The Evolution of Estimated Time of Arrival: The City of Toronto's CVE Program

Andrew McKenzie[a1]**, David O'Brien**[b]

[a]Manager of ETA Toronto, Yorktown Family Services, [b]Director of Mental Health, Yorktown Family Service

Abstract

The Countering Violent Extremism (CVE) field is evolving in Canada, with CVE teams offering psychosocial disengagement interventions in the provinces of Alberta, British Columbia, Manitoba, Ontario, Saskatchewan and Quebec. This article is written as a case study to detail the evolution of the city of Toronto's CVE program, called Estimated Time of Arrival (ETA), housed in the community mental health centre Yorktown Family Services ("Yorktown"). Toronto – the largest Canadian city, provincial capital of Ontario, and one of the most multicultural cities in the world – has seen several high-profile cases of violent extremism and terrorism over the past few years. For example, there were two "Incel" attacks that together killed eleven people, including nine women, in 2018 and 2020. In 2022, hate crime occurrences reported to the Toronto Police Service were 74% higher than pre-pandemic levels, and 40% higher than the 10-year average. Clearly, there was a need for a structured and multi-sectoral response which led to the inception of ETA in 2020. Against this backdrop, this paper outlines ETA's program components and operational design. Various data points such as client age range, ideological affiliation, and services rendered are provided to demonstrate trends for the period of April 2022 to March 2023. As this paper will demonstrate, ETA's services are grounded in engagement, outreach, case management (multi-agency service delivery), psychotherapy, religious counselling, peer support and forensic consultation, which is reflected in the evolving CVE literature and evidence-base.

Introduction

The city of Toronto has a population of 2.9 million and has maintained a strong growth rate, driven largely by international migration (City of Toronto, 2021). It is celebrated as a diverse, welcoming city, with over 50% of its inhabitants having been born in another country. Strong formal and informal social networks exist to support newcomers and foster an inclusive environment.

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[1] Corresponding Author Contact: Andrew McKenzie, Email: andrewm@yorktownfamilyservices.com, Yorktown Family Services ETA, 2010 Eglinton Ave West suite 300, Toronto, ON, M6E 2K3, Canada

Yorktown Family Services is an accredited mental health centre in West Toronto, serving infants, children, youth, young adults and their families. It is comprised of an infant, child, and youth mental health centre; a women's shelter and community-based violence against women services; and an integrated services site offering rapid access to multiple mental health, primary health, and social service programs for youth and young adults. The centre began as a child mental health clinic in 1949 with a few staff, and has grown to about 100 staff who operate over 35 programs throughout the city. As an accredited agency[2], staff are trained in evidence-based practices, operate in interdisciplinary teams, are integrated with wider social service networks, and make use of trauma-informed care and other client-centred concepts.

Clients of Yorktown reflect the diversity of the city, with over 50% speaking a language other than English in their home. Yorktown serves an average of 5000 clients a year, participating in programs such as Youth Outreach, Shelter for Women fleeing violence, psychotherapy, and more. The majority of clients are between 16 and 25 years of age, and face challenges such as mental health issues, abuse, low income/resources, legal system involvement, and employment or academic difficulties. Programs are offered on a continuum of care, with the Shelter and therapy being the most intensive, and scaling down to less resource intensive programming such as parenting groups and single-session counselling.

Being situated in Toronto, Yorktown staff and leadership observed the impact that violent extremism has had on the city. The so-called "Toronto 18" were arrested in 2006 for plotting to bomb several prominent Canadian institutions, and two high-profile "Incel" attacks killed eleven people, including nine women, in 2018 and 2020. In 2022, hate crime occurrences reported to the Toronto Police Service were 74% higher than pre-pandemic levels, and 40% higher than the 10-year average. Hate crimes targeting the Jewish community, Black community, and Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirit (LGBTQ2S+) communities were the most reported types (Toronto Police Service, 2022; Yuzva Clement et al, 2022). Ethno-nationalist/white supremacist and ISIS/Daesh style ideologies emerge most often on school campuses or in the form of alternative protests

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[2] See www.canadiancentreforaccreditation.com

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attaching themselves to more mainstream causes. A form of extremism that may be unique to a large diverse city is the impact of foreign conflicts on diaspora communities. Foreign conflicts can also activate diaspora or allied groups within the city, leading to violent group clashes or the targeting of ethnic businesses and centres. Also, Toronto has received a number of Canadian Extremist Travelers or other foreign fighters, who have returned to the Greater Toronto Area and are seeking to integrate into Canada after participating in foreign extremist causes.

This paper will explain how Yorktown Family Services, a mid-sized urban mental health agency, by being responsive to community and client needs, came to become a leader in the city's CVE initiative. The CVE program components will be detailed, along with an overview of client demographics. The paper will close by showing how the program aligns with practice recommendations from CVE literature.

Of note to the reader, the authors of this paper lead and manage the Yorktown ETA program, and have written this paper with the intention of sharing the program's model and theory of change with the academic and practitioner field. This paper is considered a step towards an external evaluation and research that will contribute to the CVE literature base.

Evolution of Yorktown Family Services' Estimated Time of Arrival (ETA) program

Based in Toronto, Canada, Yorktown Family Services ("Yorktown") delivers over 30 programs that are responsive to the needs of the neighbourhoods it services. For instance, the centre was the first in the city to implement a five day a week walk-in counselling clinic, providing families with no appointment, single-session counselling sessions. This was in response to the trend in Ontario, Canada for children and youth to sit on waitlists for years before being offered mental health service. Yorktown is also a leader in the Urban Tele-Mental Health program, which connects Toronto youth to a virtual psychiatrist in under two months, as opposed to the current 2-year average waitlist for in person consults. The Youth Outreach Worker was developed to meet hard to reach youth in their neighbourhoods, supporting them in accessing healthcare, education supports, employment support, and recreation.

Yorktown is also part of the Toronto "situation tables," which are made of multi-agency participants such as settlement services, schools, corrections, housing, health, income support and other services. "Tables" are co-led by police and a lead agency (i.e. United Way in Toronto), and are responsive to potential, de-identified clients that are at risk of victimization or perpetrating violence (Thompson & Leroux, 2023). Yorktown's first CVE cases were the result of its youth outreach staff attending the Toronto tables and volunteering to support clients who had been identified by police as participating in an overseas conflict related to violent extremism.

Prior to the official creation of its CVE program in 2020, the Yorktown Youth Outreach Worker team had supported the repatriation of individuals involved in insurgent or extremist conflicts in countries in Africa and Eastern Europe. Similarly, the psychotherapy team had provided mental health services for a young man who was referred by his school for expressing a desire to travel to the Middle East to fight against a foreign government. Another client self-referred because he struggled with what would now be called Incel ideological beliefs. It was cases such as these that caused Yorktown managers and directors to liaise with law enforcement and the federal government about possible funding and training opportunities.

In 2018, Public Safety Canada's Canada Centre for Community Engagement and Prevention of Violence launched a call for proposals for its Community Resilience Fund, aimed at building and strengthening violent extremism prevention programming in Canada. Based on previous experiences and a small but evolving caseload of clients at-risk of violent radicalization, Yorktown submitted a proposal for what was envisioned to become Estimated Time of Arrival or 'ETA' as a viable program that would evolve out of the work that had already unfolded at the agency. This proposal was supported by the Toronto Police Service, which refers hundreds of clients a year to Yorktown and attested to the organization as a reliable partner that would rapidly and effectively engage with high-risk clients (Demkiw, 2023). Initial funding for a pilot was attained, and ETA officially launched in March 2020.

In early 2020, program developers expected referrals to be relatively low, with some clients returning from conflict zones overseas and a handful of domestic referrals. Shortly after achieving funding, the COVID-19 pandemic and associated public health measures were

launched in Ontario. On March 17th, 2020, the Ontario government announced a state of emergency, and on March 23rd the city of Toronto followed suit. Citizens, most for the first time in their lives, were exposed to significant limitations on their usual freedoms, such as local and international travel, business and school closures, and more. In Canada and locally in Toronto, anti-government sentiment surged and was taken advantage of by various violent extremist groups and online milieus. The "Freedom Convoy" tapped into the grievances of Canadians, motivating thousands to participate in an unprecedented occupation of the national parliament and key border crossings with the United States of America. Online recruitment and propaganda by terrorist groups like Daesh continued, with many young people spending an increasing amount of time isolated in front of a screen and out of their usual social milieus. Toronto was also rocked by another incel terrorist attack in February 2020, killing two women and injuring two others. All this resulted in multiple referrals of high-risk individuals involved in violent extremist ideologies. The expected "handful" of case referrals to ETA reached 20 referrals in by December 2020, and was over 140 by April 2023.

Program Components

By 2023, the ETA program had evolved into an interdisciplinary team of psychotherapists, social workers, chaplains, and outreach/engagement workers. Staffing increased from one psychotherapist and one engagement worker in the first year to two psychotherapists, a social worker, two chaplains/counsellors, three engagement/outreach workers, two managers, and a director. Since ETA is situated within a larger mental health organization, job descriptions were written such that ETA staff could cross over into other areas of the organization as needed. The team can deliver interventions in six languages, with staff who identify with religious and cultural backgrounds that reflect clientele. Services are offered Monday to Friday, both during the day and the evening, with some weekend services for crisis response or scheduled social visits.

Against the backdrop of online violent extremist milieus and digital media shaping and influencing radicalization pathways, Yorktown ETA and Moonshot - a social impact business – partnered in 2020 to deliver an online redirect intervention for internet consumers of

harmful violent extremist content (Moonshot, 2023). This partnership continues, facilitating a process by which internet users in Ontario are offered an off-ramp from extremist material and opportunity to enter into a live-chat with an ETA Outreach Worker.

The program catchment also expanded from the city of Toronto and Greater Toronto Area to all of Ontario in 2022 via additional funding from Public Safety Canada. Ontario is very large (seven times the size of New York state), with some towns only accessible by plane. This geographical expansion was a natural evolution given that the province did not yet have a P/CVE strategy, and Yorktown Family Services was already integrated into a provincial outreach worker network that allowed for seamless referrals between Ontario regions. Yorktown ETA leverages existing partnerships to deliver rural trainings and deliver service to remote clients. Yorktown ETA utilizes a public health-informed stepped care behavioural health intervention approach, is made up of an interdisciplinary team, and aims to support people's disengagement from violent extremism and hate, both offline and online. Stepped care is understood as moving clients along a continuum of care that increases or decreases in service intensity based on the severity of the issue and the client's needs, risks, and strengths. ETA reserves its most intensive resources for tertiary interventions with clients at acute risk. Secondary prevention interventions have a moderate amount of resource allocation, and are designed to enhance protective factors for clients that have had limited engagement with violent extremism but are vulnerable to becoming radicalized due to certain warning signs or risk factors. ETA does not provide primary prevention interventions. Intervention services and activities are designed to address the following seven outcomes:

1.) Disengagement from violence that is framed by an ideological, religious, and political extremist ideology.

2.) Disengagement from hate and racist content and activities online or in person.

3.) Re-engagement with social participation activities i.e. employment, school, volunteerism.

4.) Establishment of pro-social relationships with family or with peers.

5.) Stabilization of mental health symptoms that may contribute to violence.

6.) Other community-based organizations will feel comfortable engaging with youth and adults involved with ideological perspectives that support violence across the GTA.

7.) The public will have a better understanding of the pathways to targeted violence from a behavioral and social health perspective therefore reducing barriers to support and stigma.

The first five outcomes are targeted towards individuals who are at risk of committing extremist or hate based violence, and those who are engaged in violent extremism. These outcomes are intended to align with the 'Guide to Deradicalisation & Disengagement Programming', developed by Khalil and colleagues (Khalil, Zeuthen & Martine, 2023). However, 'deradicalization' is not a listed outcome, but rather 'disengagement' is used in context of moving people away from a radicalized identity and network. Deradicalization is generally viewed as a person's attitudinal and belief change away from violence, whereas disengagement is the individual's voluntary behavioural movement away from violence, though not necessarily a belief change (Khalil, Zeuthen & Martine, 2023). ETA developers chose to focus on disengagement because it appeared less stigmatizing to clients, as deradicalization efforts can be experienced as judgemental and normative (Hassan et al., 2021). Deradicalization might be one long-term outcome of disengagement, however if not encouraged by the client themselves, the focus lies on disengagement and social reintegration. Recent research by Hassan and colleagues (2021) suggests that tertiary programs that focus on social reintegration appear to be more successful than ones that focus primarily on changing someone's ideological position. The authors hypothesize this is because extremist worldviews are less relevant to a person that is meeting their personal goals and have no need for violence. At the same time, violent extremist ideology is not ignored by ETA staff. Any team member (chaplain, psychotherapist, engagement worker), who has built a strong rapport with a client is expected to use their judgement to challenge extremist violence endorsing beliefs, and foster the development of a more adaptable worldview (Altier et al., 2021; Rabasa et al., 2010).

Furthermore, outcomes six and seven are considered efforts focused on preventative cross-sectoral capacity building, where ETA staff engage with members of the public, as well as with other professionals (e.g., school social workers, nurses, family services) that may become part of integrated CVE casework where they have interaction with clients involved with or at-risk of violent extremism.

Referral Pathway and Intake

A person qualifies as a participant of the program if they present with some kind of risk for extremist or targeted hate-based violence. As many Yorktown clients struggle with some kind of violence (e.g. males who have perpetrated abuse in their families, youth on probation), it is important for the ETA intake screening process to be clear about who qualifies for the program. For the purposes of ETA, clients must have some kind of engagement with violent extremist ideology, either as someone who is low risk and merely consuming extremist content, all the way to individuals that have committed or plan to commit extremist-based violence.

ETA's top three referral sources are policing, school administrations, and family members. On rare occasions clients will seek out the program on their own. Risk assessment starts immediately, with two staff interviewing the client first by phone and then in the community, with in-office appointments only when safety is determined. By three months of service post-intake meeting, staff will have conducted participant interviews, completed several risk measures, reviewed health and police reports, and connected with community sources such as family members, doctors and/or assigned police officers. This triangulation of information is compiled in a bio-psycho-social assessment that outlines risks, protective factors, and treatment recommendations. Clients are conceptually placed along a continuum of radicalization: *pre-radicalized, radicalizing, radicalized, and radicalized to violence*. Clients who are the furthest along the continuum are prioritized and given the most intensive wrap-around service.

The team conceptualizes radicalization to ideologically justified violence as a combination of structural motivators (e.g. government policies, social movements), individual incentives (e.g. spiritual or material reward), and enabling factors (e.g. personal grievance,

mental health symptoms) (Khalil, Zeuthen & Martine, 2023). Radicalization to and away from violence is not a linear pathway or stairway, but better conceptualized through theories such as the *Attitudes-Behaviours Corrective Model (ABC),* which places people along a two-axis grid and allows for more complex movement between radicalizing factors (Khalil, Horgan, Zeuthen, 2022).

Direct Service Program Components

ETA direct services are divided into: engagement, outreach, case management, psychotherapy, religious counselling, peer support and forensic consultation. This holistic service approach considers that clients often face multiple challenges that push or pull them into extremism. Silke et al. (2021) argue that multiple service types (i.e. mental health, employment/education opportunity, community/family strengthening and more) support an individual's development of an alternative, pro-social identity. Yorktown ETA staff support clients to overcome various barriers to positive identity transformation, and thus engage in diverse service roles according to the needs of the client.

Engagement is the primary component of all client interactions and the duty of every ETA employee. The engagement approach is informed by Weber and Carter's (2003) influential work on trust, namely that engagement is made of actions that staff undertake to build trusting, predictable professional relationships with clients. This can take the form of informal coffees, text check-ins, remembering to say happy birthday, visiting someone in prison, essentially whatever is pro-social and meaningful to the client. Research on CVE practitioners speaks to the importance of such interactions to build trust within the context of their wider interventions (Cherney, De Roy, Williams, 2022; Haugstvedt, 2019).

Outreach workers aim to increase client resiliency by eliciting strengths, interests, needs and challenges, then connecting clients to relevant community resources. Tying the client to resources in their community shows an understanding that clients need more than just CVE interventions, and are members of their community first and foremost (Ellis and Abdi, 2017). Outreach workers follow a staged case management process that is reviewed for success with the client (Lewis et al., 2023). Aligning with social reintegration principles, this could involve traditional employment and education development, but could also include

discovering local community centre programs, volunteer opportunities, and other pro-social interests. Outreach workers spend most of their day on the road, travelling to the communities where clients live and supporting their local connections.

Outreach workers will often take on the role of case managers, though this might also be performed by another staff such as a therapist. Case managers take a leadership role by coordinating internal and external services amongst an interdisciplinary team. This role is especially meaningful for clients with complex care needs, such as with returning s-called Canadian extremist travelers (CET's), often involving their children, who may require housing, health care, child mental health, education, income support, government identification, and more when they return home.

ETA psychotherapists, social workers and child and youth workers are part of a professional college that regulates their practice. Nearly all clients radicalized to violent extremism are resistant or unwilling to change their beliefs, and so therapists work from the Stages of Change Model (SAMHSA-NREPP, 2008; Clark, 2019; Koehler & Fiebig, 2019). As such, clinicians are trained to use Motivational Interviewing and build towards action-oriented change theories such as Solution Focused Therapy or Cognitive Behaviour Therapy. Clinicians use the Partners for Change Outcome Management System (PCOMS) (Sparks & Duncan, 2018), which enables them to measure client progress over time with validated tools such as the PHQ-9, GAD-7, or Outcome Rating Scale. One psychotherapist holds credentials as a marriage and family therapist, and specializes in supporting family members of clients radicalizing or radicalized to violent extremism.

Two ETA staff also hold religious credentials that allow them to practice as a Christian Minister or Iman respectively. The program does not follow a specific form of religious education, but can engage in dialogue and religious text examinations – if requested by the client – that support clients to critically reflect on beliefs or interpretations that endorse violent extremism. Perhaps more importantly, staff with religious training are able to connect with clients spiritually, and provide companionship in their religious development.

As noted, the most intensive resources are reserved for clients who are most at risk of perpetrating violence. For such clients ETA operates a wraparound model that provides near daily interventions. This is in alignment with the risk-need-responsivity (RNR) model, in

which services are responsive to higher risk by providing multiple services. The RNR model is a leading case management practice for offenders that has been studied in Canada (Dyck, Campbell, Wershler, 2018). Since inception, nearly all ETA clients that require tertiary CVE interventions have accessed two or more services simultaneously, with the most common profile being psychotherapy and outreach. Clients that are at low risk of radicalizing to violence typically access at least one service, and family members of ETA clients are most likely to access only family counselling.

Multi-Agency Collaboration, Community Outreach and Inter-Professional Training

The Yorktown ETA team operates from an interdisciplinary model that values the contributions of diverse professionals within and without its team. Similar to other spheres of social services and healthcare, CVE programs are better positioned when they are embedded in social service ecosystems of housing support, medical care, child welfare, employment readiness training, income support, food security, and mental healthcare (Ellis & Abdi, 2017; Ellis et al., 2020; Kozmelj, 2017; Stephens, Sieckelinck, & Boutellier, 2021; Weine et al., 2017; Weine & Kansal, 2019; Yuzva Clement et al., 2022). At times, ETA will consult with professionals that are not employed on the team, such as forensic psychiatry, former extremists, or analysts of an unfamiliar extremist group.

Outcome six of the aforementioned ETA program's seven targets is to support other local and community-based organizations and agencies to effectively serve youth and adults involved with ideological perspectives that support extremist violence. The ETA program is part of a city and province wide ecosystem of health and social services. Partners within this ecosystem of over a hundred mental health, health and social service providers are offered trainings on how to identify markers of extremism and how to engage with a radicalized person. ETA staff are part Toronto's situation tables, titled F.O.C.U.S. Toronto ("Furthering Our Communities by United Services"). F.O.C.U.S. is a multi-agency partnership that has been found to rapidly connect social services to individuals with an acutely elevated risk identified by police and/or community agencies (Thompson et al. 2020; Thompson & Leroux, 2023). ETA and the Toronto Police Service (TPS) provide advanced training to F.O.C.U.S. members in the Violent Threat Risk Assessment (VTRA) model (Randazzo, Cameron, 2012;

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Nilson 2016). The VTRA protocol is widely used throughout North America to rapidly align community stakeholders to monitor and de-escalate a person at risk of committing hate motivated violence.

ETA's seventh outcome targets enhancing the capacity of general community members such as family and neighbours to recognize and intervene with someone engaged in, or on the path to radicalization. ETA staff host several webinars a year for the general public of Ontario, updating them on online trends and recruitment methods used by extremists, or engagement strategies to use with family members. By December 2024, over 2000 community members and professionals have attended ETA presentations and trainings.

Risk Assessment

An ongoing and integral component of ETA is risk and needs assessment, which starts immediately once a case is referred to ETA and is done across several domains. Initial contact with a client is conducted via phone with a manager and front-line staff person. If deemed safe, an in-person meeting will be offered, again with a manger and staff present. During these meetings clients are assessed for risks of extremist violence, domestic abuse, suicide, and other forms of violence such as homicide. Several risk and needs assessment tools are applied by ETA staff. Staff will use the TRAP-18 (Terrorist Radicalization Assessment Protocol) every three months to assess for risk of extremist violence (Knoll, White, Meloy 2022; Kupper, Patricia, Meloy, 2023). Structured professional judgements regarding risk of radicalization and extremist violence are more than tallying up single risk factors, but rather demand inferring the relevance and interplay between factors in an individual's context (Clemmow et al, 2023). ETA staff meet weekly to discuss high risk clients, reviewing not only progress on individual risk factors, but bigger context factors such as what is happening in their family or community, or even society at large. For instance, Yorktown ETA staff usually have to increase service levels during Pride Month in June, as several clients become fixated on anti-LGBTQ violence, even though their personal or family risk issues may have remained static or decreased.

The HEADS-ED (Housing, Education, Education/Employment, Activities/Peers, Drugs, Suicidality, Emotions, and Discharge) is administered by staff at intake and discharge,

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rating different areas of need in terms of urgency (Cappelli, 2020). The Suicide Assessment Kit (SAK) for adults with complex needs is also administered regularly for any adult with thoughts of homicide or suicide (Ross et al, 2012). This triangulation of collected and analyzed data supports ETA staff to clinically formulate intervention plans and goals that are responsive to all risks and needs that clients identify. Clients with the most pressing risks are prioritized, even if those risks are not linked to violence (i.e. homelessness).

When a client's risk of community violence is significant, ETA staff will initiate a VTRA (Violence Threat Risk Assessment) protocol with community partners such as police and school administrators and engage with the client multiple times a week until their risk level has decreased. Initiating a VTRA protocol is an assertive act that requires leadership on the part of ETA to ensure proper implementation and monitoring. This process involves all relevant community members in the risk management process, enhancing information flow until the risk is mitigated and safety established.

Clients are discharged after six months of reduced threat to the community and stability in other domains. The TRAP-18 is used to measure risk to the community, and must indicate zero proximal factors and absence of most distal characteristics that are changeable (e.g. dependence on virtual community, changes in thinking and emotion). The HEADS-ED score must be seven or below, indicating no urgent action needed in any of the domains (Housing, Education, Education/Employment, Activities/Peers, Drugs, Suicidality, Emotions, and Discharge). The SAK, which measures risk of suicide, must indicate minimum suicide risk. Mental health issues that contribute to violence must be treated and stable. Finally, a discharged client will be successfully involved in some kind of positive identity forming activity such as parenting, education, employment or volunteering. This is in keeping with research that recommends key to an individual's success is their progress or transition towards a preferred identity with a hopeful future (Silke et al, 2021). Discharged clients are welcome to re-access service in the future, and ETA outreach staff provide follow-up phone calls periodically for a period of six to eight months.

Outcome Measurement

As noted earlier, Yorktown ETA measures program success along seven outcomes. Client outcomes (program objectives one to five) are measured through the above-mentioned tools such the TRAP-18, HEADS-ED, SAK, and PCOMS. The TRAP-18 supports ETA staff to make structured professional judgements on whether participants have disengaged from violence justifying beliefs (Outcome one) or hate content and activities (Outcome two). Outcomes three and four are measured by successful engagement in pro-social activities (i.e., school, work) and meaningful relationships (i.e., family connection). Mental health symptom stabilization (outcome five) is measured within PCOMS, which contains the "Outcome Rating Scale", a validated four item scale used to measure a client's progress towards their identified goals (Bringhurst, Watson, Miller & Duncan, 2006). The HEADS-ED and SAK also inform on whether a client's mental health has improved.

Outcomes six and seven, which seek to build resilience to extremism amongst communities and multi-sectoral professionals, are measured via surveys, administered through virtual pre- and post-event questionnaires, that ask respondents to rate their level of learning and engagement with new information received. Outcome results are shared annually with funders and community partners, and available by request to other stakeholders

Staff Training, Peer Mentorship, and Inter-Agency Trainings

Hiring practices for Yorktown ETA maintain a complement of staff that come from a variety of professional backgrounds, identities, and lived experiences. Orientation of new staff involves introducing them to the larger mental health agency (Yorktown Family Services), and the particular expectations around the new staff's professional association (e.g. record keeping protocols for Registered Social Workers). Yorktown ETA specific training is a combination of independent reading, dyadic instruction with a supervisor/mentor, team meetings and shadowing field work. New staff can expect to spend at least one month in this process before seeing any clients on their own, and often their first clients will be from another Yorktown Family Services program, such as the Youth Outreach Worker or Rapid Access Counselling Program.

Experienced Yorktown ETA staff will have strong knowledge of ideological trends, forms of extremism, evidence-based practices relevant to their profession (e.g. motivational interviewing, CBT), case management tools, knowledge of the legal landscape for terrorism and hate speech, psychological/social processes of radicalization and deradicalization, engagement strategies to support a client's pro-social development, mental health issues and more. Koehler & Fiebig (2019) provide a valuable starting place to conceptualize the significant skill set required for successful for CVE practitioners. Yorktown ETA can support staff to upgrade their skills in domains relevant to them, but as Koehler and Fiebig point out, post-secondary institutions such as universities are needed to fill the knowledge gap so that new applicants apply with a strong foundation.

Yorktown ETA leadership aims to ensure its staff are up-to-date in relevant domains, and direct their staff to participate in various CVE working groups and conferences. The Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV) researches and disseminates recommended practices in the P/CVE field[3]. Yorktown ETA staff participate in a monthly peer-to-peer virtual community of practice titled 'Virtual Partnering in Practice' (VPIP), facilitated by CPN-PREV to further their knowledge in best practices and evidence-informed CVE interventions. VPIP is a facilitated space for cumulative learning where de-identified cases are discussed among clinicians from across Canada to enhance collaboration, sharing of resources, experiences and knowledge as well as critical reflection among peers. Recent research found that forms of social support, such as peer-mentorship and supervision, for front-line practitioners working in clinical CVE are key factors that contribute to ethical and evidence-informed practice in multi-sectoral settings (Haugstvedt, 2022); VPIP can be viewed as such a space of social support among CVE clinicians across Canada. Yorktown ETA staff benefit from this interplay of a nation-wide collaboration as well as its own training program.

Inter-agency trainings with law enforcement are important as ETA clients are often already interacting with or being monitored by police due to their risk to public safety. It would be unsafe for ETA staff to operate without any kind of interaction with law

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[3] https://cpnprev.ca/

enforcement, however, there are significant concerns and complexities that need to be managed if social service providers are going to operate ethically with violent extremists that are being monitored by policing services (Cherney, De Roy, Williams, 2022; Finch & McKendrick, 2019). Police and Yorktown ETA staff educate each other on their mandates, regular duties and common referral pathways. Key to these trainings is articulating how policing and Yorktown professionals handle participant information, explaining different laws and limitations that govern the sharing of information for each group of professionals, and particular pathways that will be used when information needs to be shared. For Yorktown ETA, managers and directors are the designated contact people for police and facilitate the transfer of client information according to federal and provincial laws. As a F.O.C.U.S. partner, ETA and the Toronto Police Services have signed a *memorandum of understanding* that has been reviewed by privacy lawyers to ensure that information sharing protocols comply with healthcare laws. Yorktown ETA has a similar agreement with the Royal Canadian Mounted Police (RCMP), Canada's federal police, which holds jurisdiction over terrorist offences in Canada. Clients of Yorktown ETA are also oriented to the privacy standards of the organization, which is available publicly[4], and the procedure to make a complaint should they believe their rights have been breached.

Logic Model

Program development and operations are complex. Those new to a program may be confused about how resources, activities, outputs and outcomes are intended to connect, while staff operating in a program may sometimes lose sight of the bigger picture. Logic models are a valuable resource to help observers understand a program's, and prepare for evaluation and/or adaptions (Williams, 2022). A logic model of the Yorktown ETA program is included below, providing an overview of the resources, activities, outputs and intended outcomes for the April 2022 to March 2023 period.

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[4] https://www.yorktownfamilyservices.com/yorktown-family-services-client-orientation-booklet/

Inputs/Resources (Direct Service Staff Roles)	**Project Activities/ Workplan Tasks**	**Outputs** (What is produced or deliver and to whom)	**Intended Outcomes and output data for fiscal year (April 1, 2022 – March 31, 2023)**
Engagement and Intervention Worker	Engagement: process in which staff build trust in whatever pro-social way possible. This takes place before any disengagement work begins, and could last for months	In the 2022-23 fiscal year, over 600 hours spent in pre-service engagement activities (tallied from workers inputted time). Task examples include hundreds of texts, phone calls, coffee meetings, gift card drops off, etc.	Clients will respond to positive engagement by agreeing to a more intensive service, such as counselling or employment support.
Outreach/Case Management Workers	Outreach and Case Management: assessing needs and connecting the client to appropriate resources.	In 2022-23 fiscal year, over 1200 hours were invested in assessing, finding, registering, and collaborating with non-P/CVE services for identified clients.	Clients will connect to community resources that are aligned with their goals, such as income support, education, employment supports, and more. Successful connections will further tie clients into peaceful community participation (outcomes 3 and 4).

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Registered Psychotherapists and Masters level Social Workers qualified to perform psychotherapy	Psychotherapy: addresses mental health issues with evidence informed practices such as motivational interviewing or CBT	In the 2022-23 fiscal year, 22 at risk clients and 25 family members participated in psychotherapy. Treatment approaches ranged from brief strengths focused sessions (often for parents), to longer-term therapy that involved more than 30 sessions.	Clients facing mental health issues will experience a reduction in their symptoms (outcome 5).
All ETA Staff	Community Resilience Trainings: webinars, conference participation, community organization trainings, VTRA training, and others.	In 2022-23 fiscal year, 10 seminars for members of the public or non-P/CVE professionals, totaling 225 participants. 9 seminars for P/CVE or P/CVE adjacent professionals, totaling 463 participants.	Other professionals and members of the public will be more equipped to serve clients with violent extremist beliefs (outcome 6 and 7).
All ETA staff	Risk assessments (TRAP-18, SAK, HEADS-ED)	In the 2022-23 fiscal year, over 100 TRAP-18 assessments, 42 HEADS-ED, and 42 SAK screeners were completed.	Risk assessments will direct interventions, with the intention to reduce all identified risks and increase protective factors,

			ultimately reducing the risk of violent extremism (outcomes 1 and 2).

Client Demographics

Since inception in March 2020, ETA has served over 200 clients. Approximately 50% of those clients fit into the pre-radicalized, radicalizing, radicalized, and radicalized to violence continuum. The remaining pool of clients are family members, who are also offered service as part of the family system.

Public Safety Canada identifies three categories of violent extremism (VE): Politically Motivated Violent Extremism (PMVE), Religiously Motivated Violent Extremism (RMVE), and Ideologically Motivated Violent Extremism (IMVE) (CSIS, 2022). IMVE inspired individuals are driven by a range of beliefs, rather than a singular narrative. Xenophobia driven by ethno-nationalism, violent misogyny against women and the LGBTQ+ community, and anti-authority/government violence are common themes (CSIS, 2021). Since program inception, approximately 60% of at-risk ETA clients were aligned with IMVE views during their intake. RMVE inspired individuals perceive their religion to justify violence for various reasons, such as curtailing immorality or spreading their belief (CSIS, 2021). About 25% of ETA clients aligned with RMVE views at their intake. Those involved with PMVE aim to establish new political systems through violence (CSIS, 2022). While this is one of ETA's smallest client groups (5%), it appears to be an increasing trend as more Canadians align themselves with violent political movements associated with overseas conflicts.

Yorktown ETA developers have found it helpful to add two other client categories: Single Issue and Mixed Issue. Single Issue clients believe they are justified to commit violence against a specific group that is connected to the client, such as a school or condominium, but the client does not tie the violence to a wider ideology or purpose. Since program inception in 2020, less than 5% of ETA clients were aligned with single issue grievances, usually towards their school. Mixed Issue clients, sometimes referred to as "salad
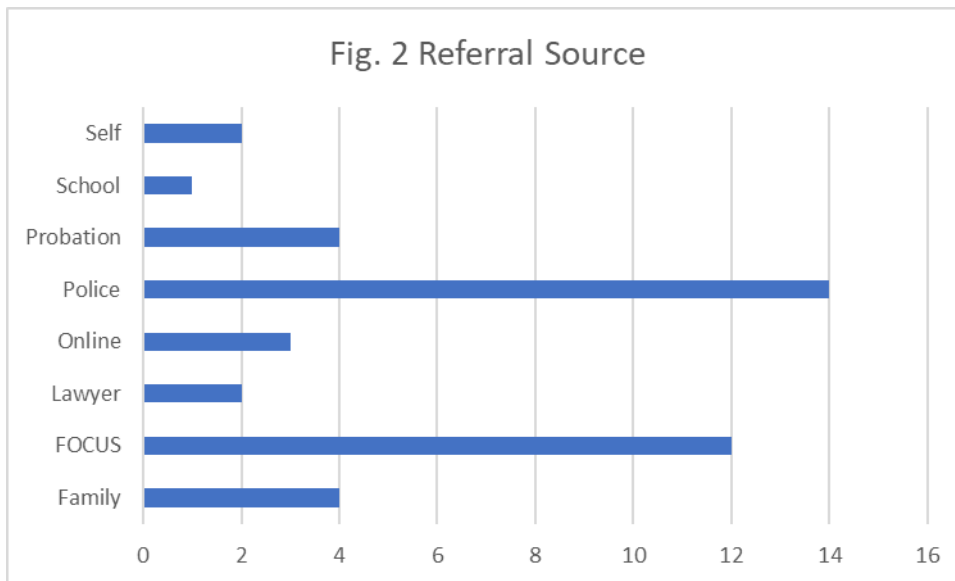
bar" or "composite" extremists, believe in overlapping and sometimes contradictory ideologies. For instance, ETA has worked with several individuals who affiliate with both neo-Nazi and ISIS groups. This category also makes up less than 5% of ETA's clients.

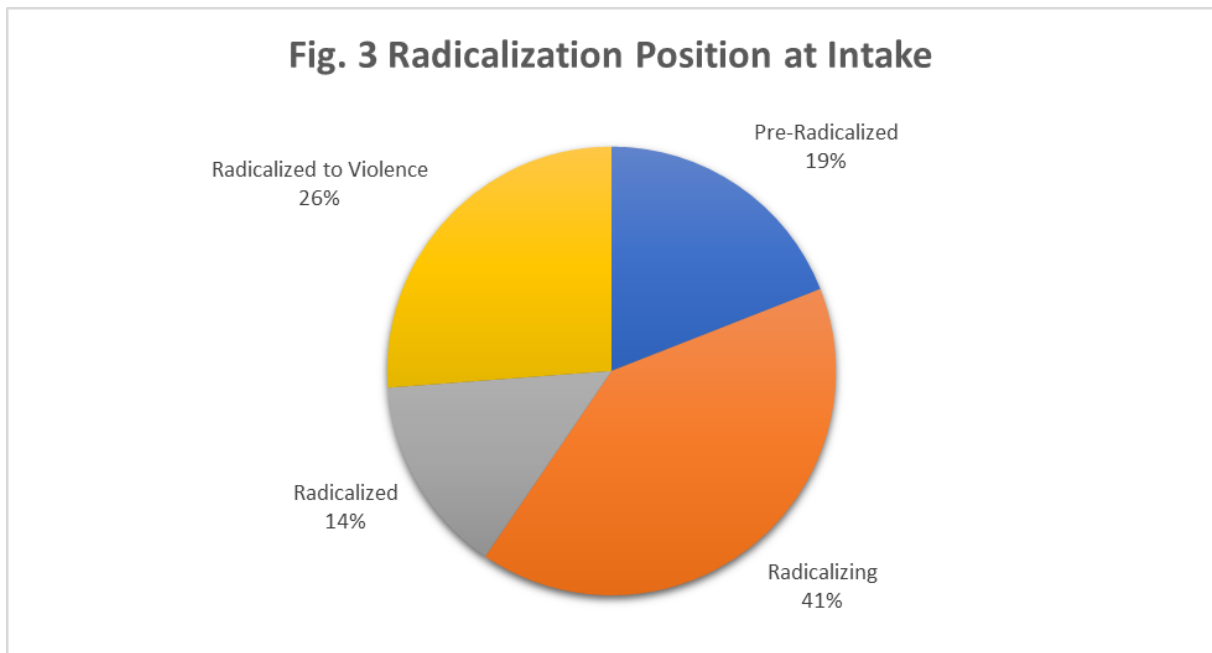*Reviewing Violent Extremist Client Data between April 1st, 2022 and March 31st, 2023*

The below charts visually represent all active clients on the radicalization continuum in the ETA program from April 1st, 2022 to March 31st, 2023 (fiscal year). This "snapshot" of the client population contains clients from the previous year that had not yet been discharged, as well as new intakes. It does not include the family members that ETA staff also served. This overview offers valuable insights into client demographics, trends, and referral sources. It also shows in which context ETA services were deployed and what differences in services provision can occur at the practical level.
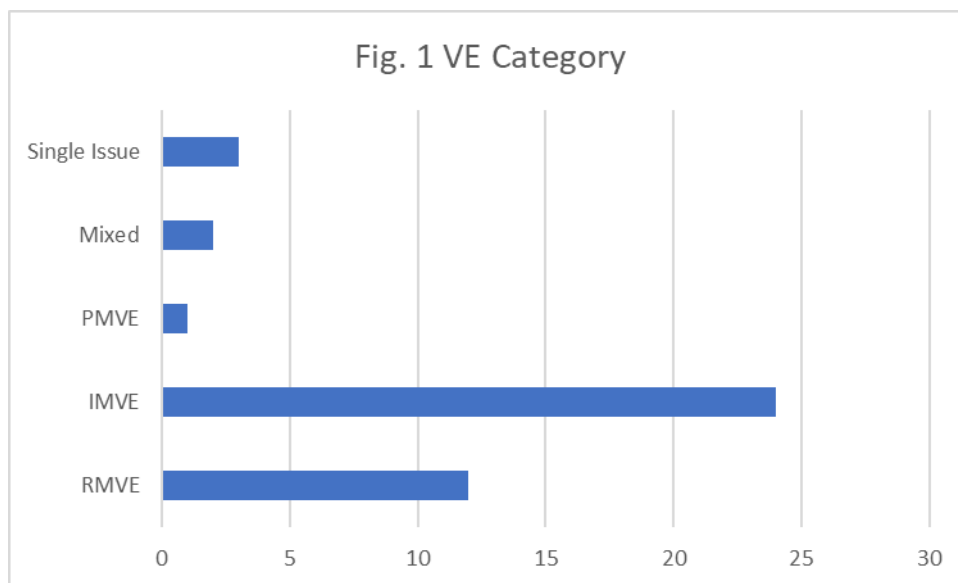
Fig. 1 VE Category

For the 2022-23 fiscal year, category numbers for client ideological affiliation are consistent with other years, as seen in Fig. 1 above. 57% of clients fit into the IMVE category, then 29% in RMVE, and Single Issue being third most prominent.

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Fig. 2 Referral Source

Referral sources are important data and the authors want to draw attention to how ETA's referral base has changed in just three years. In 2020, almost all ETA referrals came through the F.O.C.U.S. situation table or other police agencies. In the 2022-23 fiscal year - shown in Fig. 2 above - only 42% of referrals were from the Toronto Police Service, Royal Canadian Mounted Police, or F.O.C.U.S., as opposed to 90% of referrals in the 2020 year of inception. The other larger portion of referrals in 2022-23 were from sources such as online redirection (Moonshot, 2023), probation/parole, defense lawyers, and even family members who had found the program while looking for support for a loved one. This expansion of the referral base has been good feedback that ETA's community trainings have supported members of the public, social service agencies, and legal community members to better detect and make referrals for individuals involved in extremism. It is significant as it may indicate more interventions are happening upstream in the radicalization process.

Fig. 3 Radicalization Position at Intake

Pre-Radicalized 19%
Radicalizing 41%
Radicalized 14%
Radicalized to Violence 26%

As noted previously, during intake, clients are placed along a continuum of pre-radicalized, radicalizing, radicalized, or radicalized to violence. Fig. 3 above shows a percentage breakdown of clients for the 2022-23 fiscal year. While a client's progression to and away from violence is not linear, these labels help triage program resources towards those most at risk. Pre-radicalized clients have some ongoing engagement with extremist content, along with other risk factors that could increase vulnerability towards violent extremist worldviews. Radicalizing clients are seen as "on the path" towards extremism, as they disconnect from pro-social community supports and engage further with extremist content. Radicalized individuals have adopted extremist beliefs but not to the point where they would fully support or endorse violence. Finally, clients who are radicalized to violence believe they are justified in materially supporting or committing violence to support their cause. About 25% of clients in the 2022-23 fiscal year were radicalized to violence at intake. The ETA team dedicates the most resources to this group.
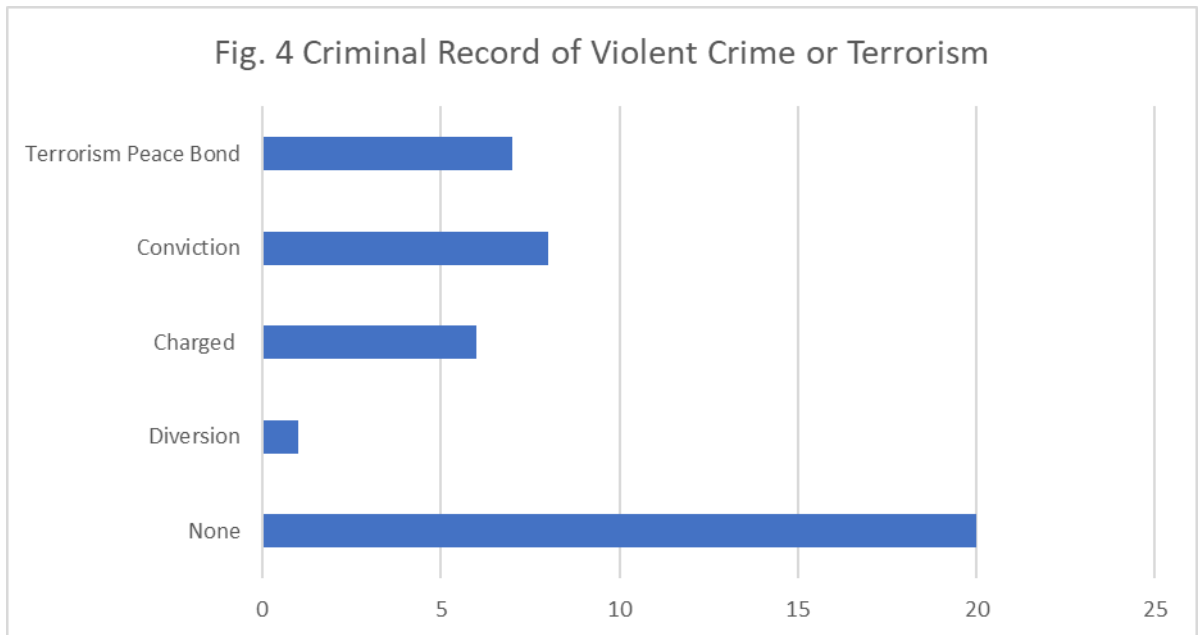
Fig. 4 Criminal Record of Violent Crime or Terrorism

Fig. 4 (above) is a "snapshot" of the status of ETA client status with the criminal justice system in March 2023 (i.e. if labelled "conviction," then "charge" is not also being used). While over half of ETA's clients were referred by police, not all were involved in the justice system (i.e. official diversion, charge, peace bond, conviction). The "None" category represents those referred by police and other sources that have not had any official involvement with the judicial process. Diversion, while not a charge, is still a judicial process overseen by probation.
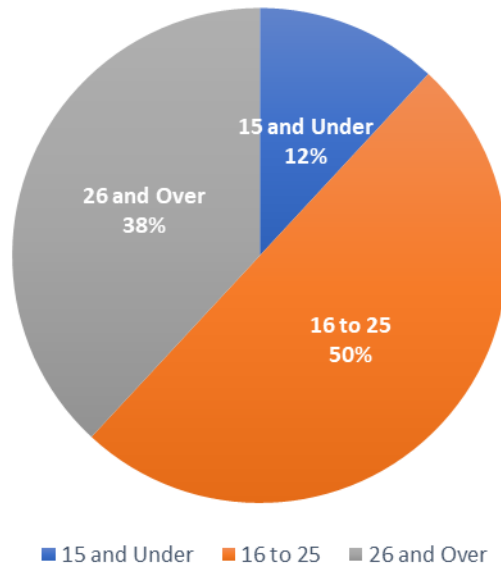
Fig. 5 Age Range

- 15 and Under 12%
- 16 to 25 50%
- 26 and Over 38%

Legend: ■ 15 and Under   ■ 16 to 25   ■ 26 and Over

Fig. 6 Highest Education Level

- Unknown 5%
- University Grad. Deg. 2%
- Middle School 2%
- University Bach. Deg. 16%
- College 19%
- Highschool 56%

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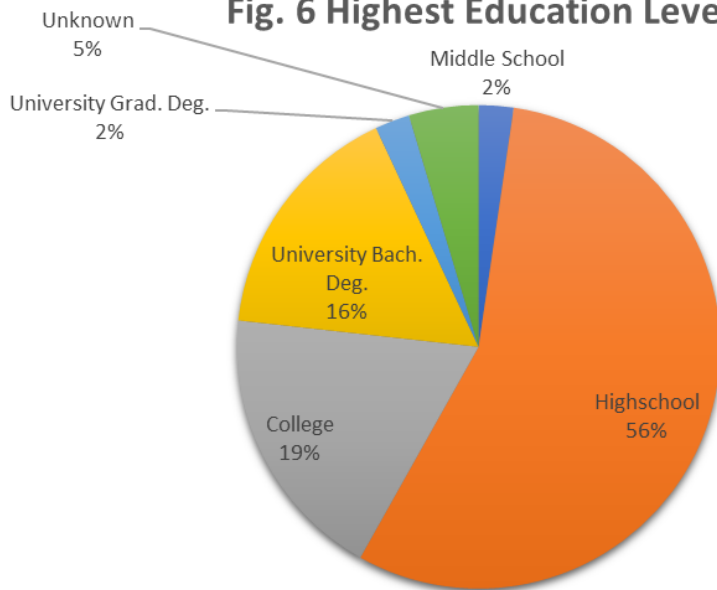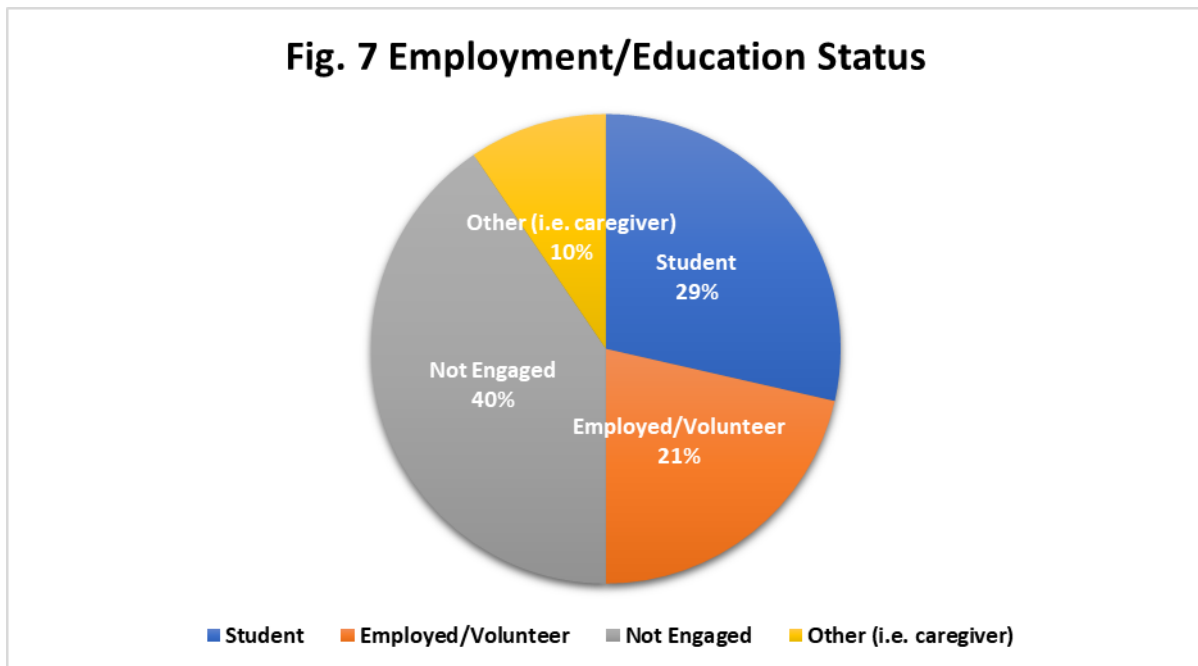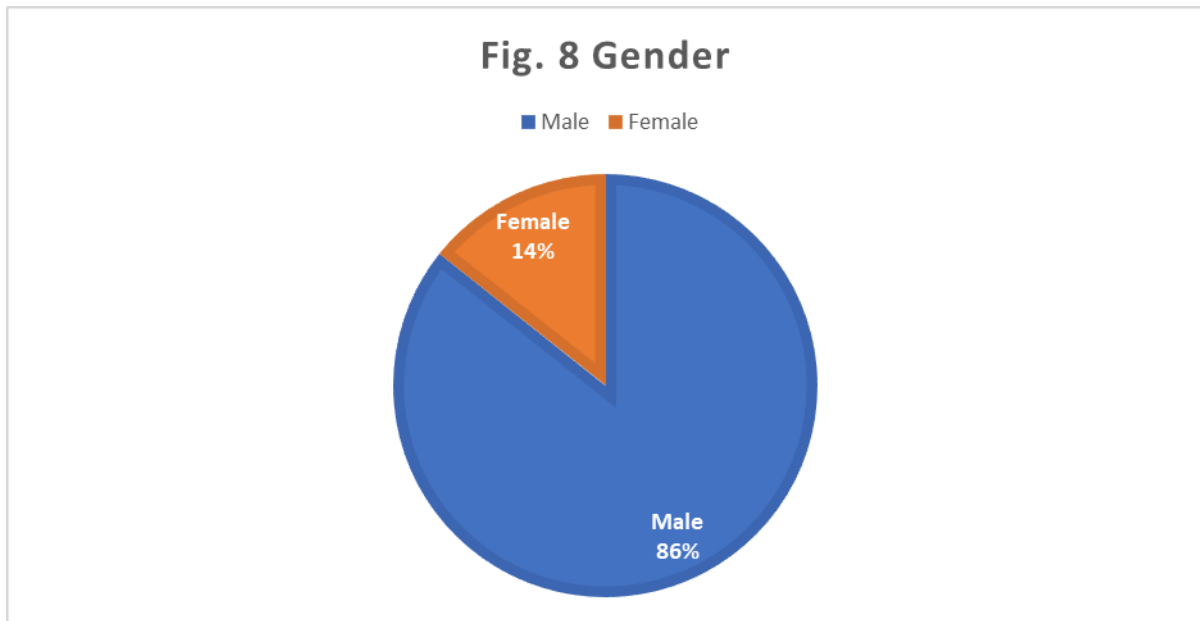
Fig. 7 Employment/Education Status

Most clients of the wider Yorktown Family Services fall between 15 and 26 years of age, a period known as "transitional aged youth" or TAY in community mental health. This period is associated with mental health and substance use risks as youth transition into adulthood (Chan & Derenne, 2021). Primary and mental healthcare providers seek to aim interventions at this population to mitigate risks that could impact their life trajectory. About half of ETA clients fall in the TAY category (see Fig. 5 above), and all ETA TAY's are male. The majority have high school diplomas as their highest level of education (see Fig. 6 above), and about half were either in school, employed or occupied with another daily task (i.e. volunteering, caregiving) at the time of intake into ETA (see Fig. 7 above). Consequently, the other half of ETA's TAY clients were not employed or in school. Their academic or career progression stalled after high school, oftentimes leaving many to devote significant time to extremist activity. ETA considers TAY as a key population for intervention and incorporates the concept of 'emerging adulthood' into program design.

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Fig. 8 Gender
■ Male ■ Female

Female
14%

Male
86%

In the 2022-23 fiscal year, only 6 ETA clients identified as female, and of that all were mothers of young children (see Fig. 8 above). Only one female in ETA has ever been at the radicalized to violence risk level during intake. Of note, no ETA clients since inception to March 2023 have ever identified as a gender other than male or female.

Not included in the data set above but reported anecdotally by ETA staff is that the majority of clients that tell their story have suffered a traumatic experience in their family before turning 18 years old. Witnessing intimate partner violence is by far the most common occurrence, with other examples being political persecution, racially motivated attacks, and the death of a family member.

Service Use Breakdown during April 1st, 2022 to March 31st, 2023

Yorktown ETA staff can deliver multiple types of services, both to clients and their family members, the majority of which lie in the social reintegration and mental health realms (Hassen et al., 2021). Figure 9 below shows a breakdown of service use for clients. Of 42 clients, they accessed 92 different ETA services, with most clients using two or more services. Of the services listed below, ETA staff fully deliver housing support (i.e. housing applications and advocacy, but not residential care), faith-based activities, employment (job application

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support and coaching), mental health therapy, and family therapy. ETA outreach workers facilitate connections to school programming, psychiatry, specialized addiction treatment, and employment readiness programming.
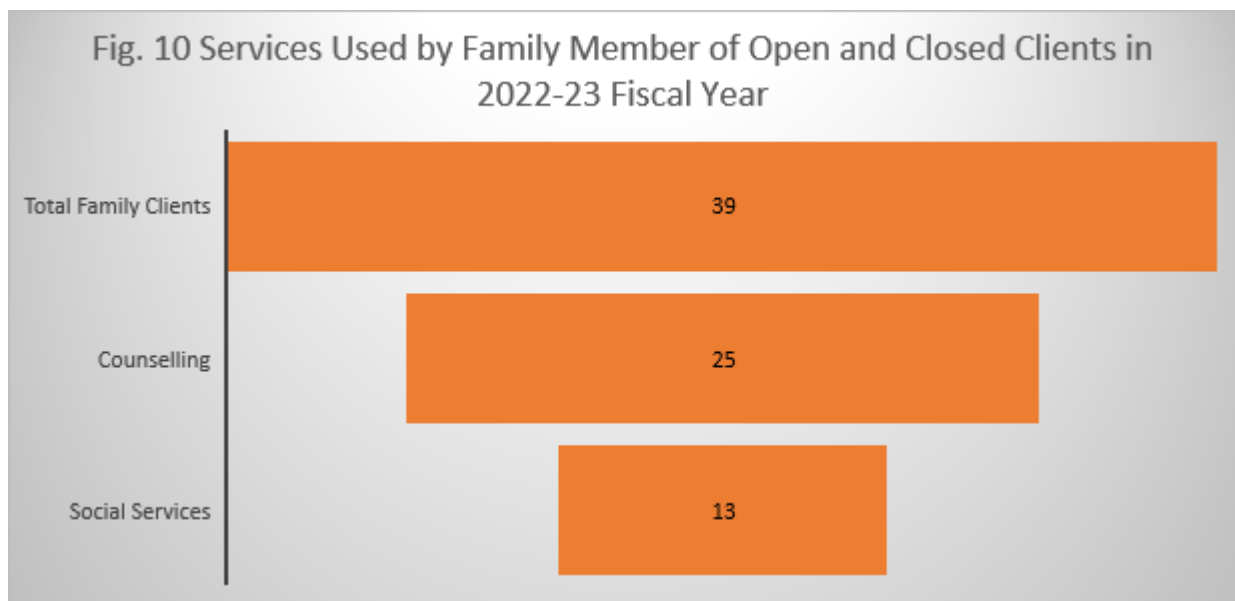
Not recorded below but relevant are the services provided to ETA clients by other Yorktown programs. If ETA clients have demonstrated safety (no proximal risk factors on TRAP-18, 6+ months of safe interactions with ETA staff), they can access over 30 different programs in in the wider organization. Early years support, where parents can have their children assessed for developmental issues and attend parenting groups, was accessed by five ETA registered families in the 2022-23 fiscal year. The walk-in counselling service, where anyone in the community can have a single-session counselling appointment, was accessed by four clients.

Fig. 9 Client ETA Service Use in 2022-23 Fiscal Year

Service	Count
Total Clients	42
School	11
Housing	9
Psychiatry services	9
Employment	14
Faith Based Activities	10
Mental Health Therapy	23
Addiction Support	3
Family Therapy	8
Employment Program	5

Figure 10 below is service use by family members of clients. 39 family members accessed ETA services, with 25 using family counselling and 13 accessing some type of case management support. Family counselling was usually brief, under five sessions, though some families accessed support for the entire duration of the identified client's journey. Family therapy often involved parenting support, either for teenagers or adult children still living in

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the home. There was often significant grief and shame on the part of family members, who blamed the client for family issues. In these cases, family therapists worked with parents to see extremist involvement as a phenomenon of varying mezzo and macro factors interacting with individual and family vulnerabilities, and that the path forward was not to attack the extremist identity but address the wider issues (internal and external) that the family was facing.

Social services included accessing income/tax filing support, government identification, housing applications, and more. At times case managers also supported families in navigating child welfare or legal system issues in which multiple workers from different organizations were involved with the family.

Fig. 10 Services Used by Family Member of Open and Closed Clients in 2022-23 Fiscal Year

- Total Family Clients: 39
- Counselling: 25
- Social Services: 13

Conclusion

Research on CVE programming is emerging and good practices have been identified across multiple studies (Hassan et al., 2021; Horgan & Braddock, 2010; Koehler, 2017; LaFree & Freilich, 2019; Logan et. al, 2023, Silke et al., 2021). The field is evolving, and empirical evaluation of CVE outcomes is complex. CVE program designers can, however, build off of available literature in the structure of their organizations and implement promising practices

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and activities that target relevant outcomes. CVE developers are encouraged to interact with the literature in their program design, and publish their models. In this case study, the program designers of ETA endeavoured to demonstrate the model's program components, reflecting ETA against relevant CVE literature and research. In concert with research by Hassan and colleagues (2021) who strongly recommend a focus on social health, ETA deploys a range of social reintegration and mental health support, employs casework, counselling, and case management tools and approaches, and applies various risk and needs assessment tools and measures from within the CVE and psychosocial domains to assess a client and their wider social system holistically. ETA staff also directly engage in ideological dialogue with clients, seeking to build commitments to non-violent approaches while pursuing their social goals. Having presented a summary of the ETA program in Toronto, the authors propose that CVE program leaders invest in publicizing their program models and alignment with emerging practices. This process will support a practitioner-academic feedback cycle that fosters parallel growth as the CVE field further evolves.

Further, this article provided important insights into ETA client demographics to better understand who is being referred to the program and from which referral source. This knowledge is used by ETA to inform its community outreach but also training and knowledge mobilization activities. For instance, ETA client data reflects the rising threat of ideologically motivated violent extremism, and so public facing trainings have been focused on public education on IMVE themes and recruitment strategies. Service use data also demonstrates that client needs are complex and that CVE organizations need to be able to offer a "package" of services not just to the client, but often the client's family in order to maximize impact. We encourage CVE programs to be responsive not just to emerging literature, but also client needs as identified in their regular data collection.

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