Children and Youth Services Review 35 (2013) 1297–1304

Contents lists available at SciVerse ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

The voice of troubled youth: Children's and adolescents' ideas on helpful elements of care

Bram Soenen [a,b,*], Franky D'Oosterlinck [a,c], Eric Broekaert [a]

[a] Ghent University, Department of Orthopedagogics, Belgium
[b] OC Sint-Idesbald, De Zilten 52, 8800 Roeselare, Belgium
[c] OOBC Nieuwe Vaart, Ghent, Belgium

ARTICLE INFO

Article history:
Received 21 February 2013
Received in revised form 8 May 2013
Accepted 8 May 2013
Available online 15 May 2013

Keywords:
Qualitative research
Special education
Residential care
Emotional and behavioural disorders

ABSTRACT

This article presents the findings of a qualitative study in a Flemish centre for children and adolescents with emotional and behavioural disorders. The aim of this study was twofold. First, we wanted to examine how youth reflect on their own behaviour and that of their peers'. Secondly, we wanted to know what, according to the youth, are the most significant helpful elements of treatment. Analysis shows a continuum of negative behaviour, ranging from relatively 'normal' disruptive behaviour such as arguing, up to serious disruptive behaviour such as physical aggression. This behaviour has a negative influence on the climate of the organization. 'Availability of staff', 'nearness of staff', 'a clear set of rules and boundaries', and 'some time on my own/some alone time' are perceived as helpful elements of treatment. 'Strictness', 'not listening', and 'inappropriate staff attitudes and interventions' are perceived as counterproductive elements of treatment. Results are discussed and recommendations both on the orthopedagogical as well as on the scientific level are formulated.

1. Introduction

This article presents the findings from a qualitative study of children and adolescents with emotional and behavioural disorders (EBD) in Flemish residential care and day treatment. In this study, we wanted to give the floor to the youth themselves about how they experience their stay in the care centre.

Children and adolescents with emotional and behavioural disorders form a troubling but also vulnerable group in society. In the literature, various studies describing the nature of their problems can be found. Along with many others, both Connor, Doerfler, Toscano, Volungis, and Steingard (2004) and Sohn (2003) report high levels of internalising and externalising problems in their study samples. Recently, D'Oosterlinck, Broekaert, De Wilde, et al. (2006) gathered information about the characteristics of the boys and girls with EBD placed in residential care and day treatment facilities in East Flanders. After data collection from a sample with 517 children, from whom 83% were boys and 17% were girls, a behavioural profile was created using the 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 studies also report high comorbidity rates, for example for DSM diagnoses of conduct disorders with oppositional disorders, affective disorders, anxiety disorders, and attention deficit disorders (McConaughy & Skiba, 1993; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Ko, Katz, & Carpenter, 2005). Problems of youth with EBD seem to be chronic (Visser, van der Ende, Koot, & Verhulst, 2003), almost as stable as personality traits (De Bolle et al., 2009), and pervasive (Fergusson & Horwood, 1995; Lahey, Loeber, Burke, & Rathouz, 2002; Lahey et al., 1995; Leech, Day, Richardson, & Goldschmidt, 2003). Combined, these studies paint a picture of highly troubled children and adolescents, who cannot be described as a homogeneous group (Moht, Martin, Olson, Pumariega, & Branca, 2009). Therefore, they run a higher risk of being placed in special education (Long, 1996) or in specialised care facilities (Eme & Kavanaugh, 1995).

When working with children and youngsters with emotional and behavioural disorders, a need exists to install clearly elaborated and structured methods to deal with the problem behaviour (D'Oosterlinck, Soenen, Goethals, Vandevelde, & Broekaert, 2009).

Because of residential placements' high costs and high impact on the life of children and adolescents, we want to stress the need for studies focusing on the effectiveness of such methods and agree with Long (2009), who states that research studies no longer are a choice but a necessity. In doing so we should also take into account the perspective of the children and adolescents who stay in care. After all, the final goal of youth care is to help these youngsters with the issues they are dealing with; and as Currie states "what these adolescents have to say cuts to the heart of what is needed to improve the attractiveness and effectiveness of treatment for them" (Currie, 2003, pp. 835).

Although there is a paucity of studies on youths' ideas with regard to the treatment they receive in scientific literature, we were able to find

* Corresponding author at: OC Sint-Idesbald, De Zilten 52; 8800 Roeselare, Belgium. Tel.: +32 494 52 56 68; fax: +32 51 26 43 10.
E-mail address: bram.soenen@fracarita.org (B. Soenen).

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http://dx.doi.org/10.1016/j.childyouth.2013.05.005

some studies. Currie (2003) performed a qualitative study on a group of adolescents who entered a residential substance abuse treatment programme during the year 2000, in order to examine what occurs during and after drug treatment. He found that when the programme provided something that was genuinely substantive and supportive, that tackled a real-world problem or need, it was warmly received by its residents and seemed, at least to a degree, to "work" for them. This was concretised in providing shelter and structure, helping residents to address the family problems that were often at the core of their current troubles, offering aftercare and a general atmosphere of attentive support. On the other hand, elements of the programme that felt overtly confrontational, punitive or demeaning seemed least helpful. More recently, D'Oosterlinck, Broekaert, and Denoo (2006) performed a qualitative study about youths' experience on conflict management. Interviews with 13 boys and girls showed that these youths figured out that the best solution to a conflict is to talk it over with the others involved or to talk with an educator to restore a good atmosphere in the group.

In a Swedish study, Johansson and Andersson (2006) interviewed six adolescents about their experiences 2–3 years after they had left residential care. Although it was concluded that the six individuals perceived their residential treatment in their own unique ways, situations and persons were vividly remembered. The adolescents referred less to the experience of treatment as to the experience of living in an institution. It was the relationships with the adults and the other youth and the experiences in the living environment that were most important to these youth.

In another study, also using a qualitative approach, Freundlich, Avery, and Padgett (2007) explored the perspectives of young adults formerly placed in congregate care while currently in foster care and other stakeholders on issues related to the safety of youth in congregate care environments. The majority of young adults in this study reported violence at the hands of peers and some staff, the stealing of personal belongings and inappropriate staff conduct. A consistent theme that emerged from interviews with both staff as youth was that staff did not provide consistent quality care or supervision, suggesting that far greater attention must be given to the staffing of congregate care settings (Freundlich et al., 2007).

Recently, Rauktis, Fusco, Cahalane, Bennet, and Reinhart (2011) investigated youth perceptions of restrictiveness in out-of-home care. A focus group methodology with 40 youths involved revealed that youth defined restriction as 'rules'. Youth characterised these rules as either positive or negative with the majority characterised as negative. Frequently identified negative characteristics were that rules were often arbitrary and did not make sense to the youth, changed frequently and were inconsistent. Further, rules were perceived as not individualised, inflexible and often developmentally inappropriate. Another important factor that emerged from the study is the youth's connection to the individuals who are making or enforcing the rules. Even when rules were inconsistent or interfered with a youth's sense of autonomy, the presence of a positive and caring relationship with the adults seemed to moderate their negative feelings about the rules.

In an attempt to help to add to the literature with regard to experiences of children and adolescents in residential care and in day treatment, a qualitative research design was set up in order to find an answer to the following research questions:

1) How do children and adolescents with emotional and behavioural problems, placed in a treatment centre, reflect on their own behaviour and their peers' behaviour?
2) What are, according to youth in the therapeutic centre, the most significant helpful elements of treatment?

2. Method

The 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 psychic 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, Broekaert, De Wilde, et al., 2006; D'Oosterlinck, Broekaert, & Denoo, 2006).

The study described in this article took place in a Flemish centre for children and adolescents with emotional and behavioural disorders, that has services recognised within the mental health care for people with a handicap and within the special education system.

The centre serves a wide geographical area in the West of Flanders, and offers a continuum of treatment to approximately 450 youngsters and their families. The residential part of the centre consists of several groups of each 12 to 14 children or adolescents. These 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 3 to 6 social supervisors. Further, a psychiatrist, a team of nurses and a team of psychologists are available to assist where needed. Mean age of all staff was 38.80 (SD = 10.86), ranging from 21 to 61 years old. Staff in the residential part (mean = 36.79; SD = 11.68) were significantly younger ($t = 2.541$; $p = .012$) than staff in the schools (mean = 40.32; SD = 9.98). Table 1 provides more information with regard to the gender, age and level of training of the staff. Subsequently, the centre has one closed group for youth with extreme emotional and behavioural disorders, and one time-out group where children can stay for a short (1 h) or longer period (up to 5 days). The centre also has two schools located on the campus, one school for children age 3 to 12 (elementary education) and one school for youth age 12 to 21 (secondary education). The centre does not have a particular treatment model or philosophy, but tries to apply a holistic approach in bringing together elements from various theoretical schools such as milieu-therapy, psychoanalyses, cognitive–behavioural strategies and token-economy systems.

Although we have some knowledge and insights about youth with emotional and behavioural problems, in this study we wanted to collect information with regard to youth in special education or care in specific. Since little is known about how these youth experience their treatment, this study has an explorative nature, with the aim of collecting insights on this relatively uncultivated domain (Mortelmans, 2010).

When we want to study human experiences and understand their lives, and if we want to try to understand the world from their point of view, Hellzen, Asplund, Sandman, and Norberg (1999) state that it is important to talk to them. Therefore, we chose a qualitative approach to find an answer to the research questions of this study. The research strategy rested on a number of semi-structured interviews with the youth in the centre in which the researcher gave preset questions in a determined 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

Table 1
Staff age, sex and level of training.

		Residential staff	Staff day school	All staff
		n = 110	n = 145	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