Entering Norwegian Treatment Collectives: A Study of Youths' first Impressions and Experiences

Arvid Lone and Erik Paulsen

Abstract

This study focused on the pre-admission and admission phases of residential treatment, assuming that these phases are important for the motivation for treatment and for the kinds of relationships that are established in treatment. Nineteen youths living in two Norwegian treatment collectives were interviewed regarding their first contacts with the collective, their admission and their first weeks of treatment. Most of the youths came to treatment as involuntary clients. Our findings showed that most of the youths appraised pre-admission contacts positively. In addition, the youths described the admission phase as a period of fear and great uncertainty during which they were worried about life at the collective and their new peers in the institution. The youths reported that the primary task for the first period of treatment was to make a connection and establish a relationship with someone. In this situation, the youths seemed to prefer to establish relationships with their peers. This study is focused on the pre-admission and admission phases of residential treatment, assuming that these phases are important for the motivation for treatment and for the kinds of relationships that are established in treatment.

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Introduction

During the last few decades, there has been growing concern about negative influences on troubled youths in group care. Treatment in residential care settings has shown few positive results, and negative development has often been reported (Andreassen, 2003).

As social beings, young people with emotional and behavioural problems who are placed in institutions for treatment will always try to integrate themselves with the group by establishing relationships with members of the institutional community. Therefore, it is crucial that institutions understand the process young people go through, from the point when the decision to institutionalise someone is made, to the point when the youth is established as an individual, a group member and a part of the culture in the institution. Such knowledge would be of great importance to practitioners who are trying to develop better practices for troubled youths.

Context for Research – The Norwegian Collectives

Whittaker (2004) has shown that group care settings do not follow clearly specified models, and thus we will describe the collectives, which constitute the context for this research. They are mainly oriented toward working with young drug addicts. They were established in reaction to the medical–psychiatric approach that was taken with this group in the 1960s. The main characteristics are that the clients live together with the staff and their families in the collective, and they share everyday activities such as meals, work, leisure time and sleep. The staff stay at the collectives for periods of up to six weeks, interspersed with periods of two weeks off, and the collective is the staff members' home as well as their place of work. Some of the staff members have their families living with them at the collective.

The first collective was established in 1970, while most came along in the eighties. All of them were working with young drug addicts, and were placed in rural environments. They were relatively small with 8-15 youths and a similar number of staff, all living and working together. The basic inspiration for the model was partly based on political analyses that called for awareness, organisation and struggle, and partly on discouraging results from psychiatric treatment results. The key word was "alternative", and part of this was a rejection of professional therapists, and that they employed craftsmen and farmers. Lone has described the establishment (2010) and the basic thinking (2012) of these collectives.

This type of institutions has shown encouraging results; low drop-out rate, most youths finish the treatment programme, and two-thirds or more of the youths lead lives after treatment that are not controlled by drugs (Fauske, 2010; Lone, 2003; Ravndal, 2007).

Research Review and Theoretical Framework

Traditionally, when youths have been placed in residential treatment, the focus has been on that particular period. In later years, there have in Norway emerged some literature on the period after such placement (Storø, 2001), but there has been little or no focus on the pre-admission period. Internationally, there has been some focus on this period (Tomlinson, 2011), but this has been mostly from the staff and the systems' points of view.

In this article, we have focused on the view of the youths themselves, and let their voices be heard.

When a youth is placed in residential care, they start a process of becoming a member of the institutional society. A treatment institution, as small as it may be, will function in many ways as a small community, complete with structure, culture, subcultures, social relationships, different groups and a set of individuals.

First impressions are an important factor in all human interaction, and they must be seen as important for youths who are placed in treatment; the way they perceive the institution based on the information they are given and their meetings with staff members and their new peers all help to form an important background for their future behaviour and motivation.

When youths arrive at the institution, they need to relate to others in order to establish social bonds. The importance of social relationships for development and adjustment has been well documented in research (Cassidy, Shaver, & Bowlby, 1999). During adolescence, peers are significant sources of support, and are therefore important socialisation agents. Several theorists have argued that positive peer relationships enhance adolescents' self-esteem, improve their skills and help them cope with stressful life events (Agnew, 1991; Hartup, 1996). Relationships with staff members must also be seen as necessary and important. Whom the youths establish relationships with may be based on earlier knowledge, status and importance in roles, or it may simply be based on feelings of like-mindedness.

In many ways, life in an institution is no different than it is in other arenas, and the formation of groups and subgroups is to be expected. The importance of the peer group in adolescent life is well recognised (Ferguson, 1996; Quigley, 2004). In her ethnographic research, Emond (2002) found that young people in residential care placed great importance on their co-residents and the group. She also found that power and roles changed over time. The group played a role in maintaining safety, and it provided support and information. She concluded that the resident group can be seen as a resource (Emond, 2002).

Research has shown that negative peer influence in residential care settings can have a negative effect. This concern about the impact of negative peer influence

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on youths with special needs and special problems who are placed in congregate care has been debated in the US for at least 200 years (Osgood, 2006). It is still relevant today, as Dishion and others have shown, citing data and reports indicating that aggregating delinquent or antisocial youths can produce negative effects (Dishion, McCord, & Poulin, 1999; Dodge, Dishion, & Lansford, 2006). There is a substantial body of research on negative peer influence that indicates that delinquent and antisocial youths tend to affiliate with and influence one another (Allen, Porter, & McFarland, 2006; Snyder, Schrepferman, Oeser, Patterson, Stoolmiller, Johnson, & Snyder, 2005; Xie, Li, Boucher, Hutchins, & Cairns, 2006).

Peer influence is an important factor in the socialisation process for adolescents in general, and thus it is reasonable to expect that it will be an important factor in the development of adolescents living in an institutional setting. Unlike in school, for example, where adolescents meet and interact with a diverse group of peers for a limited period of time, adolescents in residential care spend more time with their peers and see them in a wider range of roles and activities, and, importantly, the peers with whom they interact may share a special situation and special needs.

Purpose and Aim of this Study

As research has shown (Andreassen, 2003), early breakdown and dominating negative peer culture are important factors in understanding poor results of residential care. The aim of this study is therefore to gain insight into the process youths go through when they enter a treatment institution and become members of the community within. The entrance and their first impressions may be very important for the overall outcome of their treatment. By letting the youths themselves describe how they experienced this process, we hoped to gain new and important knowledge.

Methods

Design

We used a qualitative design to learn about youths' first-hand experiences, feelings, judgement and perceptions regarding relationships between peers, between staff members and clients, and the social support and the culture they experienced in two different treatment institutions for drug addicts in Norway. This type of study design can reveal a comprehensive view of everyday events in their natural context, and knowledge about the different components of an event can be used to represent the whole situation. We used a semi-structured interview format that allowed the interviewer to obtain the necessary data while giving the participants 'the freedom to respond in their own words, providing as much detail as they wish, and offer illustrations and explanations' (Polit, 2008,

p. 394). By using this approach, participants were able to share their experiences and describe the meanings or values they attached to them (Patton, 2002). The questions sought to place the respondent in the role of Expert In Own Life, and where ordered from simple concrete questions in the beginning to more complex evaluative questions in the end.

Recruitment and Sample

The inclusion criteria for the study participants were: clients in either of two different treatment institutions for drug addicts in Norway who were willing to describe their experiences and perceptions. The exclusion criteria for the study participants were: clients that had been admitted during the last two months.

From among the group of clients who were interested in participating, we tried to obtain a diverse sample that represented both genders, a wide age range and a wide range of time spent in the programme. This type of sampling in qualitative studies is recommended, because it allows participants with varying characteristics to be represented in the sample (Patton, 2002).

We conducted thirteen individual interviews with the participants. The numbers of males and females were about equal, and the respondents' ages ranged from 16 to 18 years. Length of stay in the treatment facility varied from a few weeks to several years.

Ethical Considerations

We obtained approval for this project from the NSD (The Data Protection Official for Research). The participants' voluntary participation was secured by the study's inclusion criteria as well as by the staff members' judgements regarding each client's condition, ability to participate in the study and competence to provide informed consent. Staff members approached potential respondents and explained the study to them, after which the clients reviewed the information sheet, and those who agreed to participate signed the consent form. Potential respondents were given time to make their decision and the opportunity to ask advice if needed. All respondents who were under 18 years of age were told that they could have a staff member present during the interview, but all of them declined. They were also given the opportunity to speak to a named staff member after the interview, but none of them did so.

Data Collection Procedures

The interviews were conducted in the summer of 2011, and we interviewed each respondent once. The interviews took place in isolated rooms at the institutions. The interviews lasted for between 45 and 90 minutes. The researchers had no prior knowledge or any relation to the participants.

We used a semi-structured interview guide that we evaluated and upgraded after each round of interviews. In all, four guides were used. The guides became

more focused, but not more specific each time we reviewed them. Findings reported in this article are from interviews using the three latest guides.

The interviews were audiotaped and supplemented by the interviewer's notes, which included data about the participant's nonverbal behaviours during the interview, the main topics of discussion and the interviewer's preliminary analysis. The field notes were written on the day of the interview, after ending the interview. The interviewer also wrote reflective notes that included his impressions, feelings and progress regarding the interview.

Data Analysis

The interviews were transcribed verbatim and the researcher's relevant field notes, including nonverbal data, were integrated. The method for descriptive analysis was based on the recommendations of Colaizzi (1978), using NVIVO to analyse the interviews.

Each transcript was read in full to obtain a general sense of the participants' responses. Then, significant statements related to the study questions were identified in every transcript and the meaning of each statement was coded. Next, we created a list of these meanings, which was consolidated into themes that were compared and combined in cases of overlap. The themes were validated within and across the interviews. Each transcript was independently coded and thematically analysed. Finally, we discussed the results in order to create a comprehensive description of the phenomena of interest.

Quality and Integrity

Five criteria have been identified that enhance the trustworthiness of qualitative studies (Guba, 1994): credibility, dependability, conformability, transferability and authenticity. To ensure credibility and authenticity, we used audiotapes, verbatim transcriptions, field notes and reflective notes during the interview process. These notes included the researcher's assumptions, actions and feelings during the data collection and analysis process, thereby increasing the conformability and transferability of the study findings by providing documentation of the interviewer's thoughts and behaviour during the interviews. In addition, to increase the credibility and dependability of the data, the interviewers verified that their interpretations represented the respondents' perceptions during the course of the interviews by probing for clarifications (Polit, 2008).

Translation into English for the purpose of this paper

The interviews were conducted and transcribed in Norwegian. After having selected statements we wanted to use in this paper, we translated them into English. We have to the best of our ability tried to check that the translations reflect the original meanings, and we have also used outside language expertise.

Findings

We divided the entrance period of the treatment into two phases according to the methodology used in the Norwegian collectives, and in the following sections we present how the young people described these phases.

Phase 1 – The Process from Before the Placement Decision is Made until Admission.

Involuntary placement. The participants in this study were clear about how they came to be placed in the institutions; it was on an involuntary basis. There were two ways in which the participants felt they had been placed under compulsion. Some of them were placed by the judicial system, with a legal justification for placement, which meant that they could not leave treatment.

'*In the beginning, I probably would have left if I could'.*

On the other hand, some participants were not legally forced into treatment, but said that they were in treatment involuntarily after being pressured by those around them. They had family members, social workers and other significant others putting pressure on them to get treatment.

'*Legally, I came here voluntarily, but in reality, it was under pressure. I could have resisted, but I was pressured by my family. I chose to come myself, but I did not really want to; I did it because of my mother'.*

Even though most of the participants initially felt that they were in treatment involuntarily, which left them with a negative attitude towards placement and a low motivation for treatment, they also said that this attitude changed over time. Later in their stay, many of the participants were positive about having been forced into compulsory treatment:

'*It has to be that way. People do not know what is best for them, and so they need help to find it'.*

Preparation*: The importance of early information*

'*I was on a visit to the collective. I saw the house and stuff. It was a bit scary, but the place looked very cosy'.*

The Norwegian collectives have a long tradition of trying to establish contact with prospective clients as early as possible before admission, preferably before a decision on placement is made. Our participants were divided about the importance of early meetings with the staff members. Some of them described this as a positive experience, for several reasons. It gave the youths an idea about life at the institution including what the institution looked like and who lived there, and some participants pointed out that it was good that the employees showed an interest in them.

On the other hand, some of the youths reported more negative or indifferent experiences in relation to the pre-admission meetings.

'*I forgot it fast. I think I had been taken drugs before the talks; I did not care so much'.*

Some of the youths were not interested in the pre-admission encounter because they were drugged, others because they did not think they would be going to treatment, some because they were in denial about their problems.

In sum, our participants reported that pre-admission meetings with collective staff members can be a positive experience because it prepares them for what they will experience at the collective and in treatment. However, other participants found the pre-admission meetings uninteresting – sometimes due to the fact that they were on drugs and therefore to some degree incapable of being interested.

The admission trip: More information, a taste of a sober life, and starting building relations to staff

Before new clients enter the collective, they have to go on an admission trip. On these trips, two or more staff members from the collective and one or more new clients spend some days (or even weeks) together in a remote place, such as a cabin in the mountains. The practical emphasis is on living a healthy life with regards to sleep, food and exercise, but the main objective is to build relations between staff and youths, and thereby getting a "head-start" before the new youth meets the youths already in the collective. In addition to this, much time is spent on giving the new clients extensive information about life in the collective.

'*I got a taste for a little more sober life: the chance of becoming sober was greater now than it was before'.*

The participants described the admission trip positively and regarded it as an important preparation for life in the collective. They said that the admission trip was a source of information regarding the collective and their coming treatment.

'*Yes, we talked for a few hours each night about trips they had and all that stuff. How the collective worked and how the critical time for us as new would be the first few days and weeks'.*

The participants also emphasised the fact that during the admission trip they got to know members of the collective staff and that this turned out to be important for them when they started treatment.

'*I became very familiar with one of the staff members there, and I am still in close contact with him. [When I came to the collective] it was nice to have someone you knew'.*

The admission trip was assessed to be important in preparing the clients for the collective. They learned about the daily life at the collective and the treatment process, and they started building relationships with the staff members before they entered the institution. Last, but not least, they got a taste of life without drugs.

Phase 2 – The Admission Day and the First Weeks in the Institution – Becoming a Group Member

Scared and Uncertain

'*I thought that since I was new, the other youths wouldn't talk to me, and I was very afraid that no one would like me'.*

Moving into the institution is an important transition. At that point, the youths were preoccupied with thoughts about the kind of situation they were in and the people they were going to meet. Thus, it is not surprising that they were wary of what was going to happen. Most of them were concerned about the other youths, who they were, how they would evaluate the newcomers and how they would treat them.

All of the respondents seemed to be more concerned with their new peers than with the housing and the routines, their upcoming treatment or the staff members. The respondents were almost fearful of the youths already under treatment, and most of them were concerned with not being liked by the other youths.

'*I was very afraid of not being liked'.*

This statement is typical, and it indicates that the new clients were not looking forward to the upcoming encounter. They described their arrival at the collective accordingly.

'*[It was] scary and large. Lots of people. Surely, you do not know where you belong. [I was] scared'.*

'*When you come in there totally new, you're terrified'.*

'*You're very insecure when you arrive. You do not know what you can or should say'.*

All of our participants expressed similar experiences. They described themselves as insecure and even afraid of the peer group in the institution, as they were concerned that they would not be liked or accepted by them.

Primary Task: Connect to Someone

Were there certain things that you think were important during your first period on the collective?

'*To connect to someone, form a kind of relationship with people pretty quickly.*

The participants said that the first days and weeks after admission to the institution were very important. In this period, they became a member of the institutional society; they sought contacts with peers and staff members and started to build relationships. The youths described a process through which they became connected with someone, and said that this was their primary task upon arrival at the collective.

'*The other youths are very important. I remember when I first came; it was really like, 'I'll never do this or that', because the youth group was so strong'.*

Whom to Connect with and Why

Of the other members of the collective society with whom they could connect, the youths in our sample seemed to prefer to establish relationships with peers for several reasons.

'*It's very important. You listen more to an older youth than an adult. Then you are more defiant and stuff. When a youngster is talking to you about understanding, then you think 'wow' and listen more to him'.*

Some of our participants found the peer group to be supportive in the transition period and later in treatment.

'*I have mostly experienced this as great support; the first half year was just absolutely fabulous. People supported each other, and there was almost no talk of doing drugs'.*

Our participants also pointed out that it was important for newcomers connecting with other youths to realise that their more experienced peers had gone through similar experiences as newcomers, they also had a difficult past and last but not least, they had lived in the collective society and been through treatment.

'*I remember that I looked up to those who were older when I got to the collective. It actually says a lot that there is someone who has been inside longer and is willing to guide the other youngsters'.*

Our participants painted a very clear picture of admission day and the first few weeks thereafter as a period of uncertainty and anxiety, filled with a strong need to connect with someone. They also clearly described how they were primarily oriented towards connecting with peers, as they were seen as both the scariest and the most relevant people.

Discussion

The arrival at an institution and the newcomers' first impressions may be critically important for the overall outcome of their treatment. This discussion attempts to shed light on the processes new clients undergo during their first period of treatment in Norwegian collectives.

Phase 1 – The Process from Before the Placement Decision is Made Until Admission

Preparation for the New Life at the Institution. The respondents' descriptions of their pre-admission meetings with staff were divided. Some of them found it to be a positive experience. They regarded it as preparation for what they would experience in the collective and in treatment. As the youths are uncertain about what will happen in treatment, this is an opportunity to prepare them to enter the collective. The pre-admission meeting may have provided a measure of security by giving the newcomers information and introducing them to people they would meet again during treatment. In this way, pre-admission meetings can meet the youths' basic needs for safety and predictability. As uncertainty seems to be a common factor among these youths, it may be reasonable to consider addressing this issue as a primary task. Some of the respondents regarded the pre-admission meetings as uninteresting because they were too drugged to take in information, and others were not interested in the pre-admission meetings because they were in denial about both their drug problem and the fact that they were going to treatment.

In this situation, the staff members may become 'persons of importance' to the new clients; the clients know that the decision has been made and that the placement will be carried out—by the use of force, if necessary. Because of this, a relationship starts to build based on the fact that they will have complementary roles in the near future.

The importance of preparation became even more apparent when the youths described their experiences with the admission trip. They underlined the importance of getting to know the staff members and the routines of the institution. Again, this preparation may help to make the youths feel more secure. By spending time with the staff members, they get the opportunity to know them in different settings; it is not just another social worker behind a desk. They see the staff members performing a number of activities in different contexts during the day, and they see them interacting with a variety of people. In sum, this gives the youths the opportunity to get to know people from the institution and it gives them some insight into the culture of the collective. This may be a valuable preparation for the transition.

The youths said that it was important to go through the admission trip before starting life at the collective. Our findings showed very clearly how important the admission trip can be for a positive start—and, indeed, a positive stay—in the

collective. The processes that were begun in the pre-admission meetings are amplified, new processes are started, and most importantly, positive relationships between the new youths and one or more of the staff members are established.

The atmosphere created at these admission trips seemed to be very important to our participants. The information they received and the relationships they established were important for the youths when they entered the collective.

The admission trip was important in preparing the youths to enter the collective. They got to know the collective, learned about the daily life of the collective and the treatment process, and started to build relationships with the staff members before they entered the institution.

Phase 2 – The Admission Day and the First Weeks in the Institution – Becoming a Group Member

Primary task. Unfamiliar situations are challenging for most people. Our findings showed that entrance into the collective was a time of fear and uncertainty for the youths. They were preoccupied with the new peers with whom they would be living, and they voiced a strong need to connect with someone. They wondered what their new peers would be like, and how the new peers would evaluate them.

This preoccupation with peers may have been caused by the fact that the newcomers had already met some of the staff and learned about the daily life at the collective during pre-admission meetings and the admission trip. The only completely unknown variable on admission day was their new peers.

The desire to connect with someone may be a way of fulfilling the basic human need of belonging, and for social support. On the other hand, seeking connections may simply be a process of making the unfamiliar and the threatening known. By seeking contact with their peers, the youths familiarise themselves with the source of their uncertainty. The fear about how they would be evaluated by the older youths in the collective could also be the result of the newcomers needing to be accepted and popular among their peers.

Whom to connect with. As our findings revealed, during the first weeks after being admitted to the treatment institution, the new clients were in a state of uncertainty and anxiety, and sought to connect with their peers. They described their peers as more relevant and supportive than the staff members, which may be natural, as newcomers to such a facility probably have more in common with youths who are already in the programme. They are in the same age group, and they have often had similar experiences both before and after admission to treatment. Thus, connecting with peers may provide a significant source of support for newcomers and become important in their socialisation process.

If connections with peers are sought because they seem to be more relevant and supportive, this may pose a challenge to both the collective and the treatment programme. There is little doubt that having youths with severe behavioural problems together in an institution is a major challenge if the purpose is to help them change their ways and begin a new life of positive living. Thus, it becomes apparent that it is important to keep track of whom the new youths connect with when they enter institutions for treatment. Some newcomers may connect with groups that are committed to the staff members and treatment, whereas others may connect with groups that oppose the staff members and treatment. It is reasonable to expect adolescents to develop a set of social rules and behavioural routines, and if these rules are broken, there will be a response from the group members. Of course, the rules that adolescents develop need not conform to those of the adults. Often, peer culture may be stronger and easier to discern for new residents, despite the staff members' efforts to highlight and validate the institutional culture.

Our participants reported that the group (or subgroup) that a new youth makes his or her primary group has significant consequences in terms of whether or not the newcomer becomes an active participant in the institution's attempts to encourage positive development. Our participants were very clear that youth groups are very important in terms of either resistance against or co-operation with the staff members in the collective, and that confrontational youth groups can often prove to be stronger than the staff group. Our participants reported that they felt as if they had a choice between types of groups to identify with, adults or youths, but most of them seemed to prefer connecting with peers.

Conclusion

According to our findings, most of the youths who entered residential care did so on an involuntary basis. Some of them were formally forced into treatment, whereas others were pressured to undergo treatment by social service staff members, family and friends.

This suggests that many arrive with a negative attitude and little interest in or motivation for treatment.

Our findings also revealed strong feelings of fear and uncertainty. Some of these feelings were directed towards the move, and some were directed towards the treatment, but most of our respondents' apprehension was oriented towards their new peers in the institution.

Thus, a lack of motivation and a strong dose of fear regarding their new daily lives and peers seem to be the primary forces at work in the early days of treatment.

Our findings show that the period before new clients enter treatment institutions, here exemplified by the collective's emphasis on early contact with prospective new youths and especially their practice of conducting an admission trip, can be utilised by the staff members to prepare the newcomers in ways that can substantially affect the initial processes a new client goes through during the initial period in the institution and indeed the overall outcome of their treatment.

Interestingly, a clear image emerged from the interviews with our participants highlighting the importance of early contact between staff members and youths who are being admitted to a collective. Such early contact gives the staff members a very important head start in the process of establishing positive relationships with the newcomers, thereby minimising the likelihood that they will form attachments to youths already in the collective who are part of a negative peer culture with poor motivation that resists treatment.

Our findings indicate that such early contact can help staff members to start to form relationships and motivate newcomers, which will allow them to build a platform for the positive processes of change that are needed to achieve their goals. In practical terms, this means that institutions should allocate resources and establish routines that ensure that newcomers meet with staff as early as possible before entering the institution, and that staff members should monitor the new youths as much as possible before admission and during the first weeks thereafter.

It has become our belief that such early establishment of positive relations between staff and prospective new youths holds an important key to dampening the effects of negative peer culture in treatment institutions for youngsters. The effects of this, seen from the institutions perspective are fewer problems with a negative client group and seen from the individual clients perspective, a swifter transition through the initial phase and thereby an increased chance of positive treatment results.

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