic Child-Care Program, Turning Point: Rethinking Violence, and a multisystemic therapy program. Differences among programs and within subpopulations could not be assessed because of inadequate data. **CONCLUSIONS:** Increasing effectiveness was reported as the level of intervention increased from primary to tertiary. Approaches to evaluate prevention interventions need to be clarified and standardized. [References: 59]

Referansnr. 44

Lochman JE. Teacher consultation and cognitive-behavioral interventions with aggressive boys. *American Psychological Association, 95th Annual Convention: New York, New York August 28 September 1, 1987* 1987 (5):14 24a.

Referansenr. 45

Lochman JE, Boxmeyer C, Powell N, Qu L, Wells K, Windle M. Dissemination of the Coping Power program: importance of intensity of counselor training. *Journal of consulting and clinical psychology* 2009;77(3):397-409.

Abstract: This study examined an important but rarely investigated aspect of the dissemination process: the intensity of training provided to practitioners. Counselors in 57 schools were randomly assigned to 1 of 3 conditions: Coping Power-training plus feedback (CP-TF), Coping Power-basic training (CP-BT), or a comparison condition. CP-TF counselors produced reductions in children's externalizing behavior problems and improvements in children's social and academic skills in comparison to results for target children in both the comparison and the CP-BT conditions. Training intensity was critical for successful dissemination, although the implementation mechanism underlying this effect remains unclear, as condition effects were not significant for completion of session objectives but were significant for the quality of counselors' engagement with children.

Referansenr. 46

Luczynski KC, Hanley GP, Rodriguez NM. An evaluation of the generalization and maintenance of functional communication and self-control skills with preschoolers. *Journal of Applied Behavior Analysis* 2014;47(2):246-263.

Abstract: The preschool life skills (PLS) program (Hanley, Heal, Tiger, & Ingvarsson, 2007; Luczynski & Hanley, 2013) involves teaching social skills as a means of decreasing and preventing problem behavior. However, achieving durable outcomes as children transition across educational settings depend on the generalization and long-term maintenance of those skills. The purpose of this study was to evaluate procedures for promoting generalization and long-term maintenance of functional communication and self-control skills for 6 preschool children. When the children's social skills decreased across repeated observations during a generalization assessment, we incorporated modifications to the teaching procedures. However, the effects of the modifications were variable across skills and children. Satisfactory generalization was observed only after the teacher was informed of the target skills and teaching strategies. Maintenance of most social skills was observed 3 months after teaching was discontinued. We discuss the importance of improving child and teacher behavior to promote generalization and maintenance of important social skills. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract).

Referansenr. 47

Lundy H, McGuffin P. Using dance/movement therapy to augment the effectiveness of therapeutic holding with children. *Journal of Child and Adolescent Psychiatric Nursing* 2005;18(3):135-145.

Abstract: **Problem:** Therapeutic holding is a commonly used tool for the containment of aggressive behavior in children. Although often effective, the intervention has inherent physical and emotional safety risks. Can a body-based therapy be used to limit these risks? **Methods:** Research was conducted incorporating dance/movement therapy techniques (D/MT) before and after therapeutic holding to investigate this question. Volunteer residential treatment center staff participated in a 4-hour D/MT-based training workshop integrating the techniques with the intervention. Children participated via self-report. **Findings:** D/MT training increased adult awareness, sensitivity, perspective shifting ability, and confidence in the intervention while decreasing the necessity for physicality. **Conclusion:** Integrating D/MT therapy training with therapeutic holding decreased the threat of trauma to adult participants. Further research into the integration of D/MT techniques with safe holding procedures may prove helpful in the challenge of making restraints safer for both children and adults. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Referansenr. 48

Maynard CN, Adams RA, Lazo-Flores T, Warnock K. An examination of the effects of teacher intervention during sensory play on the emotional development of preschoolers. *Family and Consumer Sciences Research Journal* 2009;38(1):26-35.

Abstract: Implementing specific interventions during sensory play time to stimulate the emotional development of preschoolers' at a Midwestern university Child Study Center was investigated. The constructs studied were (i) children's ability to label the emotions expressed by other children, (ii) their ability to self-regulate or control their impulses, and (iii) the frequency of their aggressive acts. A new instrument, the Expressed Emotion Identification Tool, which measures children's ability to label the emotions of others and uses only pictorial stimuli is described. Measurement of changes in preschoolers' self-controlling behaviors, aggressiveness, and nonaggressive problem solving showed no statistically significant differences between experimental and control groups. Anecdotal data, however, show positive outcomes and indicate a need for further study to determine the benefits of using interventions during sensory play to aid in preschoolers' emotional development. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract).

Referansenr. 49

McCabe LA. Violence prevention in early childhood: Implementing the second step curriculum in child care and head start classrooms. *Dissertation Abstracts International: Section B: The Sciences and Engineering* 2000;60(8-B):4274.

Abstract: The prevalence of youth violence and aggressive and antisocial behaviors in early childhood classrooms has encouraged educators to find new ways to address problematic behaviors in young children. Second Step is a violence prevention curriculum designed to teach empathy, impulse control, anger management, and social

problem solving skills to children. The preschool-kindergarten version of Second Step was implemented with eighty-six 3- to 5-year-old-children in two Head Start and two child care classrooms. Four additional classrooms, matched by site, served as the primary control group. Children from a child care center that did not know anything about the Second Step curriculum served as a secondary control group. Pre- and post-curriculum implementation, children were interviewed about social problem solving strategies and their behavior in the classroom was observed. Teacher also filled out the Preschool Behavior Questionnaire for each participating child before and after Second Step. T-tests, and ANOVA's were used to examine differences between children's social behavior and knowledge about social problem solving strategies before and after the Second Step curriculum. Results indicate that the Second Step curriculum did not lead to an overall decrease in conflict and anti-social behaviors or to an increase in prosocial strategies to resolve conflicts in children exposed to the curriculum. The Second Step curriculum does, however, appear to be somewhat effective for the most aggressive children. Children in the intervention group who were most aggressive at the beginning of the study showed a significant decrease in number of conflicts and use of antisocial strategies to resolve those conflicts. These beneficial changes were not evident in the most aggressive children in the two control groups. Teacher feedback about the ease of use, effectiveness and children's comprehension of the Second Step curriculum is presented. Lessons that presented more developmentally appropriate material for preschoolers were liked better by teachers. Head Start teachers consistently rated the Second Step curriculum higher than did the child care teachers. Recommendations for future use of Second Step preschool-kindergarten are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 50

McCarthy-Tucker S, Gold A, Garcia E, III. Effects of anger management training on aggressive behavior in adolescent boys. *Journal of Offender Rehabilitation* 1999;29(3-4):129-141.

Abstract: The increase in aggressive behavior by teenagers is of current concern to society. An area of particular concern is the rise in court-referred placements to residential treatment centers for adolescent males who commit violent acts. The purpose of this study was to investigate the impact of Anger Management Training on reducing aggressive behavior in court-referred adolescent males in a residential treatment facility. 20 adolescent males were pre-tested on the State-Trait Anger Expression Inventory (C. Spielberger, 1996) and the Provocation Inventory (Novaco, 1995). They then participated in 12 anger management training sessions after which they were re-tested. A repeated measures analysis of variance indicated significant differences in post-test scores. Anger management training may be an effective treatment strategy for reducing aggressiveness among adolescent offenders. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 51

McKenney A, Dattilo J. Effects of an intervention within a sport context on the prosocial behavior and antisocial behavior of adolescents with disruptive behavior disorders. *Therapeutic Recreation Journal* 2001;35(2):123-140.

Abstract: A single-subject, multiple baseline across behaviors design was used to assess the effects of an intervention conducted within a sport context on prosocial behaviors (encouraging, helping, and conflict resolving) and antisocial behaviors (physical and verbal aggression) of five adolescents with disruptive behavior disorders. Results of the effects of the intervention were mixed. Level changes were observed immediately following initiation of the intervention for the behaviors of encouraging and helping, and higher mean values were maintained during intervention and follow-up for encouraging and conflict resolving. However, replication of effects was not observed across behaviors, prosocial behaviors decelerated during the intervention, and there was a lack of maintenance of the behaviors. In addition, the intervention did not appear to influence antisocial behaviors. Limitations and recommendations for research and practice are discussed.

Referansenr. 52

McNamara PM. Staff support and supervision in residential youth justice: An Australian model. *Residential Treatment for Children & Youth* 2010;27(3):214-240.

Abstract: The role for staff within the residential youth justice facility is an intense one, offering both reward and challenge. Post-traumatic stress related to serious episodes of violence and vicarious trauma relating to the abuse and neglect derived from the residents' personal narratives are common. In recent years a residential center in Melbourne, Victoria, Australia has experimented with provision of a Staff Support and Supervision Program (SSSP). This article describes the context which gave rise to the program, its multi-theoretical underpinning, and its modus operandi. A qualitative evaluation highlights practice challenges and leadership techniques. The model is now being applied in two other Victorian youth justice centers. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Referansenr. 53

Milani A, Nikmanesh Z, Farnam A. Effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) in Reducing Aggression of Individuals at the Juvenile Correction and Rehabilitation Center. *International Journal of High Risk Behaviors & Addiction* 2013;2(3):126-131.

Abstract: BACKGROUND: In the present era, delinquency in children and adolescents is undoubtedly a difficult and upsetting issue attracting the attention of many experts such as psychologists, sociologists, and criminologists. These experts often try to answer why a number of children and adolescents engage in various crimes such as aggressive and anti-social crimes. They also try to find out how these crimes

can be prevented. **OBJECTIVES:** The present study investigates the effectiveness of mindfulness-based cognitive therapy training (MBCT) in reducing aggression in a juvenile correction and rehabilitation center of Zahedan province during years 1991 to 1992. **MATERIALS AND METHODS:** This experimental study included an experimental and a control group with a pretest, posttest, and follow-up approach. The Buss and Perry aggression questionnaire (1992) was used for data collection. The sample group included 22 (10 experimental and 12 control groups) adolescent males in a juvenile correction and rehabilitation center of Zahedan province who were selected through a census method. Using a matching method based on the pre-test scores of the aggression questionnaire, they were then divided into two equivalent categories and were randomly assigned to the two groups. Mindfulness-based cognitive training took the group training in 8 sessions administered on experimental group. The follow-up test was conducted two weeks after the end of the posttest sessions. The results were analyzed using ANCOVA. **RESULTS:** The results of ANCOVA showed that mindfulness-based cognitive training could significantly reduce aggression during posttest and follow-up test phases in the experimental group, compared to the control group ($P < 0.01$). Moreover, the results indicated the effectiveness of this method in significantly reducing anger, physical aggression, and hostility during posttest and follow-up test phases ($P < 0.05$). However, no significant reduction was observed in the verbal aggression subscale. **CONCLUSIONS:** According to the results of the present study, mindfulness-based cognitive training seems to be effective for reducing aggressive behaviors.

Referansenr. 54

Murphy CJ, Siv AM. A one year study of Mode Deactivation Therapy: Adolescent residential patients with conduct and personality disorders. *International Journal of Behavioral Consultation and Therapy* 2007;3(3):327-341.

Abstract: This case study is to evaluate the effectiveness of Mode Deactivation Therapy (MDT) implementation in a child and adolescent residential treatment unit and provide preliminary effectiveness data on MDT versus treatment as usual (TAU). This case study compared the efficacy of two treatment methodologies for adolescent males in residential treatment with conduct disorders and/or personality dysfunctions with physically or sexually aggressive behaviors over one year. The twenty patients were admitted to the same residential treatment unit, ten were given the MDT protocol and the other relied on TAU. Assessments of depressive symptoms, suicidal ideation, along with monitoring of aggressive behaviors with the evaluations conducted after one year of treatment. The results showed MDT to be more effective than TAU in reducing both physical aggression and therapeutic restraints. The promising results of this study suggest that further evaluation of MDT for the treatment of adolescent's residential patients is warranted. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Referansenr. 55

Nugent WR, Bruley C, Allen P. The effects of aggression replacement training on antisocial behavior in a runaway shelter. *Research on Social Work Practice* 1998;8(6):637-656.

Abstract: Conducted a field study to investigate the effects of Aggression Replacement Training (ART) on the antisocial behavior of 11-17 yr olds in a runaway shelter. The ART program combines anger-control training, social skills training, and moral reasoning education. An interrupted time series design was used. Case records of 522 adolescents who lived in the shelter for more than 519 days were reviewed. Data were obtained on the Ss' antisocial behavior (ASB) from more than 310 days prior to and more than 209 days after the start of the ART program. Outcome measures were the daily rate of ASB of Ss resident in the shelter, and the daily number of ASB incidents of Ss in the shelter. Results suggest that the commencement of the ART program was associated with a 20% decrease in the rate of ASB and a 17% decrease in the daily number of ASB incidents. The ART program may be a valuable part of a comprehensive treatment package for social workers to use with antisocial adolescents in short-term residential facilities. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 56

Oliver RM, Wehby JH, Reschly DJ. *Teacher Classroom Management Practices: Effects on Disruptive or Aggressive Student Behavior*. Society for Research on Educational Effectiveness. 2040 Sheridan Road, Evanston, IL 60208.; 2011.

Abstract: Despite the large research base grounded in behavioral theory for strategies to increase appropriate behavior and prevent or decrease inappropriate behavior in the classroom, a systematic review of multi-component universal classroom management research is necessary to establish the effects of teachers' universal classroom management approaches. This review examines the effects of teachers' universal classroom management practices in reducing disruptive, aggressive, and inappropriate behaviors. The specific research questions addressed are: Do teacher's universal classroom management practices reduce problem behavior in classrooms with students in kindergarten through grade 12? What components make up the most effective and efficient classroom management programs? These questions were addressed through a systematic review of the classroom management literature and a meta-analysis to calculate the magnitude of the effects of classroom management on disruptive or aggressive student behavior. In addition, limitations found in this body of research will be highlighted. (Contains 2 tables and 2 figures.)

Referansenr. 57

O'Neill RE, Johnson JW, Kiefer-O'Donnell R, McDonnell JJ. *Preparing Teachers and Consultants for the Challenge of Severe Problem Behavior*. *Journal of Positive Behavior Interventions* 2001;3(2):101-108.

Abstract: Student behavior and violence in schools has rapidly become an area of critical local and national concern in recent years. Teachers and schools are expected to cope with increasing student diversity along many dimensions, including cognitive and intellectual functioning, ethnic and linguistic background, and problem behaviors. School personnel will need expertise in effectively supporting teachers and other practitioners working with students with different labels and challenges (developmental disabilities, emotional/behavioral disorders) and be able to work at multiple levels (classroom, school, community). This article describes the comprehensive behavior specialist (CBS) program, which is aimed at developing such expertise among teachers and other practitioners within school and community systems. The rationale, basic content, and organization of the program are described. Positive evaluation data are presented from two cohorts of school personnel who have experienced the program.

Referansenr. 58

Pears KC, Kim HK, Fisher PA. Effects of a school readiness intervention for children in foster care on oppositional and aggressive behaviors in kindergarten. *Children and Youth Services Review* 2012;34(12):2361-2366.

Abstract: One hundred ninety-two children in foster care participated in a randomized efficacy trial of a school readiness intervention, the Kids In Transition to School (KITS) Program, designed to increase literacy, social, and self-regulation skills in children before kindergarten entry. One hundred two children were randomly assigned to the KITS intervention and 90 were randomly assigned to the foster care services as usual comparison group. At the end of the kindergarten year, teachers were asked to report on the children's oppositional and aggressive behaviors in the classroom. Controlling for gender, baseline levels of parent-reported oppositional and aggressive behaviors, and level of disruptiveness in the classroom, children who had received the intervention had significantly lower levels of oppositional and aggressive behaviors in the classroom. Findings suggest that an intervention designed to increase school readiness in children in foster care can have positive effects on kindergarten classroom behavior. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Referansenr. 59

Rhoades KA, Chamberlain P, Roberts R, Leve LD. MTFC for High-Risk Adolescent Girls: A Comparison of Outcomes in England and the United States. *Journal of Child & Adolescent Substance Abuse* 2013;22(5):435-449.

Abstract: The current study examined 12-month outcomes for girls enrolled in an implementation trial of Multidimensional Treatment Foster Care (MTFC) in England. In addition to examining changes from pretreatment to posttreatment, we also compared results for girls enrolled in the England implementation trial to girls enrolled in a randomized controlled trial (RCT) of MTFC in the United States. The

England MTFC sample included 58 girls in foster care between the ages of 12 and 16 years. The U.S. MTFC intervention sample included 81 girls between the ages of 13 and 17 years who were referred to out-of-home care due to chronic delinquency. Results indicated improvement in offending, violent behavior, risky sexual behavior, self-harm, and school activities for girls enrolled in the England implementation trial. The effect sizes of these results were similar to those obtained in the U.S. RCT, with the exception of substance use, which showed significant decreases for girls enrolled in the U.S. RCT but not for girls enrolled in the England implementation trial. These results, in combination with other cross-cultural findings, support the notion that MTFC might be relevant across U.S. and European cultures.

Referansenr. 60

Rooney JR. Effects of cognitive-behavioral group anger management with adolescent males in a residential treatment facility. *Dissertation Abstracts International: Section B: The Sciences and Engineering* 2002;62(11-B):5359.

Abstract: This study investigated the effectiveness of an anger management program on ten adolescent males at a residential treatment facility. A time series design was utilized to evaluate the anger management program's effectiveness with an adolescent sample that represents a broad range of psychiatric diagnoses. The study examined the impact of the program between and within two groups and by each individual. The generalization of group and individual gains were assessed in the school setting. It was hypothesized that the anger management program would decrease the maladaptive behavior displayed by the individuals in the residence and school settings. The program included training the participants on effective communication techniques, problem solving identification and implementation, and self-restraint skills (identifying possible emotional and biological triggers and implementing strategies to deal with these triggers). The statistical and practical significance of client change was examined. Repeated measures of ANOVA, paired t-tests and effect sizes were computed and indicated statistical significance and borderline significance reduction of behavior incidents occurred after the implementation of the "Cognitive-Behavioral Group Anger Management for Youth" program at the RTC. Standardized instruments found positive effects for the treatment group in the reduction of disruptive behaviors, "overall" problem behaviors, self-esteem and mental well being, from baseline to the completion of treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 61

Santibanez R. Effects of an educational intervention programme on self-control and moral development in foster-home children. *Infancia y Aprendizaje / Journal for the Study of Education and Development* 2000;92:85-107.

Abstract: The main goal of this study is to show the results of an educational program on self-control and moral development taught to a sample of 30 maltreated

and abandoned adolescents (aged 11-19 yrs). Ss were recruited from 4 foster-homes for abandoned adolescents. The primary reasons for entering the home parental financial problems and/or being abandoned by their parents. Evidence of emotional and physical neglect and maltreatment were detected. Ss from 2 of the homes were assigned to the experimental group and the Ss from the other 2 homes were assigned to the control group. Both groups started out with similar pretest conditions in relation to disruptive behavior, antisocial-criminal behavior, self-control, and cognitive mediators of aggression. The groups, however, differed in relation to moral reasoning such that the experimental group had higher levels of moral reasoning than the control group at pretest. Following the educational program on self-control and moral development significant changes were detected. The experimental group showed fewer learning difficulties, endorsed aggression less as a means of solving interpersonal problems, and had an improved perception of the socio-moral atmosphere of the home. (PsycINFO Database Record (c) 2014 APA, all rights reserved).

Referansnr. 62

Schloss PJ, Sedlak RA, Wiggins ED, Ramsey D. Stress reduction for professionals working with aggressive adolescents. *Exceptional Children* 1983;49(4):349-354.

Abstract: Investigated the effectiveness of relaxation training and systematic desensitization as stress reduction techniques with professional and paraprofessional persons working with severely behaviorally disordered adolescents. 14 Ss were assigned to stress reduction training or to a control condition, in which Ss participated in restraint training and other aggression management activities. Compared to the control group, the intervention group (1) experienced a reduction in anxiety as measured by the Trait scale of the State-Trait Anxiety Inventory, (2) demonstrated an improved ability to follow the school's aggression management approach, and (3) showed fewer anxiety-related behaviors when working with an aggressive adolescent. (11 ref) (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansnr. 63

Schoenthaler SJ. Diet and Crime: An Empirical Examination of the Value of Nutrition in the Control and Treatment of Incarcerated Juvenile Offenders. *The International Journal for Biosocial Research* 1983;4(1):25-39.

Abstract: The incidence of antisocial behavior resulting in formal disciplinary actions was lowered 48% using a double-blind design over a 2-year period with a sample of 276 juveniles incarcerated in a detention home in Virginia Beach, Va, by reducing the quantity of sugar consumed. The primary dietary revisions involved (1) replacement of soft drinks & junk food snacks with fruit juices & nutritious snacks, & (2) elimination of high sugar content desserts & cereals. The % of well-behaved juveniles increased 71% & the % of chronic offenders decreased 56%. Adding controls for gender, race, age, & type of offender (violent, property, or status) did not diminish the reduction in antisocial behavior. 6 Tables, 37 References. HA

Referansenr. 64

Schoenthaler SJ, Bier ID. The effect of vitamin-mineral supplementation on juvenile delinquency among American schoolchildren: a randomized, double-blind placebo-controlled trial. *Journal of alternative and complementary medicine* (New York, NY) 2000;6(1):7-17.

Abstract: **CONTEXT:** Numerous studies conducted in juvenile correctional institutions have reported that violence and serious antisocial behavior have been cut almost in half after implementing nutrient-dense diets that are consistent with the World Health Organization's guidelines for fats, sugar, starches, and protein ratios. Two controlled trials tested whether the cause of the behavioral improvements was psychological or biological in nature by comparing the behavior of offenders who either received placebos or vitamin-mineral supplements designed to provide the micronutrient equivalent of a well-balanced diet. These randomized trials reported that institutionalized offenders, aged 13 to 17 years or 18 to 26 years, when given active tablets produced about 40% less violent and other antisocial behavior than the placebo controls. However, generalization could not be made to typical schoolchildren without a controlled trial examining violence and antisocial behavior in public schools. **OBJECTIVES:** To determine if schoolchildren, aged 6 to 12 years, who are given low dose vitamin-mineral tablets will produce significantly less violence and antisocial behavior in school than classmates who are given placebos. **DESIGN:** A stratified randomized, double-blind, placebo-controlled trial with pretest and post-test measures of antisocial behavior on school property. **SETTINGS AND SUBJECTS:** Two "working class," primarily Hispanic elementary schools in Phoenix, Arizona. Approximately half of the potential schoolchildren participated, i.e., 468 students aged 6 to 12 years. **INTERVENTION:** Daily vitamin-mineral supplementation at 50% of the U.S. recommended daily allowance (RDA) for 4 months versus placebo. The supplement was designed to raise vitamin-mineral intake up to the levels currently recommended by the National Academy of Sciences for children aged 6 to 11 years. **OUTCOME MEASURE:** Violent and nonviolent delinquency as measured by official school disciplinary records. **RESULTS:** Of the 468 students randomly assigned to active or placebo tablets, the 80 who were disciplined at least once between September 1st and May 1st served as the research sample. During intervention, the 40 children who received active tablets were disciplined, on average, 1 time each, a 47% lower mean rate of antisocial behavior than the 1.875 times each for the 40 children who received placebos (95% confidence interval, 29% to 65%, $p < .020$). The children who took active tablets produced lower rates of antisocial behavior in 8 types of recorded infractions: threats/fighting, vandalism, being disrespectful, disorderly conduct, defiance, obscenities, refusal to work or serve, endangering others, and nonspecified offenses. **CONCLUSION:** Poor nutritional habits in children that lead to low concentrations of water-soluble vitamins in blood, impair brain function and subsequently cause violence and other serious antisocial behavior. Correction of nutrient intake, either through a well-balanced diet or low-dose vitamin-mineral

supplementation, corrects the low concentrations of vitamins in blood, improves brain function and subsequently lowers institutional violence and antisocial behavior by almost half. This paper adds to the literature by enabling previous research to be generalized from older incarcerated subjects with a history of antisocial behavior to a normal population of younger children in an educational setting.

Referansenr. 65

Schoenthaler SJ, Doraz WE. Types of Offenses Which Can Be Reduced in an Institutional Setting Using Nutritional Intervention: A Preliminary Empirical Evaluation. *The International Journal for Biosocial Research* 1983;4(2):74-84.

Abstract: By revising the diet of an incarcerated juvenile population (utilizing a double blind quasi-experimental design), the incidence of antisocial behavior in the institution was lowered approximately 50% in contrast to 12 months before the nutritional revisions. Over the 24-month duration of the study, a total of 276 incarcerated juveniles committed 934 infractions. During the 12 months when the juveniles received a nutritionally superior diet, the incidence of assault was lowered 82%; theft was lowered 77%; horseplay was lowered 65%; refusal-to-obey-an-order was lowered 55%; general rule violations were lowered 23%; & fighting was lowered 13%. The primary consideration in the dietary revision was to reduce sugar consumption by (1) replacing soft drinks & junk food snacks with fruit juices & nutritional snacks, & (2) eliminating high-sugar-content desserts & cereals. Limitations of the findings & suggestions for additional research are discussed. 3 Tables, 6 References. Modified HA

Referansenr. 66

Seay HA, Fee VE, Holloway KS, Giesen JM. A multicomponent treatment package to increase anger control in teacher-referred boys. *Child & Family Behavior Therapy* 2003;25(1):1-18.

Abstract: A manualized treatment package for anger control in boys ages 7 to 10 was investigated using a control group outcome design. The treatment package included modeling, rehearsal with self-talk problemsolving, daily report cards and a praise phase. At post-test treatment participants were significantly higher than controls on the Aggression Control factor of the Olweus Aggression Inventory (OAI) and the Compliment observation category. Control's scores were significantly higher than the treatment group's on the Dislike Factor of the Peer Status Rating Scale-Child Report Form and on the Threat observation category.

Referansenr. 67

Serdahl E. The influence of parent-teacher relationships on the adjustment of aggressive children: An ecosystemic perspective on the home-school mesosystem. *Dissertation Abstracts International Section A: Humanities and Social Sciences* 2000;61(4-A):1296.

Abstract: The purpose of the present study was to examine the association between the quality of parent-teacher relationships and the adjustment of behaviorally at-risk elementary aged aggressive children. The effects of treatment on parent-teacher relationship quality and the concordance in parent-teacher ratings of externalizing behavior were also examined. Data for this study were gathered from a larger study known as the Prime Time project, which employed a multimodal intervention over an 18-month period directed at decreasing childhood aggression and later drug use and abuse. Participants were assigned to either an attention placebo control condition or a treatment group. Treatment included therapeutic mentoring, problem solving skills training, and parent teacher consultation. Pre- and post-treatment measures of the Parent-Teacher Relationship Scale (Vickers & Minke, 1995) were used in a series of multiple hierarchical regression analyses to determine the degree to which parent and teacher reports of parent-teacher relationship quality predicted changes from time 1 to time 2 in child adjustment measures over the course of the study. Child adjustment measures were gathered from parents, teachers, and peers at time 1 and time 2. Results indicate that parent-teacher relationship quality and child behavioral adjustment have a bi-directional effect on one another at time 2. Parent ratings of parent-teacher relationship quality were statistically significantly associated with teacher ratings of academic performance. Also, teacher ratings of parent-teacher relationship quality were statistically significantly associated with teacher ratings of externalizing behavior. Treatment did not impact reports of parent-teacher relationship quality. Higher levels of P-T relationship quality were associated with greater concordance between parent and teacher evaluations of the child's externalizing behavior. This was particularly true for parents in the treatment condition as treatment acted as a moderator variable in the relationship between the parent's evaluation of the parent-teacher relationship and the externalizing behavior concordance index. Implications for home-school collaboration with at risk populations and the need for future research in this area are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 69

Steckley L, Kendrick A. Physical Restraint in Residential Childcare: The Experiences of Young People and Residential Workers. *Childhood: A Global Journal of Child Research* 2008;15(4):552-569.

Abstract: There have long been concerns about the use of physical restraint in residential care. This article presents the findings of a qualitative study that explores the experiences of children, young people and residential workers of physical restraint. The research identifies the dilemmas and ambiguities for both staff and young people, and participants discuss the situations where they feel physical restraint is appropriate as well as their concerns about unjustified or painful restraints. They describe the negative emotions involved in restraint but also those

situations where, through positive relationships and trust, restraint can help young people through unsafe situations.

Referansnr. 70

Thoder VJ, Cautilli JD. An Independent Evaluation of Mode Deactivation Therapy for Juvenile Offenders. *International Journal of Behavioral Consultation and Therapy* 2011;7(1):41-46.

Abstract: Juveniles who commit crimes are likely to exhibit conduct problems in their youth. Persistent and long-term antisocial behavior can be seen in very young children. To treat these children, programs must be designed to meet the needs of them on an individualized basis. Residential treatment, typically, is the answer, but research has shown its ineffectiveness. Longitudinal studies and meta-analyses have shown cognitive behavioral therapy (CBT) to be effective. Mode deactivation therapy (MDT) is a form of CBT based on the theory of a network of cognitive, affective, motivational, and behavioral components that create a personality--"modes." Modes are activated and create emotional dysregulation and behavioral disorders. In MDT, using a manualized treatment, the therapist reduces symptoms of behavior disorder, physical and sexual aggression, anxiety, and traumatic stress while keeping the juvenile offenders out of long-term, out-of-home placements. This present study examines 39 adjudicated Pennsylvania males (ages ranging from 14 to 17). Using baseline scores and comparing them to posttreatment scores, outcomes are measure and the effectiveness of MDT can be observed. It is important to note that all measures of the DSMD, the CBCL, the Beliefs about Victims, the Beliefs about Aggression, and the JSOP-A show a significant decreases in antisocial behaviors. Additionally, at the one year mark, recidivism rates were 7% and none were personal or sexual offenses. (Contains 1 table.)

Referansnr. 71

Thomas DH. Teachers' evaluations and perceptions of a behavior intervention program with emotionally disabled middle school students. *Dissertation Abstracts International Section A: Humanities and Social Sciences* 2010;70(8-A):2956.

Abstract: Students enrolled in special education programs exhibit chronic disruptive and aggressive behavior, and teachers spend the majority of their time on discipline. Behavior intervention programs help teachers manage emotionally disabled (ED) students, teach them acceptable social skills, and improve academic performance. However, teachers are not often asked for their input on training and implementation, and few studies have been conducted on teachers' evaluations of these programs. This mixed-method study investigated teachers' evaluations and perceptions of a positive behavior intervention support program (PBIS) at a Northeastern school for middle school ED male students. Participants were comprised of a convenience sample of 10 experienced special education middle school teachers. Three research questions were formulated, one quantitative, with corresponding hypothesis, and

two qualitative. Quantitative data were collected with two instruments, and qualitative data were collected with an interview protocol and in-depth interviews. Descriptive statistical methods (frequencies, percentages, means) were used for quantitative data analysis, and qualitative methods (coding of interview data, synthesizing of themes and patterns) were used for qualitative data analysis. Quantitative results showed that the null hypothesis was rejected: the majority of teachers described their concerns and value of the program in terms of agreement or strong agreement. Qualitative results indicated that teachers expressed strong enthusiasm for the positive effects of the program on their teaching and students' improved academic and interpersonal skills. Teachers observed students' reduced aggressive behavior, fewer disciplinary referrals, greater focus on learning, and interactions with peers. Teachers also recognized the need for consistent training and greater parental support. It was concluded that the findings supported the value of the program, the need for continuous professional training, and the benefit to both teachers and students from this type of program. Recommendations for future research were made for replication with larger and more diverse samples, other schools, and different grade levels. Additional recommendations included revision of the instrument, systematic evaluations of the program, and inclusion of parent and student feedback. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 72

Turner W, Macdonald G, Dennis Jane A. Behavioural and cognitive behavioural training interventions for assisting foster carers in the management of difficult behaviour. *Cochrane Database of Systematic Reviews* 2007 (1):CD003760.

Abstract: Background: The provision of training for foster carers is now seen as an important factor contributing to the successful outcome of foster care placements. Since the late 1960s, foster carer training programs have proliferated, and few of the many published and unpublished training curricula have been systematically evaluated. The advent of cognitive-behavioural therapy (CBT) and the research evidence demonstrating its effectiveness as a psychotherapeutic treatment of choice for a range of emotional and behavioural problems, has prompted the development of CBT-based training programmes. CBT approaches to foster care training derive from a 'skill-based' training format that also seeks to identify and correct problematic thinking patterns that are associated with dysfunctional behaviour by changing and/or challenging maladaptive thoughts and beliefs.**Objectives:** To assess the effectiveness of cognitive-behavioural training interventions in improving a) looked-after children's behavioural/relationship problems, b) foster carers' psychological well-being and functioning, c) foster family functioning, d) foster agency outcomes.**Search methods:** We searched databases including: CENTRAL (Cochrane Library Issue 3, 2006), MEDLINE (January 1966 to September 2006), EMBASE (January 1980 to September 2006), CINAHL (January 1982 to September 2006), PsycINFO (January 1872 to September 2006), ASSIA (January 1987 to September 2006), LILACS (up to September 2006), ERIC (January 1965 to September 2006),

Sociological Abstracts (January 1963 to September 2006), and the National Research Register 2006 (Issue 3). We contacted experts in the field concerning current research. Selection criteria: Random or quasi randomised studies comparing behavioural or cognitive-behavioural-based training intervention (in a group or one-to-one settings or both) versus a no-treatment or wait-list control, for foster parents/carers. Data collection and analysis: Two authors independently assessed trial quality and extracted data. We contacted study authors for additional information. Main results: Six trials involving 463 foster carers were included. Behavioural and cognitive-behavioural training interventions evaluated to date appear to have very little effect on outcomes relating to looked-after children, assessed in relation to psychological functioning, extent of behavioural problems and interpersonal functioning. Results relating to foster carer(s) outcomes also show no evidence of effectiveness in measures of behavioural management skills, attitudes and psychological functioning. Analysis pertaining to fostering agency outcomes did not show any significant results. However, caution is needed in interpreting these findings as their confidence intervals are wide. Authors' conclusions: There is currently little evidence about the efficacy of behavioural or cognitive-behavioural training intervention for foster carers. The need for further research in this area is highlighted.

Referansenr. 73

Unterbrink T, Zimmermann L, Pfeifer R, Rose U, Joos A, Hartmann A, et al. Improvement in school teachers' mental health by a manual-based psychological group program. *Psychotherapy and Psychosomatics* 2010;79(4):262-264.

Abstract: Teachers in Germany and in several other countries are affected by stress-related health disorders such as depression, anxiety and somatoform disorders at especially high rates. Previous studies including some of our own have shown that coping with interpersonal processes or problems which teachers are continuously confronted with is one of the primary factors influencing the health of teachers. We have found that teachers are in fact exposed to high rates of adverse events such as verbal aggression, threat of violence and violence. It is well established that interpersonal conflicts, if irresolvable, negatively affect endocrine, immunological and neurobiological parameters. Therefore, teachers' health prevention must aim at improving social and emotional competences. For this purpose, we have developed a manual-based program comprising 10 sessions. The program focuses on 5 topics dealing with stress biology, reflection and the management of interpersonal relationships. The aim of our study was to evaluate the effects of our psychological group program. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 76

Webster-Stratton C, Reid MJ, Hammond M. Preventing conduct problems, promoting social competence: a parent and teacher training partnership in head start. *Journal of clinical child psychology* 2001;30(3):283-302.

Abstract: Studied the effectiveness of parent and teacher training as a selective prevention program for 272 Head Start mothers and their 4-year-old children and 61 Head Start teachers. Fourteen Head Start centers (34 classrooms) were randomly assigned to (a) an experimental condition in which parents, teachers, and family service workers participated in the prevention program (Incredible Years) or (b) a control condition consisting of the regular Head Start program. Assessments included teacher and parent reports of child behavior and independent observations at home and at school. Construct scores combining observational and report data were calculated for negative and positive parenting style, parent-teacher bonding, child conduct problems at home and at school, and teacher classroom management style. Following the 12-session weekly program, experimental mothers had significantly lower negative parenting and significantly higher positive parenting scores than control mothers. Parent-teacher bonding was significantly higher for experimental than for control mothers. Experimental children showed significantly fewer conduct problems at school than control children. Children of mothers who attended 6 or more intervention sessions showed significantly fewer conduct problems at home than control children. Children who were the "highest risk" at baseline (high rates of noncompliant and aggressive behavior) showed more clinically significant reductions in these behaviors than high-risk control children. After training, experimental teachers showed significantly better classroom management skills than control teachers. One year later the experimental effects were maintained for parents who attended more than 6 groups. The clinically significant reductions in behavior problems for the highest risk experimental children were also maintained. Implications of this prevention program as a strategy for reducing risk factors leading to delinquency by promoting social competence, school readiness, and reducing conduct problems are discussed.

Referansenr. 78

Zuckerman MS. Effectiveness of the I Can Problem Solve (ICPS) program with children in a residential group home setting. *Dissertation Abstracts International: Section B: The Sciences and Engineering* 2005;65(7-B):3736.

Abstract: This study investigated the effectiveness of the I Can Problem Solve (ICPS) Program on problem solving skills and aggression with children residing in two residential homes. Four children participated in the control group (Group 1) and four children participated in the treatment alternative group (Group 2-received ICPS). A time series design was utilized to evaluate the problem solving program's effectiveness with abused children. The study examined the impact of ICPS between groups and within groups. It was hypothesized that Group 2 would have a greater reduction in aggression and an increase in problem solving skills following ICPS training program than Group 1. The program included training the children on effective problem solving skills (developing alternative ways to resolve conflict, identifying multiple ways to solve a problem). The statistical and practical significance of the two groups were examined. Repeated measures of ANOVAs, paired t-tests and effect

sizes were computed. Results indicated statistical significance in increasing problem solving skills for Group 2 after program completion and one-month follow-up. Results also found statistical significance in comprehending subject matter on the Teacher Assessment for Group 2. However, there was no statistical evidence to support a reduction in aggressive behavior or an improvement in social interactions for Group 2. Implications are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

Referansenr. 82

Bell L. The physical restraint of young people. *Child & Family Social Work* 1997;2(1):37-47.

Abstract: Children and young people who are in residential care sometimes behave aggressively towards themselves and others, and they may need to be physically restrained by staff. This paper describes a small-scale study which examines the use of physical restraint in one Scottish region. It explores the circumstances surrounding the restraint and the feelings of staff about the use of the restraint. The study shows that many of the factors that have been shown to be associated with violence and aggression were present in the incidents described. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract).

Billings FC. The Effects of the Aggression and Violence Reduction Training Program on African-American Adolescent Males. 2007. P. 3070-A. Referansenr. 83 Abstract: The Aggression and Violence Reduction Training Program (AVT) was implemented with African-American adolescent males referred by probation officers and judges in the Fulton County Juvenile Justice System in Atlanta, Georgia. Twenty-one adolescent males comprised the purposive sample of this research study. The treatment group consisted of ten adolescent males and the control group consisted of eleven adolescent males. The AVT was an eight session program that utilized cognitive-behavioral techniques to reduce low to moderate levels of aggression and violence in adolescent African-American males. The program/intervention addressed social skills training, anger management, and violence education through such methods as group activities, discussions, handouts, video presentations, homework, role playing activities, facilitator feedback, and group feedback. The study utilized a quasi-experimental non-equivalent control group design to evaluate efficacy of the intervention. Questionnaires were completed by the youth and their parent or caregiver at pre and post-testing. The youth completed the Conners-Wells' Adolescent Self-Report Scale (CASS) and the Aggression Questionnaire (AQ). The parent or caregiver completed the Conners' Parent Rating Scales-Revised (CPR-R) and a Behavioral Questionnaire (BQ). Data collected were analyzed using the independent-samples t-test and the paired-samples t-test. Based on the results of the independent-samples t-test, the groups were not found to be statistically significantly different on the pretest prior to the intervention. After the intervention, statistical signifi-

cance was found based on the results of two of the four measures; the CASS completed by the youth and the BQ completed by the parent/guardian. Differences in the control group were not observed. Of four hypotheses, two were fully substantiated and two were partially substantiated.

Referansenr. 84

Chauveron L, Thompkins A, Harel O. Urban youth violence prevention: effectiveness of a scaled-up practice-to-research programme. *Journal of Children's Services* 2012;7(4):246-261.

Abstract: This study investigated the effectiveness of The Leadership Program's Violence Prevention Project (VPP), a 12-session programme consisting of explicit curriculum-based classroom instruction designed for adolescents to promote a range of communication skills associated with violence prevention and alter classroom norms about aggression and violence. It examined pre- and post-implementation surveys that assessed violence-related behaviours and attitudes from 3,264 6th-8th grade students in 24 urban public schools across four consecutive academic years in New York. Findings indicated that VPP buffered negative beliefs and behaviour in a wide range of violence-related outcomes including peer support and tolerance for aggression. VPP also promoted positive conflict resolution skills by reducing the use of verbally and physically aggressive resolution strategies over time in programme participants. The authors concluded that semester-long violence prevention programmes promoting communication skills were effective with urban early adolescents.

Referansenr. 85

Neace W, Munoz M. Pushing the boundaries of education: evaluating the impact of Second Step: A violence prevention curriculum with psychosocial and non-cognitive measures. *Child and Youth Services* 2012;33(1):46-69.

Abstract: In the United States, Project SHIELD (Supporting Healthy Individuals and Environments for Life Development) aims to provide students with comprehensive prevention and early intervention through education, mental health and social services that promote healthy childhood development and prevent violence and substance abuse. Under Project SHIELD, the Second Step violence prevention curriculum, targeted at students at risk for violence and substance abuse, was implemented in a large urban school district. This article reports on an outcome evaluation of Second Step undertaken to assess the intervention's effectiveness in changing student knowledge, attitudes and conflict resolution skills and behaviours such as attendance and suspensions. It describes the study methodology, participants, measures and findings. The results indicated improvements in students' attitudes and behaviours, with gains in learning skills needed to avoid aggressive behaviour and decreases in unexcused absences. The authors discuss the findings, concluding

that Second Step had small but favourable impacts on non-cognitive outcomes relevant to school policy.

Referansnr. 86

Nunno M, Holden M, Leidy B. Evaluating and monitoring the impact of a crisis intervention system on a residential child care facility. *Children and Youth Services Review* 2003;25(4):295-315.

Abstract: Residential child care staff require specialised knowledge and skills to prevent and manage aggressive and acting out behavior on the part of children in their care. Often a child's aggression is visible through crisis episodes that leave both the child and the care worker in turmoil. Without proper training and supervisory support, staff can react to a child's aggression with counter-aggression; or worse, staff can respond with abusive behavior toward the child. This article reports the process and impact of implementing a consistent crisis intervention methodology known as Therapeutic Crisis Intervention (TCI) within one medium sized facility in the northeastern United States. Impact was measured by monitoring critical incidents, staff knowledge, confidence and skill levels, and the consistency of staff intervention pre and post implementation. The implementation of TCI was successful in substantially reducing critical incidents, significantly reducing documented physical restraint episodes in one unit, and increasing staff knowledge, confidence and consistency in crisis intervention facility-wide. This article discusses the limitations of this evaluation and monitoring system, and suggests additional evaluation strategies that might overcome these limits.

Referansnr. 87

Linares L, Li M, Shrout P. Child training for physical aggression?: Lessons from foster care. *Children and Youth Services Review* 2012;34(12):2416-2422.

Abstract: Studies have linked early childhood neglect to the development of physical aggression. This article describes an evaluation of the effectiveness of a child-focused adaptation of the Incredible Years Child Training programme to reduce physical aggression in children in out-of-home care. The intervention was implemented at 6 volunteering community sites which provide out-of-home care to maltreated children in New York City. The participants were 94 children aged 5-8 years with substantiated child neglect. Forty nine children were randomly assigned to the Child Training and 45 to the Usual Care group. Ratings by foster parents and teachers of child self-control and physical aggression were gathered at baseline, post intervention, and 3-month follow up. The findings showed that, contrary to expectations, children in the Child Training group did not experience better outcomes than those in the Usual Care group. Foster parent reports indicated that physical aggression decreased over time for both groups. Teacher ratings remained unchanged for both groups. Intervention gains in good self-control were found to be greater for

boys than girls. The lessons to be learnt from this negative trial are discussed, including the need to attend to gender, expand child training programmes, and study site characteristics.

Referansenr. 89

Nugent W, Ely G. The effects of aggression replacement training on periodicities in antisocial behavior in a residential facility for adolescents. *Journal of the Society for Social Work and Research* 2010;1(3):140-158.

Abstract: This article describes and reports results of a study investigating the relationship between aggression replacement training (ART) and periodicities in antisocial behaviour in a short-term shelter for adolescents. It describes the results of an analysis of the original data from the a previous study by the authors using spectral analysis and harmonic regression analysis methods. This study was guided by the following two principal research questions and the third question, which represented a secondary interest: 1. Were periodicities evident in the baseline antisocial behaviour data used in the original study? 2. If present, did those periodicities change concomitant with the implementation of the ART program? 3. Once included in the analyses, did the inclusion of periodicities and changes in periodicities alter the findings reported by the previous study regarding the relationship of ART to adolescent antisocial behaviour? The original study was conducted in a short-term shelter for adolescents located in a mid-sized city in a Southeastern state. This shelter served at-risk youths and their families by providing temporary housing and other services such as short-term individual and family counselling. The adolescents' mean length of stay in the shelter was about 40 days. The results of the study imply that ART may be an effective intervention for reducing or eliminating cycles of adolescent antisocial behaviour in short-term residential programs. Recommendations are discussed for future research that is needed to confirm the potential utility of ART.

Vedlegg

Vedlegg 1: Andre referanser

1. Newhill C, Wexler S. Client violence toward children and youth services social workers. *Children and Youth Services Review* 1997;19(3):195-212.
2. Prop. 106 L (2012-2013): Endringer i barnevernloven.
3. Vold og trusler på arbeidsplassen: Forebygging, håndtering og oppfølging.
4. Lov om arbeidsmiljø, arbeidstid og stillingsvern mv (arbeidsmiljøloven).
5. Lov om barneverntjenester (barnevernloven).

Vedlegg 2: Søkestrategier

CINAHL

#	Query	Results
S43	S38 OR S40 OR S42 Limiters - Exclude MEDLINE records	785
S42	S36 AND S41 Limiters - Exclude MEDLINE records	366
S41	(MH "Retrospective Design") OR (MH "Repeated Measures") OR (MH "Quasi-Experimental Studies+") OR (MH "Quantitative Studies") OR (MH "Nonexperimental Studies+") OR (MH "Experimental Studies+") OR (MH "Crossover Design") OR TI (((randomi?ed N7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled N3 trial*) or (clinical N2 trial*) or cohort or longitudinal or	527,977

	prospective or retrospective or (case* N5 control*) or (case N3 comparison*) or case-comparison or "control group*" or "interrupted time series" or "repeated measure*")) OR AB (((randomi?ed N7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled N3 trial*) or (clinical N2 trial*) or cohort or longitudinal or prospective or retrospective or (case* N5 control*) or (case N3 comparison*) or case-comparison or "control group*" or "interrupted time series" or "repeated measure*"))	
S40	S36 AND S39 Limiters - Exclude MEDLINE records	519
S39	(MH "Qualitative Studies+") OR (MH "Focus Groups") OR (MH "Interviews+") OR (MH "Narratives") OR TI ((((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide) N3 (interview* or discussion* or questionnaire*)) or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant")) OR AB ((((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide) N3 (interview* or discussion* or questionnaire*)) or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant"))	172,680
S38	S36 AND S37 Limiters - Exclude MEDLINE records	38
S37	(MH "Systematic Review") OR (MH "Meta Analysis") OR TI ((((comprehensive* or systematic*) N3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) N3 synthesis) or (data N2 extract*) or (review N5 (rational or evidence)) or cinahl or (cochrane N3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science")) OR AB ((((comprehensive* or systematic*) N3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) N3 synthesis) or (data N2 extract*) or (review N5 (rational or evidence)) or cinahl or (cochrane N3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science"))	63,533
S36	S33 OR S35	4,371
S35	S32 AND S34	109

S34	TI (faculty or teacher* or ((educational or teaching or academic) W0 (personnel or staff)))	7,442
S33	(S11 OR S27) AND S32	4,271
S32	S28 OR S29 OR S30 OR S31	57,921
S31	TI (((workplace or occupational) W0 safety)) OR AB (((workplace or occupational) W0 safety))	918
S30	TI (((personal or personnel or worker* or employee*) W0 safety)) OR AB (((personal or personnel or worker* or employee*) W0 safety))	429
S29	TI ((batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical N3 abus*))) OR AB ((batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical N3 abus*)))	44,482
S28	(MH "Workplace Violence") OR (MH "Aggression") OR (MH "Occupational Safety")	17,139
S27	S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	65,727
S26	TI juvenile W0 justice OR AB juvenile W0 justice	280
S25	TI (((juvenile or youth) N4 (detention or probation or correction*) N4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))) OR AB (((juvenile or youth) N4 (detention or probation or correction*) N4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)))	114
S24	TI youth* W0 agenc* OR AB youth* W0 agenc*	9
S23	TI youth* W0 assistance OR AB youth* W0 assistance	0
S22	TI ((social W0 service* W0 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))) OR AB ((social W0 service* W0 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)))	445
S21	TI congregat* W0 care OR AB congregat* W0 care	15
S20	TI secure W0 care OR AB secure W0 care	32

S19	TI ((orphanage* or orphan W0 home*)) OR AB ((orphanage* or orphan W0 home*))	135
S18	TI ((community W0 home*) or (residential W0 (care or program*))) OR AB ((community W0 home*) or (residential W0 (care or program*)))	1,638
S17	TI (((juvenile or youth or adolescent) W0 facilit*)) OR AB (((juvenile or youth or adolescent) W0 facilit*))	16
S16	TI (((youth or juvenile or adolescent) W0 home*)) OR AB (((youth or juvenile or adolescent) W0 home*))	45
S15	TI (foster W0 care) OR AB (foster W0 care)	1,044
S14	TI (((child or youth or juvenile) W0 welfare)) OR AB (((child or youth or juvenile) W0 welfare))	1,426
S13	TI (((child or youth or juvenile) W0 care)) OR AB (((child or youth or juvenile) W0 care))	2,152
S12	(MH "Child Care+") OR (MH "Child Day Care") OR (MH "Child Welfare+") OR (MH "Orphans and Orphanages") OR (MH "Youth Care Facilities") OR (MH "Foster Home Care") OR (MH "Assisted Living") OR (MH "Community Living+") OR (MH "Residential Facilities+") OR (MH "Residential Care+") OR (MH "Social Work Service")	63,052
S11	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10	11,571
S10	TI (((juvenile or youth) N4 (probation or detention or correction* or justice) N4 (worker* or officer* or staff or assistant* or personnel)) or case W0 worker*) OR AB (((juvenile or youth) N4 (probation or detention or correction* or justice) N4 (worker* or officer* or staff or assistant* or personnel)) or case W0 worker*)	56
S9	TI (child W0 welfare W0 (worker* or personnel or staff or workforce*)) OR AB (child W0 welfare W0 (worker* or personnel or staff or workforce*))	130
S8	TI (child W0 care W0 (worker* or personnel or staff or workforce*)) OR AB (child W0 care W0 (worker* or personnel or staff or workforce*))	55
S7	TI ((residential* or child* or youth* or adolescent* or juvenile*) W0 caregiver*) OR AB ((residential* or child* or youth* or adolescent* or juvenile*) W0 caregiver*)	201

S6	TI (residential W0 (worker* or personnel or staff or workforce*)) OR AB (residential W0 (worker* or personnel or staff or workforce*))	29
S5	TI (human W0 service* W0 (worker* or personnel or staff or workforce*)) OR AB (human W0 service* W0 (worker* or personnel or staff or workforce*))	46
S4	TI (social W0 care W0 (worker* or personnel or staff or workforce*)) OR AB (social W0 care W0 (worker* or personnel or staff or workforce*))	165
S3	TI (social W0 service* W0 (worker* or personnel or staff or workforce*)) OR AB (social W0 service* W0 (worker* or personnel or staff or workforce*))	98
S2	TI (youth W0 worker* OR youth W0 leader* OR group W0 worker* OR social W0 worker*) OR AB (youth W0 worker* OR youth W0 leader* OR group W0 worker* OR social W0 worker*)	5,837
S1	(MH "Child Care Providers") OR (MH "Correctional Facilities Personnel") OR (MH "Social Workers")	7,031

Cochrane Library

ID	Search	Hits
#1	(child-protection next (worker* or personnel or staff or workforce*)):ab,kw,ti	0
#2	(youth*-worker*):ab,kw,ti	5
#3	(youth*-leader*):ab,kw,ti	6
#4	(group-worker*):ab,kw,ti	9
#5	(social-worker*):ab,kw,ti	245
#6	(social-service* next (worker* or personnel or staff or workforce*)):ab,kw,ti	0
#7	(social-care next (worker* or personnel or staff or workforce*)):ab,kw,ti	3
#8	(human-service* next (worker* or personnel or staff or workforce*)):ab,kw,ti	0
#9	((residential or child* or youth* or adolescent* or juvenile*) next caregiver*):ab,kw,ti	55
#10	(child-care next (worker* or personnel or staff or workforce*)):ab,kw,ti	11
#11	(child-welfare next (worker* or personnel or staff or workforce*)):ab,kw,ti	3

#12	((juvenile* or youth*) near/4 (probation or detention or correction* or justice) near/4 (worker* or officer* or staff or assistant* or personnel)):ab,kw,ti	4
#13	(case-worker*):ab,kw,ti	5
#14	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13	340
#15	MeSH descriptor: [Child Care] this term only	32
#16	MeSH descriptor: [Orphanages] this term only	7
#17	MeSH descriptor: [Group Homes] this term only	44
#18	MeSH descriptor: [Assisted Living Facilities] this term only	34
#19	MeSH descriptor: [Foster Home Care] this term only	84
#20	MeSH descriptor: [Social Work] explode all trees	202
#21	((child* or youth* or juvenile*) next care):ab,kw,ti	404
#22	((child* or youth* or juvenile*) next welfare):ab,kw,ti	362
#23	((foster or secure or congregat*) next care):ab,kw,ti	141
#24	((youth* or juvenile* or adolescent*) next home*):ab,kw,ti	12
#25	((juvenile* or youth* or adolescent*) next facilit*):ab,kw,ti	3
#26	community-home*):ab,kw,ti	12
#27	(residential next (care or program*)):ab,kw,ti	269
#28	(orphanage* or orphan*-home*):ab,kw,ti	15
#29	(social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)):ab,kw,ti	244
#30	youth*-assistance*):ab,kw,ti	0
#31	youth*-agenc*):ab,kw,ti	0
#32	((juvenile* or youth*) near/4 (detention or probation or correction*) near/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)):ab,kw,ti	10
#33	juvenile-justice:ab,kw,ti	27
#34	#15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33	1662
#35	MeSH descriptor: [Workplace Violence] this term only	0
#36	MeSH descriptor: [Aggression] explode all trees	864
#37	MeSH descriptor: [Occupational Health] this term only	416
#38	(batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical near/3 abus*)):ab,kw,ti	12616
#39	((personal or personnel or worker* or employee*) next safety):ab,kw,ti	24
#40	((workplace or occupational) next safety):ab,kw,ti	85
#41	#35 or #36 or #37 or #38 or #39 or #40	13136
#42	(#14 or #34) and #41	95

#43	(faculty or teacher* or ((educational or teaching or academic) next (personnel or staff)):ti	422
#44	#41 and #43	18
#45	#42 or #44 in Cochrane Reviews (Reviews and Protocols), Other Reviews, Trials and Technology Assessments	110

CRD

Line	Search	Hits
1	((youth-worker* or youth-leader* or group-worker* or social-worker*))	156
2	((social-service* next (worker* or personnel or staff or workforce**)))	6
3	((social-care next (worker* or personnel or staff or workforce**)))	5
4	((child-protection next (worker* or personnel or staff or workforce**)))	0
5	((human-service* next (worker* or personnel or staff or workforce**)))	0
6	((residential next (worker* or personnel or staff or workforce* or caregiver**)))	2
7	((child-care next (worker* or personnel or staff or workforce**)))	1
8	((child-welfare next (worker* or personnel or staff or workforce**)))	0
9	((juvenile* or youth*) NEAR4 (probation or detention or correction* or justice) NEAR4 (worker* or officer* or staff or assistant* or personnel**))	0
10	(case-worker*)	0
11	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10	168
12	MeSH DESCRIPTOR child care	6
13	MeSH DESCRIPTOR orphanages	1

14	MeSH DESCRIPTOR group homes	7
15	MeSH DESCRIPTOR assisted living facilities	3
16	MeSH DESCRIPTOR foster home care	7
17	MeSH DESCRIPTOR Social Work EXPLODE ALL TREES	41
18	((child* or youth* or juvenile*) next care))	78
19	((child* or youth* or juvenile*) next welfare))	71
20	((foster or secure or congregat*) next care))	15
21	((youth* or juvenile* or adolescent*) next home*))	0
22	((juvenile* or youth* or adolescent*) next facilit*))	1
23	(community-home*)	14
24	((residential next (care or program*)))	124
25	((orphanage* or orphan*-home*))	2
26	((social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)))	13
27	(youth*-assistance*)	0
28	(youth*-agenc*)	0
29	((juvenile* or youth*) NEAR4 (detention or probation or correction*) NEAR4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)))	4
30	(juvenile-justice)	7
31	#12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30	353
32	MeSH DESCRIPTOR workplace violence	0
33	MeSH DESCRIPTOR aggression EXPLODE ALL TREES	53

34	MeSH DESCRIPTOR occupational health	102
35	((batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical NEAR3 abus*)))	998
36	((((personal or personnel or worker* or employee* or workplace or occupational) next safety))	40
37	#32 OR #33 OR #34 OR #35 OR #36	1129
38	((#11 OR #31) AND #37))	38
39	(faculty or teacher* or ((educational or teaching or academic) next (personnel or staff))):TI	4
40	#37 AND #39	0
41	#38 OR #40	38

ERIC

((SU.EXACT("Caseworkers") OR SU.EXACT("Pupil Personnel Workers") OR SU.EXACT("School Counselors") OR SU.EXACT("Student Personnel Workers") OR SU.EXACT.EXPLODE("School Social Workers") OR SU.EXACT.EXPLODE("Youth Leaders") OR TI(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR AB(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR TI(faculty OR teacher* OR ((educational OR teaching OR academic) next (personnel OR staff)))) OR (SU.EXACT.EXPLODE("Youth Agencies") OR SU.EXACT.EXPLODE("Group Homes") OR SU.EXACT("Residential Programs") OR SU.EXACT("Residential Care") OR SU.EXACT("Child Care Centers") OR SU.EXACT.EXPLODE("Child Care") OR SU.EXACT("Juvenile Justice") OR SU.EXACT("Foster Care") OR SU.EXACT("Child Welfare") OR TI(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home* or unit* or

department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*) within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice) OR AB(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*) within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice))) AND (SU.EXACT("Aggression") OR SU.EXACT("Violence") OR SU.EXACT.EXPLODE("Occupational Safety and Health") OR TI(batter* OR perpetr* OR violen* OR beat* OR assault* OR atrocit* OR aggress* OR (physical within/3 abus*) OR ((personal OR personnel OR worker OR employee OR workplace OR occupational) next safety)) OR AB(batter* OR perpetr* OR violen* OR beat* OR assault* OR atrocit* OR aggress* OR (physical within/3 abus*) OR ((personal OR personnel OR worker* OR employee* OR workplace OR occupational) next safety))) AND ((SU.EXACT("Meta Analysis") OR AB(((comprehensive* or systematic*) within/3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) within/3 synthesis) or (data within/2 extract*) or (review within/5 (rational or evidence)) or cinahl or (cochrane within/3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science")) OR (SU.EXACT.EXPLODE("Qualitative Research") OR AB(((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) within/3 (interview* or discussion* or questionnaire*)) or "focus group*" or qualitative or ethnograph* or fieldwork or "field work" or "key informant")) OR AB((randomi?ed within/7 trial*) OR ((single OR doubl* OR tripl* OR treb*) AND (blind* OR mask*)) OR (controlled within/3 trial*) OR (clinical within/2 trial*) OR cohort OR longitudinal OR prospective OR retrospective OR (case* within/5 control*) OR (case within/3 comparison*) OR case-comparison OR "control group*" OR "interrupted time series" OR "repeated measure*"))

MEDLINE

#	Searches	Re- sults
1	(child-protection adj (worker* or personnel or staff or workforce*).tw.	44
2	youth* worker*.tw.	63

3	youth* leader*.tw.	72
4	group worker*.tw.	72
5	social worker*.tw.	7018
6	(social service* adj (worker* or personnel or staff or workforce*)).tw.	133
7	(social care adj (worker* or personnel or staff or workforce*)).tw.	102
8	(human service* adj (worker* or personnel or staff or workforce*)).tw.	61
9	(residential adj (worker* or personnel or staff or workforce*)).tw.	40
10	residential caregiver*.tw.	5
11	(child-care adj (worker* or personnel or staff or workforce*)).tw.	165
12	((residential or child* or youth* or adolescent* or juvenile*) adj caregiver*).tw.	405
13	(child welfare adj (worker* or personnel or staff or workforce*)).tw.	110
14	((juvenile* or youth*) adj4 (probation or detention or correction* or justice) adj4 (worker* or officer* or staff or assistant* or personnel)).tw.	42
15	case-worker.tw.	23
16	or/1-15	8285
17	Child care/ or Orphanages/ or Group Homes/ or Foster Home Care/ or Assisted Living Facilities/ or exp Social work/	24446
18	((child* or youth* or juvenile*) adj care).tw.	5716
19	((child* or youth* or juvenile*) adj welfare).tw.	2298
20	((foster or secure or congregat*) adj care).tw.	1488
21	((youth* or juvenile* or adolescent*) adj home*).tw.	88
22	((youth* or juvenile* or adolescent*) adj facilit*).tw.	54
23	community home*.tw.	222
24	(residential adj (care or program*)).tw.	2406
25	(orphanage* or orphan home*).tw.	561
26	(social service* adj (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	668
27	youth* assistance.tw.	5

28	youth* agenc*.tw.	19
29	((juvenile* or youth*) adj4 (detention or probation or correction*) adj4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	347
30	juvenile justice.tw.	611
31	or/17-30	35109
32	Workplace Violence/ or exp Aggression/	28831
33	(batter* or perpetr* or violen* or beat* or assault* or atrocit* or aggress* or (physical adj3 abus*)).tw.	266319
34	Occupational Health/	25419
35	((personal or personnel or worker* or employee*) adj safety).tw.	895
36	((workplace or occupational) adj safety).tw.	3509
37	or/32-36	304901
38	(16 or 31) and 37 [populasjon/setting + problem]	1884
39	(faculty or teacher* or ((educational or teaching or academic) adj (personnel or staff))).ti.	16069
40	37 and 39 [lærere + problem]	354
41	(((comprehensive* or systematic*) adj3 (bibliographic* or review* or literature)) or (meta-analy* or metaanaly* or "research synthesis" or ((information or data) adj3 synthesis) or (data adj2 extract*))).ti,ab. or (cinahl or (cochrane adj3 trial*) or embase or medline or psyclit or (psycinfo not "psycinfo database") or pubmed or scopus or "sociological abstracts" or "web of science").ab. or "cochrane database of systematic reviews".jn. or ((review adj5 (rationale or evidence)).ti,ab. and review.pt.) or meta-analysis as topic/ or Meta-Analysis.pt.	211036
42	(((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide) adj3 (interview* or discussion* or questionnaire*)) or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant")).ti,ab. or interviews as topic/ or focus groups/ or narration/ or qualitative research/	228690
43	("clinical trial" or "clinical trial, phase i" or "clinical trial, phase ii" or clinical trial, phase iii or clinical trial, phase iv or controlled clinical trial or "multicenter study" or "randomized controlled trial").pt. or	1168300

	double-blind method/ or clinical trials as topic/ or clinical trials, phase i as topic/ or clinical trials, phase ii as topic/ or clinical trials, phase iii as topic/ or clinical trials, phase iv as topic/ or controlled clinical trials as topic/ or randomized controlled trials as topic/ or early termination of clinical trials as topic/ or multicenter studies as topic/ or ((randomi?ed adj7 trial*) or (controlled adj3 trial*) or (clinical adj2 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*))).ti,ab.	
44	cohort studies/ or longitudinal studies/ or follow-up studies/ or prospective studies/ or retrospective studies/ or cohort.ti,ab. or longitudinal.ti,ab. or prospective.ti,ab. or retrospective.ti,ab.	1716364
45	Case-Control Studies/ or Control Groups/ or Matched-Pair Analysis/ or retrospective studies/ or ((case* adj5 control*) or (case adj3 comparison*) or control group*).ti,ab.	985824
46	(interrupted time series or repeated measure*).tw.	28580
47	or/43-46	2937723
48	(38 or 40) and 41 [tema+SR]	39
49	(38 or 40) and 42 [tema+kvalitativ]	257
50	(38 or 40) and 47 [tema+kontrollerte studier]	497
51	or/48-50	737

PsycINFO

#	Searches	Re-sults
1	Child Care Workers/ or exp Social Workers/ or Probation Officers/	11032
2	(child-protection adj (worker* or personnel or staff or workforce*).tw.	196
3	youth* worker*.tw.	280
4	youth* leader*.tw.	195
5	group worker*.tw.	410
6	social worker*.tw.	18904
7	(social service* adj (worker* or personnel or staff or workforce*).tw.	318
8	(social care adj (worker* or personnel or staff or workforce*).tw.	118

9	(human service* adj (worker* or personnel or staff or workforce*)).tw.	339
10	(residential adj (worker* or personnel or staff or workforce*)).tw.	185
11	residential caregiver*.tw.	13
12	(child care adj (worker* or personnel or staff or workforce*)).tw.	614
13	((residential or child* or youth* or adolescent* or juvenile*) adj caregiver*).tw.	680
14	(child welfare adj (worker* or personnel or staff or workforce*)).tw.	470
15	((juvenile* or youth*) adj4 (probation or detention or correction* or justice) adj4 (worker* or officer* or staff or assistant* or personnel)).tw.	254
16	case worker*.tw.	370
17	or/1-16	25716
18	Child welfare/ or Foster Care/ or Juvenile Justice/ or Social Services/ or Residential Care Institutions/ or Orphanages/ or Assisted living/ or Group homes/	26587
19	((child* or youth* or juvenile*) adj care).tw.	8972
20	((child* or youth* or juvenile*) adj welfare).tw.	5570
21	((foster or secure or congregat*) adj care).tw.	4559
22	((youth* or juvenile* or adolescent*) adj home*).tw.	197
23	((juvenile* or youth* or adolescent*) adj facilit*).tw.	103
24	community home*.tw.	212
25	(orphanage* or orphan* home*).tw.	629
26	(residential adj (care or program*)).tw.	3609
27	(social service* adj (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	1395
28	youth* assistance.tw.	4
29	youth* agenc*.tw.	47
30	((juvenile* or youth*) adj4 (detention or probation or correction*) adj4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	992
31	juvenile justice.tw.	2568

32	or/18-31	41854
33	workplace violence/ or exp aggressive behavior/	118777
34	(batter* or perpetr* or violen* or beat* or assault* or atrocit* or aggress* or (physical adj3 abus*)).tw.	169447
35	exp occupational safety/	2468
36	((personal or personnel or worker* or employee*) adj safety).tw.	770
37	((workplace or occupational) adj safety).tw.	919
38	or/33-37	221171
39	(17 or 32) and 38 [populasjon/setting + problem]	5888
40	(faculty or teacher* or ((educational or teaching or academic) adj (personnel or staff))).ti.	49154
41	38 and 40 [lærere + problem]	1384
42	((comprehensive* or systematic*) adj3 (bibliographic* or review* or literature)) or (meta-analy* or metaanaly* or "research synthesis" or ((information or data) adj3 synthesis) or (data adj2 extract*))).ti,ab,id. or ((review adj5 (rational or evidence)).ti,ab,id. and "Literature Review".md.) or (cinahl or (cochrane adj3 trial*) or embase or medline or psyclit or (psycinfo not "psycinfo database") or pubmed or scopus or "sociological abstracts" or "web of science").ab. or ("systematic review" or "meta analysis").md.	46596
43	((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) adj3 (interview* or discussion* or questionnaire*))).ti,ab,id. or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant").ti,ab,id. or exp qualitative research/ or exp interviews/ or exp group discussion/ or qualitative study.md.) not "Literature Review".md.	233487
44	clinical trials/ or "treatment outcome clinical trial".md. or ((randomi?ed adj7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled adj3 trial*) or (clinical adj2 trial*))).ti,ab,id.	75082
45	((cohort or longitudinal or prospective or retrospective).ti,ab,id. or longitudinal study.md. or prospective study.md. or retrospective study.md.) not "Literature Review".md.	186392

46	((case* adj5 control*) or (case adj3 comparison*) or case-comparison or control group*).ti,ab,id. not "Literature Review".md.	67573
47	(interrupted time series or repeated measure*).tw.	11684
48	or/44-47	314998
49	(39 or 41) and 42 [tema+SR]	58
50	(39 or 41) and 43 [tema+kvalitativ]	917
51	(39 or 41) and 48 [tema+kontrollerte studier]	660
52	or/49-51	1570

Sociological Abstracts / Social Services Abstracts

((SU.EXACT("Caregivers") OR TI(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR AB(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR TI(faculty OR teacher* OR ((educational OR teaching OR academic) next (personnel OR staff)))) OR (SU.EXACT.EXPLODE("Child Care Services") OR SU.EXACT.EXPLODE("Child Welfare Services") OR SU.EXACT("Foster Care") OR SU.EXACT.EXPLODE("Juvenile Correctional Institutions") OR SU.EXACT("Correctional System") OR SU.EXACT.EXPLODE("Juvenile Justice") OR TI(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*) within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice) OR AB(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*)

within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice))) AND (SU.EXACT("Aggression") OR SU.EXACT("Violence") OR SU.EXACT.EXPLODE("Occupational Safety and Health") OR TI(batter* OR perpetrat* OR violen* OR beat* OR assault* OR atrocit* OR aggress* OR (physical within/3 abus*) OR ((personal OR personnel OR worker OR employee OR workplace OR occupational) next safety)) OR AB(batter* OR perpetrat* OR violen* OR beat* OR assault* OR atrocit* OR aggress* OR (physical within/3 abus*) OR ((personal OR personnel OR worker* OR employee* OR workplace OR occupational) next safety))) AND (AB(((comprehensive* or systematic*) within/3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) within/3 synthesis) or (data within/2 extract*) or (review within/5 (rational or evidence)) or cinahl or (cochrane within/3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science") OR (SU.EXACT.EXPLODE("Qualitative Methods") OR AB(("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) within/3 (interview* or discussion* or questionnaire*)) or "focus group*" or qualitative or ethnograph* or fieldwork or "field work" or "key informant")) OR AB((randomi?ed within/7 trial*) OR ((single OR doubl* OR tripl* OR treb*) AND (blind* OR mask*)) OR (controlled within/3 trial*) OR (clinical within/2 trial*) OR cohort OR longitudinal OR prospective OR retrospective OR (case* within/5 control*) OR (case within/3 comparison*) OR case-comparison OR "control group*" OR "interrupted time series" OR "repeated measure*"))

Web of Science

Set		Results
# 39	#38 OR #37 OR #36	429
# 38	#35 AND #32	261
# 37	#34 AND #32	122
# 36	#33 AND #32	65
# 35	TS=((randomi?ed NEAR/7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled NEAR/3 trial*) or (clinical NEAR/2 trial*) or cohort or longitudinal or prospective or retrospective or (case* NEAR/5 control*) or (case NEAR/3 comparison*) or case-comparison	1,854,829

	or "control group*" or "interrupted time series" or "repeated measure*")	
# 34	TS=(((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) adj3 (interview* or discussion* or questionnaire*)) or "focus group*" or qualitative or ethnograph* or fieldwork or "field work" or "key informant")	253,408
# 33	TS=(((comprehensive* or systematic*) NEAR/3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) NEAR/3 synthesis) or (data NEAR/2 extract*) or (review NEAR/5 (rational or evidence)) or cinahl or (cochrane NEAR/3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science")	291,383
# 32	#31 OR #29	1,811
# 31	#30 AND #28	607
# 30	TI=(faculty or teacher* or ((educational or teaching or academic) next (personnel or staff)))	55,110
# 29	(#11 OR #24) AND #28	1,210
# 28	#27 OR #26 OR #25	393,262
# 27	TS=((workplace or occupational) next safety)	96
# 26	TS=((personal or personnel or worker* or employee*) next safety)	224
# 25	TS=(batter* or perpetr* or violen* or beat* or assault* or atrocit* or aggress* or (physical NEAR/3 abus*))	393,001

# 24	#23 OR #22 OR #21 OR #20 OR #19 OR #18 OR #17 OR #16 OR #15 OR #14 OR #13 OR #12	5,143
# 23	TS=juvenile-justice	1,960
# 22	TS=((juvenile* or youth*) NEAR/4 (detention or probation or correction*) NEAR/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))	572
# 21	TS=(youth*-assistance* or youth*-agenc*)	52
# 20	TS=(social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))	78
# 19	TS=(orphanage* or orphan*-home*)	731
# 18	TS=(residential next (care or program*))	105
# 17	TS=community-home*	237
# 16	TS=((juvenile* or youth* or adolescent*) next facilit*)	105
# 15	TS=((youth* or juvenile* or adolescent*) next home*)	139
# 14	TS=((foster or secure or congregat*) next care)	197
# 13	TS=((child* or youth* or juvenile*) next welfare)	111
# 12	TS=((child* or youth* or juvenile*) next care)	1,153
# 11	#10 OR #9 OR #8 OR #7 OR #6 OR #5 OR #4 OR #3 OR #2 OR #1	8,525
# 10	TS=case-worker*	115

# 9	TS=((juvenile* or youth*) NEAR/4 (probation or detention or correction* or justice) NEAR/4 (worker* or officer* or staff or assistant* or personnel))	128
# 8	TS=(child-welfare next (worker* or personnel or staff or workforce*))	5
# 7	TS=(child-care next (worker* or personnel or staff or workforce*))	6
# 6	TS=(residential next (worker* or personnel or staff or workforce* or caregiver*))	32
# 5	TS=(human-service* next (worker* or personnel or staff or workforce*))	6
# 4	TS=(child-protection next (worker* or personnel or staff or workforce*))	1
# 3	TS=(social-care next (worker* or personnel or staff or workforce*))	8
# 2	TS=((social-service* next (worker* or personnel or staff or workforce*)))	14
# 1	TS=((youth-worker* or youth-leader* or group-worker* or social-worker*))	8,242

Campbell Library

22.09.2014

Søk: aggression*

Treff: 0 relevante

Social Care Online

22.09-2014

Søk: aggression youth

Treff: 154

Antall relevante: 6

SSRN Social Science Research Network

23.09-2014

Søk: aggression youth

Treff: 13

Antall relevante: 0

Vedlegg 3: Søkestrategier med tilleggssøk

CINAHL

S46	S45 NOT S43	30
S45	(S11 OR S27 OR S34) AND S44 AND (S37 OR S39 OR S41) Limiters - Exclude MEDLINE records	36
S44	(MH "Self Regulation") OR (MH "Self-Control (Iowa NOC) (Non-Ci-nahl)+")OR TI ((self-containment or self-control or self-deiscipline or self-mastery or self-possession or self-restraint)) AND AB ((self-containment or self-control or self-deiscipline or self-mastery or self-possession or self-restraint))	1,911
S43	S38 OR S40 OR S42 Limiters - Exclude MEDLINE records	809
S42	S36 AND S41 Limiters - Exclude MEDLINE records	383
S41	(MH "Retrospective Design") OR (MH "Repeated Measures") OR (MH "Quasi-Experimental Studies+") OR (MH "Quantitative Studies") OR (MH "Nonexperimental Studies+") OR (MH "Experimental Studies+") OR (MH "Crossover Design") OR TI (((randomi?ed N7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled N3 trial*) or (clinical N2 trial*) or cohort or longitudinal or prospective or retrospective or (case* N5 control*) or (case N3 comparison*) or case-comparison or "control group*" or "inter-rupted time series" or "repeated measure*")) OR AB (((randomi?ed N7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled N3 trial*) or (clinical N2 trial*) or cohort or longitudinal or prospective or retrospective or (case* N5 control*) or (case N3 comparison*) or case-comparison or "control group*" or "interrupted time series" or "repeated measure*"))	532,568
S40	S36 AND S39 Limiters - Exclude MEDLINE records	530

S39	(MH "Qualitative Studies+") OR (MH "Focus Groups") OR (MH "Interviews+") OR (MH "Narratives") OR TI ((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide) N3 (interview* or discussion* or questionnaire*)) or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant")) OR AB ((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide) N3 (interview* or discussion* or questionnaire*)) or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant")))	174,019
S38	S36 AND S37 Limiters - Exclude MEDLINE records	38
S37	(MH "Systematic Review") OR (MH "Meta Analysis") OR TI (((comprehensive* or systematic*) N3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) N3 synthesis) or (data N2 extract*) or (review N5 (rational or evidence)) or cinahl or (cochrane N3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science")) OR AB (((comprehensive* or systematic*) N3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) N3 synthesis) or (data N2 extract*) or (review N5 (rational or evidence)) or cinahl or (cochrane N3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science"))	64,223
S36	S33 OR S35	4,523
S35	S32 AND S34	111
S34	TI (faculty or teacher* or ((educational or teaching or academic) W0 (personnel or staff)))	7,483
S33	(S11 OR S27) AND S32	4,464
S32	S28 OR S29 OR S30 OR S31	58,283
S31	TI (((workplace or occupational) W0 safety)) OR AB (((workplace or occupational) W0 safety))	924
S30	TI (((personal or personnel or worker or employee) W0 safety)) OR AB (((personal or personnel or worker or employee) W0 safety))	407
S29	TI ((batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical N3 abus*))) OR AB ((batter* or perpetrat*	44,794

	or violen* or beat* or assault* or atrocit* or aggress* or (physical N3 abus*)))	
S28	(MH "Workplace Violence") OR (MH "Aggression") OR (MH "Occupational Safety")	17,227
S27	S12 OR S13 OR S14 OR S15 OR S16 OR S17 OR S18 OR S19 OR S20 OR S21 OR S22 OR S23 OR S24 OR S25 OR S26	66,069
S26	TI juvenile W0 justice OR AB juvenile W0 justice	285
S25	TI (((juvenile or youth) N4 (detention or probation or correction*) N4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))) OR AB (((juvenile or youth) N4 (detention or probation or correction*) N4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)))	116
S24	TI youth* W0 agenc* OR AB youth* W0 agenc*	9
S23	TI youth* W0 assistance OR AB youth* W0 assistance	0
S22	TI ((social W0 service* W0 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))) OR AB ((social W0 service* W0 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)))	448
S21	TI congregat* W0 care OR AB congregat* W0 care	15
S20	TI secure W0 care OR AB secure W0 care	32
S19	TI ((orphanage* or orphan W0 home*)) OR AB ((orphanage* or orphan W0 home*))	135
S18	TI ((community W0 home*) or (residential W0 (care or program*))) OR AB ((community W0 home*) or (residential W0 (care or program*)))	1,651
S17	TI (((juvenile or youth or adolescent) W0 facilit*)) OR AB (((juvenile or youth or adolescent) W0 facilit*))	16
S16	TI (((youth or juvenile or adolescent) W0 home*)) OR AB (((youth or juvenile or adolescent) W0 home*))	45
S15	TI (foster W0 care) OR AB (foster W0 care)	1,052
S14	TI (((child or youth or juvenile) W0 welfare)) OR AB (((child or youth or juvenile) W0 welfare))	1,432
S13	TI (((child or youth or juvenile) W0 care)) OR AB (((child or youth or juvenile) W0 care))	2,163

S12	(MH "Child Care+") OR (MH "Child Day Care") OR (MH "Child Welfare+") OR (MH "Orphans and Orphanages") OR (MH "Youth Care Facilities") OR (MH "Foster Home Care") OR (MH "Assisted Living") OR (MH "Community Living+") OR (MH "Residential Facilities+") OR (MH "Residential Care+") OR (MH "Social Work Service")	63,365
S11	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10	20,363
S10	TI (((juvenile or youth) N4 (probation or detention or correction* or justice) N4 (worker* or officer* or staff or assistant* or personnel)) or case W0 worker*)) OR AB (((juvenile or youth) N4 (probation or detention or correction* or justice) N4 (worker* or officer* or staff or assistant* or personnel)) or case W0 worker*))	56
S9	TI (child W0 welfare W0 (worker* or personnel or staff or workforce*)) OR AB (child W0 welfare W0 (worker* or personnel or staff or workforce*))	130
S8	TI (child W0 care W0 (worker* or personnel or staff or workforce*)) OR AB (child W0 care W0 (worker* or personnel or staff or workforce*))	55
S7	TI ((residential* or child* or youth* or adolescent* or juvenile*) W0 caregiver*) OR AB ((residential* or child* or youth* or adolescent* or juvenile*) W0 caregiver*)	203
S6	TI (residential W0 (worker* or personnel or staff or workforce*)) OR AB (residential W0 (worker* or personnel or staff or workforce*))	29
S5	TI (human W0 service* W0 (worker* or personnel or staff or workforce*)) OR AB (human W0 service* W0 (worker* or personnel or staff or workforce*))	46
S4	TI (social W0 care W0 (worker* or personnel or staff or workforce*)) OR AB (social W0 care W0 (worker* or personnel or staff or workforce*))	166
S3	TI (social W0 service* W0 (worker* or personnel or staff or workforce*)) OR AB (social W0 service* W0 (worker* or personnel or staff or workforce*))	98
S2	TI (youth W0 worker* OR youth W0 leader* OR group W0 worker* OR social W0 worker*)) OR AB (youth W0 worker* OR youth W0 leader* OR group W0 worker* OR social W0 worker*))	5,880

S1	(MH "Child Care Providers") OR (MH "Correctional Facilities Personnel") OR (MH "Faculty") OR (MH "Deans, Academic") OR (MH "Teachers") OR (MH "Social Workers")	15,832
----	-----------------------------------------------------------------------------------------------------------------------------------------------------------------	--------

Cochrane Library

#1	(child-protection next (worker* or personnel or staff or workforce*)):ab,kw,ti	0
#2	(youth*-worker*):ab,kw,ti	5
#3	(youth*-leader*):ab,kw,ti	6
#4	(group-worker*):ab,kw,ti	9
#5	(social-worker*):ab,kw,ti	245
#6	(social-service* next (worker* or personnel or staff or workforce*)):ab,kw,ti	0
#7	(social-care next (worker* or personnel or staff or workforce*)):ab,kw,ti	3
#8	(human-service* next (worker* or personnel or staff or workforce*)):ab,kw,ti	0
#9	((residential or child* or youth* or adolescent* or juvenile*) next caregiver*):ab,kw,ti	56
#10	(child-care next (worker* or personnel or staff or workforce*)):ab,kw,ti	11
#11	(child-welfare next (worker* or personnel or staff or workforce*)):ab,kw,ti	3
#12	((juvenile* or youth*) near/4 (probation or detention or correction* or justice) near/4 (worker* or officer* or staff or assistant* or personnel)):ab,kw,ti	4
#13	(case-worker*):ab,kw,ti	5
#14	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13	341
#15	MeSH descriptor: [Child Care] this term only	32
#16	MeSH descriptor: [Orphanages] this term only	7
#17	MeSH descriptor: [Group Homes] this term only	44
#18	MeSH descriptor: [Assisted Living Facilities] this term only	34
#19	MeSH descriptor: [Foster Home Care] this term only	84
#20	MeSH descriptor: [Social Work] explode all trees	202
#21	((child* or youth* or juvenile*) next care):ab,kw,ti	411
#22	((child* or youth* or juvenile*) next welfare):ab,kw,ti	362
#23	((foster or secure or congregat*) next care):ab,kw,ti	141
#24	((youth* or juvenile* or adolescent*) next home*):ab,kw,ti	12
#25	((juvenile* or youth* or adolescent*) next facilit*):ab,kw,ti	3
#26	community-home*:ab,kw,ti	12

#27	(residential next (care or program*)):ab,kw,ti	271
#28	(orphanage* or orphan*-home*):ab,kw,ti	15
#29	(social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)):ab,kw,ti	244
#30	youth*-assistance*:ab,kw,ti	0
#31	youth*-agenc*:ab,kw,ti	0
#32	((juvenile* or youth*) near/4 (detention or probation or correction*) near/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)):ab,kw,ti	11
#33	juvenile-justice:ab,kw,ti	27
#34	#15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33	1672
#35	MeSH descriptor: [Workplace Violence] this term only	0
#36	MeSH descriptor: [Aggression] explode all trees	865
#37	MeSH descriptor: [Occupational Health] this term only	416
#38	(batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical near/3 abus*)):ab,kw,ti	12664
#39	((personal or personnel or worker* or employee*) next safety):ab,kw,ti	24
#40	((workplace or occupational) next safety):ab,kw,ti	85
#41	#35 or #36 or #37 or #38 or #39 or #40	13184
#42	(#14 or #34) and #41	95
#43	(faculty or teacher* or ((educational or teaching or academic) next (personnel or staff))):ti	423
#44	#41 and #43	18
#45	#42 or #44	113
#46	(self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint):ab,kw,ti	718
#47	(#14 or #34 or #43) and #46	7
#48	#47 not #45	6

ERIC

((SU.EXACT("Caseworkers") OR SU.EXACT("Pupil Personnel Workers") OR SU.EXACT("School Counselors") OR SU.EXACT("Student Personnel Workers") OR SU.EXACT.EXPLODE("School Social Workers") OR SU.EXACT.EXPLODE("Youth Leaders") OR TI(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR

justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR AB(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR TI(faculty OR teacher* OR ((educational OR teaching OR academic) next (personnel OR staff))) OR (SU.EXACT.EXPLODE("Youth Agencies") OR SU.EXACT.EXPLODE("Group Homes") OR SU.EXACT("Residential Programs") OR SU.EXACT("Residential Care") OR SU.EXACT("Child Care Centers") OR SU.EXACT.EXPLODE("Child Care") OR SU.EXACT("Juvenile Justice") OR SU.EXACT("Foster Care") OR SU.EXACT("Child Welfare") OR TI(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*) within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice) OR AB(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*) within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice))) AND (SU.EXACT.EXPLODE("Self Discipline") OR TI(self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint) OR AB(self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint)) AND ((SU.EXACT("Meta Analysis") OR AB(((comprehensive* or systematic*) within/3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) within/3 synthesis) or (data within/2 extract*) or (review within/5 (rational or evidence)) or cinahl or (cochrane within/3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science")) OR (SU.EXACT.EXPLODE("Qualitative Research") OR AB(((("semi-structured" or semi-structured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) within/3 (interview* or discussion* or questionnaire*)) or "focus group*" or qualitative or ethnograph* or fieldwork or "field work" or "key informant")) OR AB((randomi?ed within/7 trial*) OR ((single OR doubl* OR tripl* OR treb*) AND (blind* OR mask*)) OR (controlled within/3 trial*) OR (clinical within/2 trial*) OR cohort OR longitudinal OR prospective OR retrospective OR

(case* within/5 control*) OR (case within/3 comparison*) OR case-comparison OR "control group*" OR "interrupted time series" OR "repeated measure*"))

MEDLINE

#	Searches	Results
1	(Child-protection adj (worker* or personnel or staff or workforce*).tw.	45
2	youth* worker*.tw.	63
3	youth* leader*.tw.	73
4	group worker*.tw.	75
5	social worker*.tw.	7112
6	(social service* adj (worker* or personnel or staff or workforce*).tw.	134
7	(social care adj (worker* or personnel or staff or workforce*).tw.	102
8	(human service* adj (worker* or personnel or staff or workforce*).tw.	63
9	(residential adj (worker* or personnel or staff or workforce*).tw.	40
10	residential caregiver*.tw.	5
11	(child-care adj (worker* or personnel or staff or workforce*).tw.	166
12	((residential or child* or youth* or adolescent* or juvenile*) adj caregiver*).tw.	418
13	(child welfare adj (worker* or personnel or staff or workforce*).tw.	110
14	((juvenile* or youth*) adj4 (probation or detention or correction* or justice) adj4 (worker* or officer* or staff or assistant* or personnel)).tw.	42
15	case-worker.tw.	23
16	or/1-15	8401
17	Child care/ or Orphanages/ or Group Homes/ or Foster Home Care/ or Assisted Living Facilities/ or exp Social work/	24755
18	((child* or youth* or juvenile*) adj care).tw.	5789
19	((child* or youth* or juvenile*) adj welfare).tw.	2332
20	((foster or secure or congregat*) adj care).tw.	1510
21	((youth* or juvenile* or adolescent*) adj home*).tw.	91
22	((youth* or juvenile* or adolescent*) adj facilit*).tw.	55
23	community home*.tw.	224

24	(residential adj (care or program*)).tw.	2457
25	(orphanage* or orphan home*).tw.	566
26	(social service* adj (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	676
27	youth* assistance.tw.	5
28	youth* agenc*.tw.	19
29	((juvenile* or youth*) adj4 (detention or probation or correction*) adj4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	352
30	juvenile justice.tw.	622
31	or/17-30	35581
32	Workplace Violence/ or exp Aggression/	29230
33	(batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical adj3 abus*)).tw.	270817
34	Occupational Health/	25689
35	((personal or personnel or worker* or employee*) adj safety).tw.	904
36	((workplace or occupational) adj safety).tw.	3554
37	or/32-36	309827
38	(16 or 31) and 37 [populasjon/setting + problem]	1905
39	(faculty or teacher* or ((educational or teaching or academic) adj (personnel or staff))).ti.	16241
40	37 and 39 [lærere + problem]	359
41	((comprehensive* or systematic*) adj3 (bibliographic* or review* or literature)) or (meta-analy* or metaanaly* or "research synthesis" or ((information or data) adj3 synthesis) or (data adj2 extract*)))).ti,ab. or (cinahl or (cochrane adj3 trial*) or embase or medline or psyclit or (psycinfo not "psycinfo database") or pubmed or scopus or "sociological abstracts" or "web of science").ab. or "cochrane database of systematic reviews".jn. or ((review adj5 (rationale or evidence)).ti,ab. and review.pt.) or meta-analysis as topic/ or Meta-Analysis.pt.	216905
42	((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide) adj3 (interview* or discussion* or questionnaire*)) or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant")).ti,ab. or interviews as topic/ or focus groups/ or narration/ or qualitative research/	233142

43	("clinical trial" or "clinical trial, phase i" or "clinical trial, phase ii" or clinical trial, phase iii or clinical trial, phase iv or controlled clinical trial or "multicenter study" or "randomized controlled trial").pt. or double-blind method/ or clinical trials as topic/ or clinical trials, phase i as topic/ or clinical trials, phase ii as topic/ or clinical trials, phase iii as topic/ or clinical trials, phase iv as topic/ or controlled clinical trials as topic/ or randomized controlled trials as topic/ or early termination of clinical trials as topic/ or multicenter studies as topic/ or ((randomi?ed adj7 trial*) or (controlled adj3 trial*) or (clinical adj2 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*))).ti,ab.	1190811
44	cohort studies/ or longitudinal studies/ or follow-up studies/ or prospective studies/ or retrospective studies/ or cohort.ti,ab. or longitudinal.ti,ab. or prospective.ti,ab. or retrospective.ti,ab.	1749678
45	Case-Control Studies/ or Control Groups/ or Matched-Pair Analysis/ or retrospective studies/ or ((case* adj5 control*) or (case adj3 comparison*) or control group*).ti,ab.	1006108
46	(interrupted time series or repeated measure*).tw.	29337
47	or/43-46	2992360
48	(38 or 40) and 41 [tema+SR]	39
49	(38 or 40) and 42 [tema+kvalitativ]	260
50	(38 or 40) and 47 [tema+kontrollerte studier]	499
51	or/48-50	742
52	(self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint).tw.	3910
53	(16 or 31 or 39) and 52 and (or/41-46)	10
54	53 NOT 51	10

PsycINFO

#	Searches	Results
1	Child Care Workers/ or exp Social Workers/ or Probation Officers/	10084
2	(child-protection adj (worker* or personnel or staff or workforce*).tw.	182
3	youth* worker*.tw.	253
4	youth* leader*.tw.	173

5	group worker*.tw.	375
6	social worker*.tw.	17451
7	(social service* adj (worker* or personnel or staff or workforce*)).tw.	298
8	(social care adj (worker* or personnel or staff or workforce*)).tw.	111
9	(human service* adj (worker* or personnel or staff or workforce*)).tw.	331
10	(residential adj (worker* or personnel or staff or workforce*)).tw.	168
11	residential caregiver*.tw.	12
12	(child care adj (worker* or personnel or staff or workforce*)).tw.	581
13	((residential or child* or youth* or adolescent* or juvenile*) adj caregiver*).tw.	598
14	(child welfare adj (worker* or personnel or staff or workforce*)).tw.	410
15	((juvenile* or youth*) adj4 (probation or detention or correction* or justice) adj4 (worker* or officer* or staff or assistant* or personnel)).tw.	240
16	case worker*.tw.	325
17	or/1-16	23735
18	Child welfare/ or Foster Care/ or Juvenile Justice/ or Social Services/ or Residential Care Institutions/ or Orphanages/ or Assisted living/ or Group homes/	24512
19	((child* or youth* or juvenile*) adj care).tw.	8305
20	((child* or youth* or juvenile*) adj welfare).tw.	5029
21	((foster or secure or congregat*) adj care).tw.	4156
22	((youth* or juvenile* or adolescent*) adj home*).tw.	178
23	((juvenile* or youth* or adolescent*) adj facilit*).tw.	95
24	community home*.tw.	209
25	(orphanage* or orphan* home*).tw.	573
26	(residential adj (care or program*)).tw.	3355
27	(social service* adj (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	1334
28	youth* assistance.tw.	6
29	youth* agenc*.tw.	39
30	((juvenile* or youth*) adj4 (detention or probation or correction*) adj4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)).tw.	927

31	juvenile justice.tw.	2358
32	or/18-31	38716
33	workplace violence/ or exp aggressive behavior/	111369
34	(batter* or perpetrat* or violen* or beat* or assault* or atrocit* or aggress* or (physical adj3 abus*)).tw.	159368
35	exp occupational safety/	2237
36	((personal or personnel or worker* or employee*) adj safety).tw.	706
37	((workplace or occupational) adj safety).tw.	830
38	or/33-37	207544
39	(17 or 32) and 38 [populasjon/setting + problem]	5389
40	(faculty or teacher* or ((educational or teaching or academic) adj (personnel or staff))).ti.	45194
41	38 and 40 [lærere + problem]	1265
42	((comprehensive* or systematic*) adj3 (bibliographic* or review* or literature)) or (meta-analy* or metaanaly* or "research synthesis" or ((information or data) adj3 synthesis) or (data adj2 extract*))).ti,ab,id. or ((review adj5 (rational or evidence)).ti,ab,id. and "Literature Review".md.) or (cinahl or (cochrane adj3 trial*) or embase or medline or psyclit or (psycinfo not "psycinfo database") or pubmed or scopus or "sociological abstracts" or "web of science").ab. or ("systematic review" or "meta analysis").md.	40881
43	((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) adj3 (interview* or discussion* or questionnaire*)).ti,ab,id. or (focus group* or qualitative or ethnograph* or fieldwork or "field work" or "key informant")).ti,ab,id. or exp qualitative research/ or exp interviews/ or exp group discussion/ or qualitative study.md.) not "Literature Review".md.	205140
44	clinical trials/ or "treatment outcome clinical trial".md. or ((randomi?ed adj7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled adj3 trial*) or (clinical adj2 trial*)).ti,ab,id.	68219
45	((cohort or longitudinal or prospective or retrospective).ti,ab,id. or longitudinal study.md. or prospective study.md. or retrospective study.md.) not "Literature Review".md.	168224
46	((case* adj5 control*) or (case adj3 comparison*) or case-comparison or control group*).ti,ab,id. not "Literature Review".md.	62241

47	(interrupted time series or repeated measure*).tw.	10576
48	or/44-47	286370
49	(39 or 41) and 42 [tema+SR]	49
50	(39 or 41) and 43 [tema+kvalitativ]	789
51	(39 or 41) and 48 [tema+kontrollerte studier]	584
52	or/49-51	1369
53	Self control/ or (self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint).tw.	11929
54	(17 or 32 or 40) and 53 and (or/42-47)	49
55	54 not 52	38

Sociological Abstracts / Social Services Abstracts

((SU.EXACT("Caregivers") OR TI(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR AB(((child-protection OR child-care OR child-welfare OR social-service* OR human-service*) next (worker* OR personnel OR staff OR workforce*)) OR ((residential OR child* OR youth* OR adolescent* OR juvenile*) next caregiver*) OR ((juvenile* OR youth*) within/4 (probation OR detention OR correction* OR justice) within/4 (worker* OR officer* OR staff OR assistant* OR personnel)) OR case-worker*) OR TI(faculty OR teacher* OR ((educational OR teaching OR academic) next (personnel OR staff)))) OR (SU.EXACT.EXPLODE("Child Care Services") OR SU.EXACT.EXPLODE("Child Welfare Services") OR SU.EXACT("Foster Care") OR SU.EXACT.EXPLODE("Juvenile Correctional Institutions") OR SU.EXACT("Correctional System") OR SU.EXACT.EXPLODE("Juvenile Justice") OR TI(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*) within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice) OR AB(((child* or youth* or juvenile*) next (care or welfare)) or ((foster or secure or congregat*) next care) or ((youth* or juvenile* or adolescent*) next (home* or facilit*)) or community-home* or (residential next (care or program*)) or (orphanage* or orphan*-home*) or (social-service* next (cent* or facilit* or service* or institution* or home*

or unit* or department* or agenc* or setting*)) or youth*-assistance* or youth*-agenc* or ((juvenile* or youth*) within/4 (detention or probation or correction*) within/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*)) or juvenile-justice))) AND (SU.EXACT.EXPLODE("Self Discipline") OR TI(self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint) OR AB(self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint)) AND (AB(((comprehensive* or systematic*) within/3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) within/3 synthesis) or (data within/2 extract*) or (review within/5 (rational or evidence)) or cinahl or (cochrane within/3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science") OR (SU.EXACT.EXPLODE("Qualitative Methods") OR AB(("semi-structured" or semi-structured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) within/3 (interview* or discussion* or questionnaire*)) or "focus group*" or qualitative or ethnograph* or fieldwork or "field work" or "key informant")) OR AB((randomi?ed within/7 trial*) OR ((single OR doubl* OR tripl* OR treb*) AND (blind* OR mask*)) OR (controlled within/3 trial*) OR (clinical within/2 trial*) OR cohort OR longitudinal OR prospective OR retrospective OR (case* within/5 control*) OR (case within/3 comparison*) OR case-comparison OR "control group*" OR "interrupted time series" OR "repeated measure*"))

Web of Science

Set		Results
#42	#41 NOT #39	18
#41	(#11 OR #24 OR #30) AND #40 AND (#33 OR #34 OR #35)	19
#40	TS=(self-containment or self-control or self-discipline or self-mastery or self-possession or self-restraint)	9169
# 39	#38 OR #37 OR #36	429
# 38	#35 AND #32	261
# 37	#34 AND #32	122
# 36	#33 AND #32	65

# 35	TS=((randomi?ed NEAR/7 trial*) or ((single or doubl* or tripl* or treb*) and (blind* or mask*)) or (controlled NEAR/3 trial*) or (clinical NEAR/2 trial*) or cohort or longitudinal or prospective or retrospective or (case* NEAR/5 control*) or (case NEAR/3 comparison*) or case-comparison or "control group*" or "interrupted time series" or "repeated measure*")	1,854,829
# 34	TS=(((("semi-structured" or semistructured or unstructured or informal or "in-depth" or indepth or "face-to-face" or structured or guide or guides) adj3 (interview* or discussion* or questionnaire*)) or "focus group*" or qualitative or ethnograph* or fieldwork or "field work" or "key informant")	253,408
# 33	TS=(((comprehensive* or systematic*) NEAR/3 (bibliographic* or review* or literature)) or meta-analy* or metaanaly* or "research synthesis" or ((information or data) NEAR/3 synthesis) or (data NEAR/2 extract*) or (review NEAR/5 (rational or evidence)) or cinahl or (cochrane NEAR/3 trial*) or embase or medline or psyclit or psycinfo or pubmed or scopus or "sociological abstracts" or "web of science")	291,383
# 32	#31 OR #29	1,811
# 31	#30 AND #28	607
# 30	TI=(faculty or teacher* or ((educational or teaching or academic) next (personnel or staff)))	55,110
# 29	(#11 OR #24) AND #28	1,210
# 28	#27 OR #26 OR #25	393,262
# 27	TS=((workplace or occupational) next safety)	96
# 26	TS=((personal or personnel or worker* or employee*) next safety)	224

# 25	TS=(batter* or perpetr* or violen* or beat* or assault* or atrocit* or aggress* or (physical NEAR/3 abus*))	393,001
# 24	#23 OR #22 OR #21 OR #20 OR #19 OR #18 OR #17 OR #16 OR #15 OR #14 OR #13 OR #12	5,143
# 23	TS=juvenile-justice	1,960
# 22	TS=((juvenile* or youth*) NEAR/4 (detention or probation or correction*) NEAR/4 (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))	572
# 21	TS=(youth*-assistance* or youth*-agenc*)	52
# 20	TS=(social-service* next (cent* or facilit* or service* or institution* or home* or unit* or department* or agenc* or setting*))	78
# 19	TS=(orphanage* or orphan*-home*)	731
# 18	TS=(residential next (care or program*))	105
# 17	TS=community-home*	237
# 16	TS=((juvenile* or youth* or adolescent*) next facilit*)	105
# 15	TS=((youth* or juvenile* or adolescent*) next home*)	139
# 14	TS=((foster or secure or congregat*) next care)	197
# 13	TS=((child* or youth* or juvenile*) next welfare)	111
# 12	TS=((child* or youth* or juvenile*) next care)	1,153
# 11	#10 OR #9 OR #8 OR #7 OR #6 OR #5 OR #4 OR #3 OR #2 OR #1	8,525

# 10	TS=case-worker*	115
# 9	TS=((juvenile* or youth*) NEAR/4 (probation or detention or correction* or justice) NEAR/4 (worker* or officer* or staff or assistant* or personnel))	128
# 8	TS=(child-welfare next (worker* or personnel or staff or workforce*))	5
# 7	TS=(child-care next (worker* or personnel or staff or workforce*))	6
# 6	TS=(residential next (worker* or personnel or staff or workforce* or caregiver*))	32
# 5	TS=(human-service* next (worker* or personnel or staff or workforce*))	6
# 4	TS=(child-protection next (worker* or personnel or staff or workforce*))	1
# 3	TS=(social-care next (worker* or personnel or staff or workforce*))	8
# 2	TS=((social-service* next (worker* or personnel or staff or workforce*)))	14
# 1	TS=((youth-worker* or youth-leader* or group-worker* or social-worker*))	8,242

1. Newhill C, Wexler S. Client violence toward children and youth services social workers. *Children and Youth Services Review* 1997;19(3):195-212.
2. Prop. 106 L (2012–2013): Endringer i barnevernloven.
3. Vold og trusler på arbeidsplassen: Forebygging, håndtering og oppfølging.
4. Lov om arbeidsmiljø, arbeidstid og stillingsvern mv (arbeidsmiljøloven).
5. Lov om barneverntjenester (barnevernloven).