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Title: Implementing evidence-supported methods in residential care and special education: a process-model

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Abstract: This article presents the findings of a qualitative study in a Flemish centre for children and adolescents with emotional and behavioural disorders. The change with regard to the demand for care of this highly troubled population has created a need for intervention models that address students' socio-emotional needs. When preparing an organization to implement such intervention models, it is critical to obtain a thorough needs assessment or pre-implementation evaluation of staff in the organization. Fifty interviews with different staff members were performed, guided by three research questions: (1) How do staff perceive the children and youth cared for, including the behaviour, needs and demands of these youths?; (2) How do staff try to translate this demand for care into treatment, and what obstacles could possibly stand in the way?; and (3) What are, according to staff, critical issues to take into account when implementing EBP, both on the individual level and on the level of the organization? Using a grounded theory approach, the analysis resulted in a pre-implementation model. In the following article, this model will be discussed and illustrated with quotes of staff themselves.

Figure

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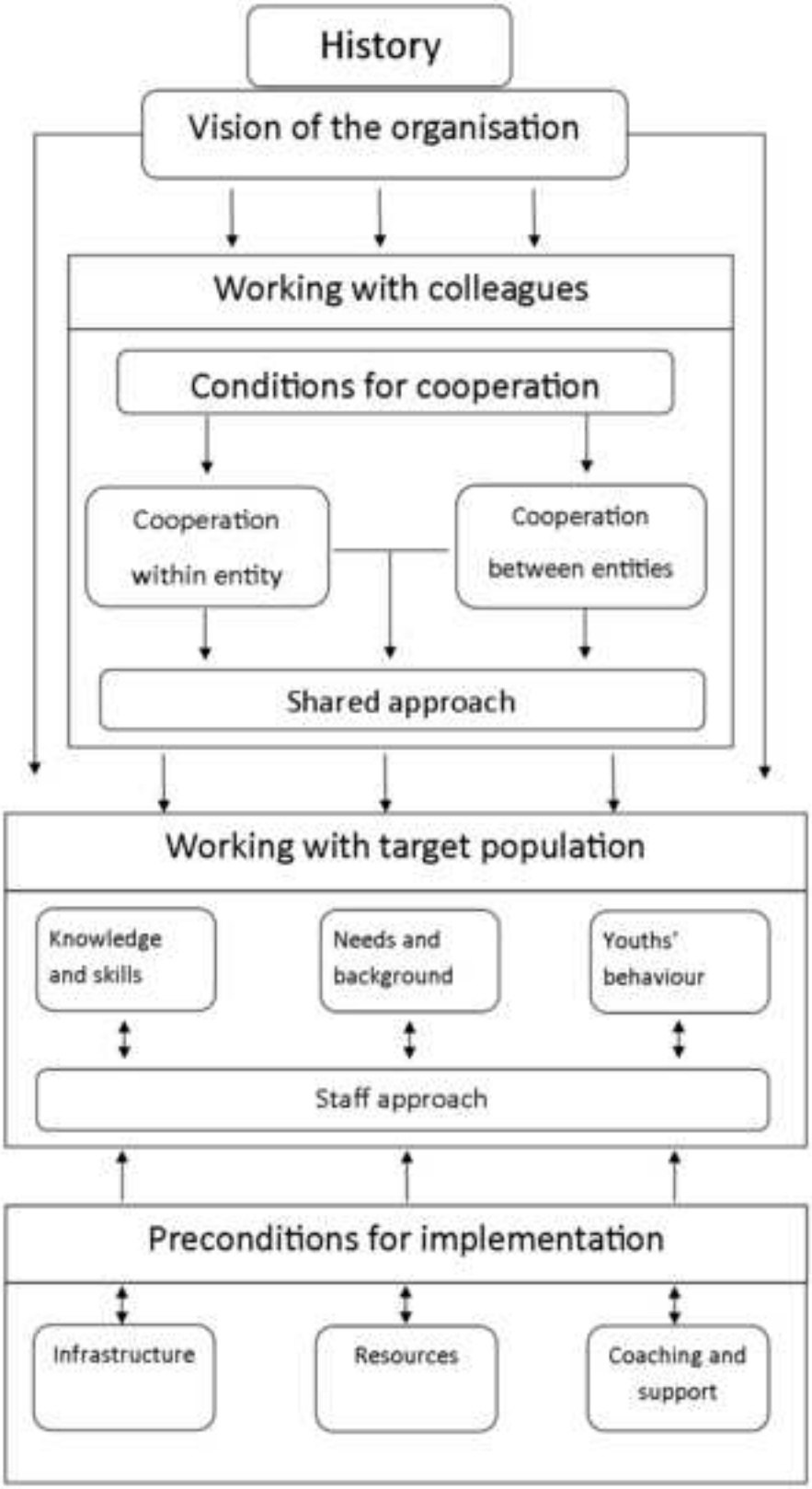

***Highlights (for review)**

- We examine how staff how staff reflect on youth's behavior and demand for care
- We examine how staff translate this into treatment
- We examine critical issues with regard to implementation of evidence based practice
- Using a grounded approach, the analysis resulted in a pre-implementation model
- Core elements are history, cooperation, target group and preconditions

Cover Letter

Bram Soenen
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Duncan Lindsey
Editor-in-chief

Dear Editor,

Please find enclosed a manuscript entitled: **"** Implementing evidence-supported methods in residential care and special education: a process-model " which I am re-submitting for exclusive consideration of publication as an article in Children and Youth Services Review.

The study described in this manuscript shows interesting results with regard to how staff in care facilities perceive youth cared for, how they translate this into treatment, and what they mention as critical issues to take into account when implementing Evidence Based Practices.
As such this paper should be of interest to a broad readership.

Thank you for your consideration of my work.

Bram Soenen
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***Title Page (WITH Author Information)**

Title: Implementing evidence-supported methods in residential care and special education: a process-model

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***Detailed Response to Reviewers**

I would like to thank the reviewers for their helpful and valuable feedback. Based is this feedback, following revisions were made to the original manuscript:

- The appendix was deleted; information about interviewee characteristics is described in the text. Further, next to each quote in the 'results' part, extra information is given about the interviewee. E.g. Interview 46; male supervisor (suggestion of reviewer # 1)
- As suggested by both the Editor-in-Chief and reviewer # 4, she manuscripts has been edited by a professional translator 'Dutch-English'
- Based on the comments of reviewer #1, the title of the manuscript is revised.
- Reviewer #1 asked whether the findings different for residential than for school? Or is this model applicable to both? Is that explicitly stated in this manuscript?
  In the 'conclusion and recommendations'-part of the manuscript I have formulated an answer to this question.
- Reviewer #4 remarked "I also felt the question of what was evidence based practice in this context was inadequately explored. A number of widely used models in the sector are perhaps best described as evidence supported rather than evidence based".
  Although I agree with the reviewer's concerns on this topic, the manuscript focusses on the process of implementation of such models, and not on the discussion whether these models are evidence-based or evidence-suggested. Therefore, instead of exploring this discussion, I consequently changed 'evidence-based' into 'evidence-supported'.
- Reviewer #4 stated that we failed to adequately explain why grounded theory was the best method to analyse our data. In the revised version of the manuscript, in the 'method' part, a more elaborated explanation for this choice is given, argued with the following article:
  - Heath, H., & Cowley, S. (2004). Developing a grounded theory approach: a comparison of Glaser and Strauss. International Journal of Nursing Studies, 41, 141-150.
  - Backman, K., & Kyngäs, H.A. (1999). Challenges of the grounded theory approach to a novice researcher. Nursing and Health Sciences, 1, 147-153.
- Reviewer #1 suggested to provide more content on how to do a needs assessment. An answer to this question was given in the recommendations (the need to develop an assessment instrument based on the model in our study).
- Reviewer #1 suggested some studies to be mentioned in the literature review. Based on these suggestions, following studies on climate in residential programs and organizational change were added:
  - Abramovitz, R., Bloom, S.L. (2003). Creating sanctuary in residential treatment for youth: from the "well-ordered asylum" to a "living-learning environment". Psychiatric Quarterly, 74(2), 119-135.
  - Rivard, J.C., Bloom, S.L., Abramovitz, R., Pasquale, L.E., Duncan, M., McCorkle, D., & Gelman, A. (2003). Assessing the implementation and effects of a trauma-focused intervention for youths in residential treatment. Psychiatric Quarterly, 74,(2), 137-154.
  - Bloom, S.L., Bennington-Davies, M., Farragher, B., McCorkle, D., Nice-Martini, K., & Wellbank, K. (2003). Multiple opportunities for creating sanctuary. Psychiatric Quarterly, 74(2), 173-190.

- Lehman, W.E.K., Greener, J.M., Simpson, D.D. Assessing organizational readiness for change. Journal of Substance Abuse Treatment, 22, 197-209.
- Simpson, D.D. (2002). A conceptual framework for transferring research to practice. Journal of Substance Abuse Treatment, 22, 171-182.
- Simpson, D.D. (2004). A conceptual framework for drug treatment process and outcomes. Journal of Substance Abuse Treatment, 27, 99-121.
- Lehman, W.E., Simpson, D.D., Knight, D.K., & Flynn, P.M. (2011). Integration of treatment innovation planning and implementation: Strategic process models and organizational challenges. Psychology of Addictive Behaviors, 25(2), 252-261.

Reviewer #1 questioned “out of curiosity, how similar/dissimilar Flemish residential programs are to American programs”. Although this is an interesting question, I did not change the manuscript based on this question/suggestion, because I think the comparison between the Flemish and the American system of care deserves a separate research-project.

Implementing evidence-supported methods in residential care and special education: a process-model

Abstract
This article presents the findings of a qualitative study in a Flemish centre for children and adolescents with emotional and behavioural disorders. The change in demand for care for this highly troubled population has created a need for intervention models that address students' socio-emotional needs. When preparing an organisation to implement such intervention models, it is critical to obtain a thorough needs assessment or pre-implementation evaluation of staff in the organisation. Fifty interviews with different staff members were performed, guided by three research questions: (1) How do staff perceive the children and youth cared for, including behaviour, needs and demands of these youths?; (2) How do staff attempt to translate this demand for care into treatment, and what obstacles could possibly stand in the way?; and (3) What are, according to staff, critical issues to take into account when implementing EBP, both on the individual and the organisational level? Using a grounded theory approach, the analysis resulted in a pre-implementation model. In the following article, this model will be discussed and illustrated with quotes from staff members.

Keywords: qualitative research, special education, residential care, emotional and behavioural disorders, change management, implementation

Introduction

Children and adolescents with emotional and behavioural disorders (EBD) often require special treatment programmes to address their problems. Although the number of children who reside in substitute care is small in comparison to the total child population (less than 1%), they are increasingly troubled and present multiple problems at intake (Whittaker, 2004). These problems should be viewed as chronic conditions (Visser et al., 2003) and seem to be almost as stable as personality traits (De Bolle et al., 2009). Research on youth in these settings, who are described as a highly vulnerable group with extensive mental health needs (Hukkanan et al., 1999), often describes their problems in terms of internalising and externalising behaviour. Connor and colleagues (2004) for example, examined the characteristics of children and adolescents admitted to a residential treatment centre. The results of their study indicate high rates of internalising and externalising psychopathology, aggressive behaviour, and consistent gender differences, with girls having higher levels of internalising and externalising psychopathology and aggressive behaviour. In a comparative study between youth in residential treatment and youth in treatment foster care, Baker et al. (2007) found that the prevalence of disorders in the residential treatment centre population was substantially higher than in the treatment foster care population. Youth in residential care were more likely to be anxious/depressed, aggressive, and delinquent, and less likely to have attention problems than the youth in treatment foster care. Further, D'Oosterlinck and his colleagues (2006) gathered information about the characteristics of boys and girls with EBD placed in residential care and day treatment facilities in East Flanders. After data collection from a sample of 517 children, 83% were boys and 17% girls, a behavioural profile was created using CBCL (Child Behaviour Checklist) scores. Results of this study illustrated that children and adolescents in the sample showed a tendency towards externalising problems and portrayed themselves as aggressive and disruptive.

Several authors also indicate a change in characteristics of this population in time. In his article on future directions of residential treatment, Lieberman (2004) points out how an increasing rate of child abuse and neglect, along with the placement of greater numbers of children in less restrictive environments has resulted in programmes dealing with a higher amount of more seriously troubled youth than have been experienced in the past.
In a Flemish study on the evolution of the demand for care for children with emotional and behavioural problems and their parents, a group of children receiving therapy in the 1970's was compared with a group of children treated in the same programme in the 1990's. Results indicated that children from the 1990's group displayed more outward problematic behaviour – aggressive, impulsive and antisocial – compared to children from the first group. Further, in the 1990's group, parents tended to demand care at an earlier stage, more action points in relation to family dysfunction were formulated, and the care demand seemed to be more complex (D'Oosterlinck, 2000).

Not surprisingly, the nature and the negative evolutions of the problems of these children and adolescents place the caregivers of these youth under enormous pressure, resulting in high turnover rates. The extensive literature on staff turnover has provided the field with consistent and meaningful insights into factors that could enhance the retention of professionals. Examples of influential factors on the individual level are low salaries (Colton & Roberts, 2004), the balance between work and personal life (Smith, 2005), job moral and job satisfaction (Colton, 2005), the perceptions of the children and youth cared for (Colton & Roberts), and behaviour management approach (Albrecht et al., 2009). Examples of influential factors on the organisational level are training (Colton, 2005; Colton & Roberts, 2004), administrative support and adequate time for paperwork (Albrecht et al., 2009), the implementation of evidence-based practices (Aarons et al.,

2009), and supervision, both by supervisors (Cearly, 2004; Colton & Roberts, 2007; Gersten at al., 2001; Smith, 2005) as well as by peers (Colton & Roberts, 2007; Gersten et al, 2001).

Further, it is generally assumed that working with this highly troubled population and the change in regard to the demand for care has also created a need for intervention models that address students' socio-emotional needs (Baker et al., 2007; George & Fogt, 2005; Knorth et al., 2008; Moses, 2000; Pazaratz, 2000; Tiesman et al., 2013; White-McMahon, 2009), especially to cope with the high amount of conflict and crisis situations (D'Oosterlinck et al., 2009). Research has shown that staff members feel empowered when confronted with conflict and crisis if they are trained in conflict management methods, and have an insight in the specific behaviour of youths with EBD (Dawson, 2003; Lindsay, 1998).

At present, literature on the implementation of such methods is scarce. Starting from the debate between the psychoanalytically-oriented individual approach and the milieu therapy approach, the two dominant approaches that historically have shaped the standard treatment models used by most residential centres, the Sanctuary Model of residential care was developed (Abramovitz & Bloom, 2003; Bloom et al., 2003; Rivard et al., 2003). This model addresses trauma exposure as a central organizing life experience. The Sanctuary Model puts these fundamental attributes of healing into operation via a conceptual framework called "S.A.G.E.," an acronym that stands for Safety, Affect Management, Grieving, and Emancipation (Abramovitz & Bloom, 2003). Next to the S.A.G.E. framework, other important elements are: building a patient-staff treatment partnership; flattening the organisational hierarchy; integrating community and therapy education; promoting community building based on SAGE principles; and expecting patients and staff to share responsibility for maintaining a safe, nonviolent milieu. Research on the implementation of this model showed that successful implementation requires not only the implementation of new treatment protocols, but also change in the program philosophy and milieu toward a nonviolent and community-oriented paradigm, change in the organisational culture, and change in attitudes and behaviour of youth and staff as community members (Rivard et al., 2003).

Within the field of substance abuse treatment, Simpson developed a program change model, including four key elements that are typically involved in the process of change. The first stage is "exposure", usually involving training through lecture, self-study, workshops, or expert consultants. The second stage, "adoption", represents an explicit intention to try an innovation, including both formal decision made by program leaders and subtle levels of commitments made by individual staff. "Implementation" comes next, implying that there is a period of trial usage of the new innovation to allow testing of its feasibility and potential. The fourth and last stage moves to practice, reflecting the action of incorporating an innovation into regular use and sustaining it (Simpson, 2002; Simpson, 2004; Lehman, 2011). Based on this model, Lehman, Greener and Simpson (2002) developed a tool for the assessment of organisational functioning and readiness for change (ORC). Results of surveys of over 500 treatment personnel from more than 100 treatment units support its construct validity on the basis of agreement between management and staff on several ORC dimensions, indicating that the ORC can contribute to the study of organisational change by identifying functional barriers involved (Lehman, Greener & Simspon, 2002).

Since implementation of such models is a complex process that is often fraught with unanticipated events, conflicts and resolutions (Aarons & Palinkas, 2007), several concerns should be taken into account to improve the probability that conditions are adequate to implement these practices (McLeskey & Billingsley, 2008).

Recently, Aarons and his colleagues have performed some studies on implementing evidence-based practices (EBP) in mental health care, supporting new optimism that successful implementation can lead to both positive organisational outcomes and ultimately to better client outcomes (Aarons et al., 2009). In an elaborate study, which included 301 mental health service providers from 49 different programmes, the association between attitudes towards adopting evidence-based practices and organisational culture and climate were examined. Correlation analyses showed that constructive culture was associated with more positive attitudes towards adoption of EBP and poor organisational climates were associated with more negative attitudes. The authors conclude that organisations may benefit from taking into consideration how culture and climate affect staff attitudes towards change in practice (Aarons & Sawitzky, 2006).
In an attempt to understand the implementation process in the child welfare system, Aarons and Palinkas (2007) interviewed case managers who were actively involved in implementing an EBP in order to reduce child neglect. The results of their study suggest that careful planning is but a part of the process of implementation, and that implementation is viewed as an adaptive undertaking. Further, it is deemed unrealistic to assume that implementation is a simple process, that one can identify all of the salient concerns, be completely prepared, and then implement effectively without adjustments. As a consequence, it has become clear that being prepared to implement EBP means being prepared to evaluate, adjust, and adapt in a continuous process that includes give and take between intervention developers, service system, organizations, providers, and consumers (Aarons & Palinkas, 2007).

When preparing an organisation to implement evidence based models as an answer to the evolving complex demands of its target population, it seems critical to obtain a thorough needs assessment or pre-implementation evaluation of staff in the organization. Currently, studies of this type are scarce. In an attempt to add to this small body of literature, we conducted a qualitative study - involving professionals in residential care and special education – guided by the following research questions:

- How do staff perceive the children and youth cared for, including the behaviour, needs and demands of these youths?
- How do staff attempt to translate this demand for care into treatment, and what obstacles could possibly stand in the way?
- What are, according to staff, critical issues to take into account when implementing EBP, both on the individual and on the organisational level?

Method

Youth care in Flanders, which is organised by the Flemish government, is divided into three main sections. The first is the youth protection service, which consists of a social branch and a legal branch for children and adolescents in problematic educational situations. The second section provides mental health care for children with a handicap, including a psychological handicap such as emotional and behavioural disorders. Thirdly, the Flemish school system includes special education for children and adolescents with different problems, such as emotional and behavioural disorders (D'Oosterlinck et al., 2006).
The study described in this article took place in a Flemish centre for children and adolescents with emotional and behavioural disorders, that provides services recognised within the mental health care system for people with a handicap and within the special education system.

The centre is located in the West part of Flanders, and offers a continuum of care and education to youth and their families in the province of West-Flanders. Although the centre also serves children and adolescents with autistic disorders or with intellectual disability, only the staff who work with youth with emotional and behavioural disorders were involved in this study.
Two schools are located on campus; one school for children age 3 to 12 (elementary education) and one school for youth age 12 to 21 (secondary education). The primary school uses a multidisciplinary and development-oriented approach, integrating therapeutic work with individual therapies. Specialised teachers work on an individual basis with children who need extra support. The secondary school offers general and vocational training and aims to prepare students for jobs such as carpenter, kitchen-help, shop-aid, gardener, or plumber.
The residential part of the centre consists of several groups, where 12 to 14 children or adolescents live together during the week, but can also stay during the weekends and the holidays. The groups are divided into three different clusters, based on the age of the residents. Each group consists of a team of four to seven group workers, and each cluster consists of a team of three to six supervisors. Further, a psychiatrist, a team of nurses and a team of psychologists are available to assist where needed.

At the time of the study, 402 children and adolescents were in care, 117 girls and 285 boys. The mean age of the youth was 13.55 (SD=3.06), ranging from 3 to 19. Two hundred and eighteen youth only attended one of the schools, 184 were also placed in residential care. The centre employed 255 staff, technical and administrative staff not included. Table 1 provides more detailed information of staff characteristics.

Table 1: staff characteristics

		Residential staff n=110	Staff day school n=145	All staff n=255
Mean age		36.79	40.32	38.80
Sex	**Female**	61	83	144
	Male	49	62	111
Training	**Vocational secondary education**	26	40	66
	Bachelor	70	101	171
	Master	14	4	18

In this study we wanted to collect information with regard to how staff perceive the needs of the youth they work with, and how they look at possible obstacles and critical issues prior to implementing EBP. Therefore, this study has an explorative nature, with the of aim of collecting perceptions in this relatively uncultivated domain (Mortelmans, 2010). The overall choice for a

qualitative approach was based on an interest in understanding the insider perspectives of staff working in residential care or in special education. The research strategy rested on a number of semi-structured interviews with staff, in which the researcher gave pre-set questions in a fixed order, but with the possibility of asking side-questions based on the interviewees' response. By using semi-structured interviews, we had the opportunity to explore the topics indicated by the interviewees further, without losing sight of the original goals of the interviews (Herzog, 1996).
From the 255 staff members, 50 were selected at random and asked to participate in the study. Although no one refused to participate, three planned interviews were cancelled because the interviewee did not show up at the appointment. Before the interviews started, general information with regard to confidentiality and anonymity was provided. Although each of the participants was informed that he or she had the right to refuse, all of them gave permission to be interviewed and to tape-record the interviews. The average length of the interviews was about one hour, and all interviews were tape-recorded and transcribed verbatim afterwards. The mean age of the participants was 39.51 (SD=10.85), ranging from 24 to 59. The mean years of working experience was 15.11 (SD=10.50), ranging from 1 to 37. Twenty-three interviewees were male, and 24 were female; 20 interviewees were employed in the schools and 27 in the residential centre. A closer look at the level of training shows that 5 interviewees attended vocational secondary education, 34 had a bachelor's degree and 8 had a master's degree. The sample consisted of 4 directors, 15 supervisors, 15 teachers and 13 group workers.

Because we wanted to make knowledge claims about how individuals interpret reality instead of testing hypotheses about reality (Suddaby, 2006), and because we wanted to develop a theoretical model out of our data, we opted for a grounded theory approach. Grounded theory's aim is to explore basic social processes and to understand the multiplicity of interactions that produces variation in that process. Fundamental to grounded theory is the belief that knowledge may be increased by generating new theories rather than analysing data within existing ones (Heath & Cowley, 2004). When using a grounded theory approach, data analysis is like a discussion between the actual data, the created theory, the memos and the researcher. Such discussion takes place when the data are broken down, conceptualized and put back together in new ways (Backman & Kyngäs, 1999).As a start of the analysis, the first author and two trained researchers carried out a first reading of the materials, to form a general impression and to acquire some ideas for further analysis. This first reading resulted in some potential themes, as identified by the three researchers separately. Discussion among the three researchers provided a deeper understanding of the materials and the potential themes. After this first reading and discussion, a model was developed that contained the main themes that emerged from the interviews. Further, the text was divided into meaning units, which are groupings of words or statements containing aspects related to each other through their content and context (Graneheim and Lundman, 2004). Subsequently, the three researchers each carried out a second reading of the text, using the software package Nvivo to organise the meaning units into the model. In doing so, a better overview of the collected data was created (Stewart and Shamdasani, 1990). After comparing and discussing the results, and after constantly refining and attuning the definitions of the categories, a definitive model was created.

The findings below are descriptive, and are illustrated with quotes of the staff members. Each quote is followed by the number of the interview.

Results

Analysis of the 47 interviews revealed four different themes: 'working with the target population', 'working with colleagues', 'vision of the organisation', and 'preconditions for implementation'. In three of these four themes, different subthemes were discovered. Because these four themes were interrelated, we were able to draw them into a pre-implementation-model.

FIGURE 1: pre-implementation model

Vision of the organisation

For many interviewees, the vision of the organisation should be the driving force for daily work, and should determine how staff work together and how staff work with the children and adolescents in the centre. Staff underlined the importance of installing **a clear, univocal and shared vision**, which was often lacking at the time of the interviews. The written vision often does not link up to reality and is often not known to staff, therefore, it is not a point of departure for the day-to-day operations.
"They all act as they think. I know that most of them try their best, but there is no general idea on how to do things. It's like freewheeling." Interview 42; female teacher

Further**, two important aspects of a valuable vision** are mentioned. A first aspect is the general policy of the organisation, which concerns for example how the organisation wants to stress its distinctive features compared to other organisations, or how the organisation anticipates the current and future trends in residential care and special education. A second aspect concerns the pedagogical and educational perspective, which should offer well-thought guidelines on how to regard the youths, their behaviour and all possible aspects of treatment.
"We don't have a vision with regard to the problems of the children, so we all react to their behaviour at random and there is no consistent approach." Interview 45; male supervisor

Finally, the **history of the organisation** seems to be of great importance in how the current vision is articulated. The organisation was founded in the 1950s as a residential centre for children and adolescents with a mild intellectual disability, and has established a long tradition of working with this target population. Since the last decade, the population has shifted to children and adolescent with emotional and behavioural disorders. As a consequence, the current pedagogical and educational beliefs are not yet adapted to the current target population of the centre.
"We started working with students with EBD about 10 years ago. And some teachers… they were just confronted with these new problems. I think some teachers are still traumatised and still haven't accepted that they now have to teach students with EBD." Interview 29; male teacher

Working with colleagues

Because of the variety of people working in the centre and their variety in backgrounds, the topic of 'cooperation and working together' was salient in our analyses. Within this second central theme, four interrelated subthemes emerged: 'cooperation within the entity', 'cooperation between the entities, 'necessary conditions and suggestions concerning cooperation', 'shared approach'.

When looking closer at the subtheme **shared approach**, several interviewees mention the lack of a shared approach. Staff seem to react in different manners to the behaviour of the youth, resulting in

stress for both youth and staff. While a majority of the interviewees clearly express the need to establish a shared approach to youths' behaviour –
"We need an univocal approach, we need to have consistency for all of the children." Interview 22; female group worker

– some are afraid that this could lead to uniformity without personal contribution.
"The goal is to all move in the same direction, to all act in the same way when problems occur, but I think that is utopian. We are all different people and all of us have different styles." Interview 14; male teacher

As a second subtheme, staff reflect upon **cooperation** as a necessary condition to establish a shared approach. Many negative staff reflections *on cooperation within their entity* of the centre emerged, such as a 'close-mouthed atmosphere', where 'information is not passed to one another'. Further, there seems to be an area of tension between formal and informal communication. On the one hand, ample channels for formal cooperation, such as weekly team-meetings or daily briefings, and ample means for formal communication such as mail and intranet exist, but they are not used as agreed upon. On the other hand, informal ways of cooperation, such as making agreements during coffee or cigarette break are perceived as valuable, but seem to take the upper hand. As a result, many staff do not work together but alongside each other. Positive reflections on cooperation within the same entity often depend on the individuals and on the distance of staff within the hierarchical structure of the centre.
"The atmosphere amongst the colleagues is good. We all get along, and we all communicate well." Interview 46; male supervisor

Cooperation between the different entities - in most of the examples this concerns the cooperation between the school and the residential part of the centre - is often perceived as problematic, except when staff from both entities get along with each other on a personal level. Sometimes practical obstacles hinder effective and efficient cooperation – *the kids are in their groups when we have time to meet, and the kids are in our groups when they have time to meet* – but the biggest obstacle is the seemingly unbridgeable gap in points of view between the two entities. The tension between the school's focus on teaching subject matter to the students, and the residential part's focus on treating emotional and behavioural problems through daily life situations appears to be incompatible.
"The culture of the residential centre and the culture of the school are totally different. That's what I've experienced when I worked in both. And it still is. Teachers are teachers, and group workers are group workers, and they each have their own purposes." Interview 29; male teacher

Finally, another recurring subtheme is the cooperation with the therapeutic department, which is an autonomous department within the centre. From a strong belief in offering privacy and safety in a therapeutic alliance, the staff from the therapeutic department hold on to professional confidentiality and are reluctant to share information with their frontline colleagues. Analysis of the interviews shows that this refusal to share information is a source of frustration for many teachers and group workers.

When asked what they see as **necessary conditions to establish effective and efficient communication**, three topics are mentioned by interviewees. The most prominent topic is a culture of open communication, without hidden agendas and with opportunities for all to express their opinions.
"I think, when you never express your opinion and you always… I cannot image one could function well in a group when one does not agree with the opinions of the group." Interview 27; female group worker

Secondly, a staff with the right mentality is an important condition. Components of this mentality are 'trust in intentions and capacities of colleagues', 'respect for one's opinion and work', and 'the willingness to compromise'. Finally, clear and unambiguous rules, and keeping to those rules – *just as you would expect from the youth* – is articulated as a third condition.

Working with the target population

Within this third central theme, four different and interrelated subthemes emerged during analyses: 'needs and background of youth', 'behaviour of youth', 'knowledge and skills of staff', and 'staff approach'.

When talking about youths' **problems and background**, diagnoses such as ADHD, conduct disorder, psychotic disorders, autistic disorder are often mentioned. Further, staff refer to the problematic home situation of their pupils, which is often characterised by traumatic experiences, poverty, violence, and a lack of love, affection and structure.
"Most of them come from a terrible home situation, where they didn't get any love, affection or trust". Interview 14; male teacher

These problems and background are translated in youths' **behaviour**. This behaviour is described by staff in terms of physical aggression such as fighting, kicking, beating, smashing windows,…; verbal aggression such as shouting, foul language, calling names, and other disruptive behaviours such as lying, stealing, using drugs, smoking, drinking, being impolite, being stubborn, running away, lack of motivation at school,….
"They don't have the skills to explain things with words, so they solve their problems with their fists." Interview 15; female teacher
"Also physical aggression… mostly as a consequence of a verbal conflict that got out of hand." Interview 20; male supervisor

According to the interviewees, these behaviours take place on a daily basis, which is more than in the past, are mostly directed towards other youngsters but often also towards staff, and usually have a great impact on staff.
"… and the verbal aggression amongst each other … I think it's their way of life." Interview 35; male teacher
"Aggression towards other kids and towards us. Last year 3 or 4 times towards us." Interview 24; female group worker
"When they attack you… that's quite something. It doesn't happen that much, but if it does it has a lasting effect." Interview 29; male teacher

The larger the group, and the less structured the activities, the more negative behaviour occurs. Examples of such stressful places or situations are the playground, the transition from one activity to another, lunchtime, gym class, on the bus,….

For some staff, there is a clear link between the youth's behaviour and his or her background. According to these interviewees, the aggressive and disruptive behaviours often have their origin within the dysfunctional family context and acts as a symptom for internalising problems such as anxiety, low self-esteem,….
"Sometimes the aggression stems from their traumatic past. Like situations where they re-live the past. That happens. And it goes together with feelings of uncertainty, anxiety, loneliness, feeling abandoned, feeling like getting the blame…." Interview 13; male supervisor

In a third subtheme, staff reflect on their **knowledge and skills** to deal with this behaviour. Many staff feel that they are not well-equipped enough to work with the youth in the centre, especially when conflicts occur; they often lack theoretical knowledge about the problems of the youth, but mainly lack concrete skills to deal with this behaviour. Especially teachers indicate that their bachelor education prepared them for teaching in general, but not for educating children and adolescents with such severe emotional and behavioural problems.
"Many children have a lot on their minds. Problems that I think, as a teacher you're not schooled enough to help them deal with." Interview 16; female teacher

Another frequently mentioned cause of this current lack of knowledge and skills is the shift from the target population of youth with mild intellectual disabilities to a target population of youth with emotional and behavioural disorders in the centre, without the necessary training or education for staff.
"Our population has changed that much, that most people couldn't adapt, because it went to fast." Interview 8; male supervisor

Not surprisingly, many interviewees express the need for additional training. This additional training should not focus on theoretical frameworks, but should offer practical guidelines that can be used in daily life in the centre. Experiences with previous trainings, which were perceived as too vague, too theoretical and sometimes even a waste of valuable time, indicate that the content of future trainings should be well-considered to answer staff needs.

These issues regarding knowledge and skills will obviously have their impact on **staff approach to youths' behaviour**. An analysis of statements within this fourth subtheme represents *three areas of tension* between staffs' ideas on how to approach youths' behaviour.

A first area of tension has to do with the content material at school. It is a common criticism from group workers within the residential part of the centre that their colleagues at the schools are too focused on the subject matter instead of on developing social skills and attitudes, and that their approach is too much based on didactics. These group workers think that teachers set their expectations too high, and that they disregard the nature of the children's and adolescents' problems.

A second area concerns the tension between an approach based on control and an approach based on relationship. Some staff prefer the more behaviouristic methods, such as level-systems, punishment, strict rules, and even sometimes physical power, and believe that it has to be made clear that the adults are in charge and the youth has to obey.
"When I'm in front of the class, I demand discipline. Constantly. It really exhaust me, but that's my job, that's what I choose to do." Interview 39; female teacher

On the other hand, other staff do not believe in a restrictive approach, and prefer an approach based on relationship, which is mainly established through offering a safe environment, communication and listening to youths' needs.
"Our students are allergic to power and hierarchy. What we have to do, is offer them safety and a relationship based on trust." Interview 28; male teacher

Although some interviewees said that an approach based on control and an approach based on relationship should be combined, in general, this tension between is one between persons and not within persons.

A third area concerns the tension between working on an individual basis and group-based working. The younger youth are, the more staff prefer group-based working; the older youth are, the more

staff want to work on an individual basis. Further, the 'individual-group tension' seems to be a tension within people, and not between people. Many staff would like to have the opportunity to work more on an individual basis, but do not want to leave their colleague alone with the rest of the group.

Further, most staff had shared ideas both on *helpful approaches currently used as on current shortcomings*. Offering structure and the use of clear methods are perceived as helpful elements. The most commonly occurring shortcomings are the lack of opportunities for individual therapy, the lack of space, the shortage of staff, the lack of opportunities to work with parents and the lack of support after transition. Another important shortcoming is seen in the way conflicts are handled. Predominantly, there seems to be a variety in manners how staff deal with conflict, ranging from ignoring the incident to using physical power.
"So I just grab them and drag them outside if I need to. They know I will use physical contact when I need to." Interview 12; female supervisor
Further, the disruptive behaviour of one child always impacts the functioning of the whole group. In these situations, most interviewees just want the disruptive child to be removed, so they can continue the group activity.
"We are not used to talking to kids after a conflict occurs. Most of the times, they are sent to the quiet room, and when they calmed down they just go back to their group." Interview 18; female supervisor

Finally, some fragments in the interviews mentioned recent *evolutions* with regard to the approach toward youths' behaviour, such as the establishment of a new time-out unit. Interestingly, while directors reflected positively on these evolutions, other staff were somehow more suspicious, stating that results had yet to be seen.

Preconditions for implementation

A first precondition for a successful implementation concerns the **infrastructure of the organisation**. A first barrier with regard to the infrastructure is the *lack of separate or quiet rooms*. Both in the school and in the residential centre youth are together with 12 to 14 others in one room, and it would be an improvement to have some rooms available for youth to be on their own or to have the opportunity to discuss certain issues privately. In addition, the fact that not all children and adolescents have their *own bedroom* is perceived as outdated and as an intrusion on their privacy. A second barrier has to do with the *size of the organisation*, which is an impediment for staffs' attempts to create a homelike atmosphere.

A second precondition has to do with the **resources of the organisation**. Although some staff talk about resources to buy materials such as toys, sports equipment or didactic material, most staff talk about the staff shortage as a result of the limited resources. An interesting difference between teachers and group workers is that group workers stress the need for more group workers while teachers stress the need for more paramedical staff who could intervene when problems occur.
"When children in the group want to ask you something, but you are busy with some other kids… because we have 13 kids in our group, so we need more group workers." Interview 50; female group worker

As a final, but not less important precondition, interviewees mention **coaching and support**. There is a general consensus that more coaching and support is necessary, especially when staff are confronted with aggression. Not only more coaching for frontline staff is needed, but also the coaches themselves need to be coached and supported.

“When you work with troubled youth, you have to take care of your staff, but also of those who take care of your staff. And sometimes these people are overlooked.” Interview 9; female supervisor

Both coaching and support from direct colleagues as well as from supervisors is perceived as valuable, although not yet sufficient at present and often too much dependent on the individual staff member. The more a supervisor is perceived as an involved person close to the group and the group workers or teachers, the more his supervision is perceived as helpful.

Finally, all interviewees were very positive about the continuous permanency system that was established, and recently elaborated in the organisation. Because of this system, frontline staff can call for immediate help at all time. This certainty that someone is available to support or to remove the aggressive child when needed offers a feeling of safety and peace of mind.
“When they started with the system… and I think this is true for all groups… people had the feeling that they did not stand alone. And the knowledge that they could call someone at any time made them more at ease.” Interview 3; female director

Discussion

The implementation of evidence based practices in optimising and innovating care for children and adolescents with EBD is proposed to rely on both organisational and individual factors (Moore, 2002; Rogers, 1995). While the most EBP's provide guidelines to approach the target population, the results of our study indicate that a variety of factors should be taken into account prior to and during the process of implementation, and that implementation will not occur on a tabula rasa (Aarons & Pakinkas, 2007). Using a grounded approach, these factors were put together in a model, showing the relationship between (1) the vision and beliefs of the organisation, (2) cooperation among colleagues, (3) working with the target population, and (4) preconditions for implementation.

Maybe the most significant factor for a successful implementation is the vision and the beliefs of the organization, the vision and the beliefs of the staff, and how both are aligned. Participants of our study indicated the need for a clear vision, both on organisational processes as on pedagogical beliefs. In their recent study, Hicks and colleagues (2009) provide an overview of the internal management and use of resources in residential child care. Using both qualitative and quantitative analyses, they examined variations in the functioning of a sample of 45 children's homes in England. Results showed that in homes where the manager had clear, well-worked-out strategies for working with behaviour and education, staff had higher morale, felt that they received clearer and better guidance, and felt that the residents behaved better (Hicks et al., 2009). Earlier, Penland investigated 'organisational readiness' for successful implementation of quality management systems. Next to strategic leadership and positive culture, vision perspective is an important factor on which preparation for improvement must focus. Penland concludes that the process of implementation does not come easily and often challenges basic individual beliefs and values. Therefore, organisations must determine whether the staff understand the organisational vision, and if they are willing to make the necessary improvements to achieve it (Penland, 1997). Similar ideas can be found in the work of Anglin (2004), who emphasised the importance of a clearly articulated framework for creating and assessing individual residential programmes (Anglin, 2004).
As a consequence, when an organisation decides to train its staff in evidence based intervention models, management should make sure not only that the model fits within the vision and beliefs of the organisation, but also that the vision and beliefs become an integral part of the training.

Once the vision and beliefs are established in the organisation, and known by all staff, the foundation is laid for a constructive cooperation, resulting in a shared approach. Although there will always be competing interests and intentions within an organisation as complex as a group home, and full congruence can best be understood as an ideal state that can never be actually achieved in reality (Anglin, 2004), the results of our study stress the need to pay abundant attention to cooperation among staff. Participants in our study often experienced cooperation as very difficult, especially with staff members from another entity of the organisation. Further, and in agreement with other studies (e.g. Hicks, 2008), the establishment of a climate of cooperation seems to depend on the critical balance between formal and informal communication and cooperation between staff members. An organisational climate with a culture of trust, respect, and openness in communication seems to be a necessary precondition for successful cooperation in special education and residential care.

In a third part of our model, staff reflect on their own approach to youths' behaviour. Staff mentioned a variety of negative behaviours such as verbal and physical aggression, often originating from the youth's background. These behaviours have increased over time, and often have an impact on staff which should not be underestimated. Further, not only did many staff feel not skilled enough to deal with youths' behaviour, our study also revealed conflicting opinions on how to do so. These findings confirm the generally accepted idea that staff are in need of extensive training in clearly

elaborated and practice-focused intervention models. Because of the presence of conflicting opinions, trainings in such methods should pay attention to the underlying beliefs of these methods.

For implementation to be successful, interviewees mentioned several preconditions. Next to the outdated infrastructure, and especially the lack of individual rooms for all youth, the pressing staff shortage is a barrier which can be found in many studies (e.g. McLeskey & Billingsey, 2008; Moses, 2000; Colton & Roberts, 2007).
The last, and maybe most important precondition which emerged from our analysis concerns coaching and support. The effect of support has extensively been discussed in the current literature, both on retention of staff (Gibbs, 2001; Rhoades et al., 2001; Smith, 2005) as well as on empowerment (Anglin, 2004; Baker et al., 2005; Cearley, 2004, Gersten et al., 2001; Moses, 2000, Rhule, 2005). Cearley (2004) for example, investigated in a sample of 85 child care workers the effect of several factors, such as supervisors' help-giving behaviour, length of time as a child welfare employee and type of degree. Results of this study indicated that child welfare workers perceived their supervisors' help-giving behaviours as the only factor that influenced their perceived empowerment (Cearley, 2004). Moreover, Aarons and colleagues examined the effect of evidence-based practice implementation and on-going fidelity monitoring on staff retention in a children's services system and even suggested that that implementation of the EBP without on-going consultation and support could lead to the perception that the new service model is just another change with attendant paperwork and administrative demands.

Conclusion and recommendations

Although most EBPs will focus on certain skills of staff and certain behaviours of youth, our study revealed that, when an implementation process is started, several other aspects will have to be taken into account. Before the process of implementation starts, the vision and beliefs of the organisation, the vision and beliefs of staff, and the vision and beliefs on which the EBP is based should be mapped and aligned with each other. Further, managers should pay attention to the formal and informal ways of communication, and offer safe channels for staff to express their opinions. Finally, a well thought-out plan on how to support staff throughout the process of implementation should be developed. To achieve all of this, an assessment instrument should be developed. Such an instrument could help managers of organisations not only to get an idea of the readiness for change, but also to get an insight in critical elements on the organisational and individual level (e.g. vision, communication) that need more attention before the process of implementation can start. We believe that the model described in this study can be the foundation for such an assessment instrument.
Secondly, as it is important to place problem solving in the hands of those closest to the problems (George & Fogt, 2005), the active participation of staff will be critical during the process of implementation. Therefore, small groups of stakeholders should be put together to gather information on how the process is evolving and to make suggestions on how the process could be adjusted. In doing so, the four aspects of the model presented in our study could serve as a steppingstone.
Thirdly, because of the very close collaboration between the school and the residential part of the centre, no distinction was made between these two parts of the centre in the analysis of our results. Although we think the model is applicable for both, only a comparison between the school and the residential part of the centre could give a decisive answer.
Finally the complexity of the model presented above suggests that the process of implementation can never be a simple process, and that unexpected problems at unexpected fields could arise. Therefore, it seems impossible for any organisation to be totally prepared to anticipate all obstacles it may encounter during implementation.

This study has several limitations that need to be considered when interpreting the results. First of all, although it is plausible to expect that many of the emerging themes in this research are also applicable for other, similar therapeutic centres, we want to emphasise that these results come from one treatment centre only. As no two treatment centres are the same, results cannot be generalised to other centres. Secondly, in this article only the reflections of staff working in the centre were studied. In order to obtain a complete view on the pre-implementation needs, other stakeholder's perceptions, such as youth, parents, and external partners should be considered. To conclude, according to Krippendorff (2004), a text never implies one single meaning, just the most probable meaning from a particular perspective. Thus, our interpretation should be seen as one possible interpretation of staff reflections.

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