What hinders and promotes the use of CBT in a residential home?

- an interview study

Maria Berg och Marie Hansson

2014

Examensarbete, Grundnivå (kandidatexamen), 15 hp
Socialt arbete
International Social Work

Handledare: Pia Tham
Examinator: Dimitris Michailakis
Abstract
This qualitative study aimed to identify how personnel working in a residential home in Sweden work with Cognitive Behavioral Therapy (CBT) orientation within the organization. Semi-structured interviews were conducted with five personnel. The research questions were; How do the personnel describe the CBT orientation? How do the personnel describe the CBT tools and methods? How do the personnel describe and measure the implementation of CBT?

The results were analyzed an Interpretive Phenomenological Analysis (IPA) tool in order to gain a greater understanding of the data. The theories used to analyze the results were the learning theory, attachment theory and New Public Management (NPM). The results of this study indicate that CBT was incorporated in the daily lives of the residents throughout the course of the day and the personnel described common methods such as Aggression Replacement Therapy (ART), Dialectal Behavioral Therapy (DBT), and Motivational Interviewing (MI).

Keywords: Residential home, CBT, Therapeutic Alliance, implementation, Learning Theory
Acknowledgements
First we would like to thank the manager of the residential home who has been very encouraging and interested in our study. We also want to thank the respondents’ who shared their experience and knowledge that helped us to understand the important processes concerning our research questions.

We also would like to thank the University of Gävle which provides such good education in important areas in the social field. Our greatest thank to our supervisor Pia Tham, for all her patience and valuable advice and corrections. We have learnt a lot!
Finally we also would like to thank our families with love for great support and understanding during conducting this study.
Contents
1. Introduction ............................................................................................................. 6
  1.1. Motivation ......................................................................................................... 6
  1.2. Concepts and definitions .................................................................................. 6
  1.3. Residential home as a treatment alternative ................................................... 8
2. Aim and research questions .................................................................................... 9
  2.1. Aim and research questions ............................................................................ 9
3. Background ............................................................................................................ 10
  3.1. The organization ............................................................................................. 10
  3.2. Connection to social work .............................................................................. 10
4. The understanding of CBT and the Alliances ....................................................... 12
  4.1. Further understanding of CBT ....................................................................... 12
  4.2. Understanding of the therapeutic alliances ..................................................... 14
5. Theoretical framework ........................................................................................... 16
  5.1. Social Learning theories ................................................................................ 16
  5.2. Attachment theory .......................................................................................... 17
  5.3. New Public Management ............................................................................... 18
6. Earlier research ....................................................................................................... 20
  6.1. Earlier research on CBT ................................................................................ 20
  6.2. Earlier research on the meaning of alliances ................................................... 21
7. Method .................................................................................................................... 24
  7.1. Prior understanding ....................................................................................... 24
  7.2. Background search ........................................................................................ 24
  7.3. Sampling .......................................................................................................... 25
  7.4. Data Collection and interviews ..................................................................... 25
  7.5. Analyzing data ............................................................................................... 26
    7.5.1. The reliability of data ............................................................................... 26
    7.5.2. The validity of data ................................................................................ 27
  7.6. Generalizability .............................................................................................. 27
  7.7. Ethical considerations ...................................................................................... 27
    7.7.1. Informed consent ..................................................................................... 27
    7.7.2. Confidentiality ....................................................................................... 28
    7.7.3. The role of the authors .......................................................................... 28
  7.8. Conducting the interviews ............................................................................. 28
8. Results and analysis

8.1. How do the personnel describe the CBT orientation?

8.1.1. Importance of a common view

8.1.2. Differences according to the respondents level of education and experience

8.1.3. Analysis of - How do the personnel describe the CBT orientation?

8.2. How do the personnel describe the CBT tools and methods?

8.2.1. Tools described within CBT

8.2.2. The use of CBT methods and tools as a process

8.2.3. Building alliances

8.2.4. Analysis of - How do the personnel describe the CBT tools and methods?

8.3. How do the personnel describe and measure the implementation of CBT?

8.3.1. The importance of time for implementation

8.3.2. How to measure progress

8.3.3. Analysis of - How do the personnel describe and measure the implementation of CBT?

8.3.4. Connection to theoretical framework

9. Discussion

9.1. Discussion of results

9.2. Discussion of method

9.3. Limitations of the study

9.4. Suggestions for further research
1. Introduction

1.1. Motivation

The motivation for writing this paper emerged from an interest in Cognitive Behavioral Therapy (CBT) and in understanding how it works in a residential home in Sweden. Cognitive Behavioral Therapy is a psychotherapeutic treatment orientation which is evidenced-based. The orientation involves working to change the thoughts, feelings and behavior patterns that are dysfunctional and therefore lead to psychological malaises or suffering. Under the concept of CBT one will find different methods developed from the original CBT orientation. The expressed third wave of CBT includes new methods like Aggression Replacement Therapy (ART), Dialectical Behaviour Therapy (DBT), Motivational Interviews (MI) (Kåver, 2006). The different methods will be further explained under concepts and definition. The different methods are pedagogical and based on respect, equality and a positive view of humans and with the insight that change is possible through learning (Kåver, 2006). Under the orientation of CBT many different tools have been developed to support different methods. Tools can be explained like different manuals to clarify for the client as well as for the therapist. CBT is described as individual tools based on learning theory principles and containing a variety of elements (Linton & Flink, 2011). According to Kåver (2006), CBT has a strong position because of its precondition to give answers to important questions, reduce confusion and help the clients back to a normal and meaningful life.

1.2. Concepts and definitions

HVB; A residential home for youth refers to an out-of-home facility with accommodations and support from personnel. The support helps the youth make a change in their lives in order for them to, hopefully, one day be independent. It can also include treatment like psychotherapy (Healy, Lundström, & Sallnäs, 2011 from AIHW, 2010). In Sweden, some residential homes are available for youth that have certain emotional or behavioral problems (Healy et al., 2011).

CBT; Cognitive Behavioral Therapy can be described as an orientation which involves different methods and tools and is evidenced-based. The orientation involves working to change the thoughts, feelings and behavior patterns that are dysfunctional and therefore lead to psychological malaises or suffering. CBT involves both cognitive therapy and behavioral therapy. CBT is the
name of a collection of different methods, all originated from learning theories. In CBT many different tools have developed to support the different methods. Further the study will use these concepts orientation, methods and tools.

**CBT oriented methods**

DBT; Dialectic Behavior Therapy was founded by Marsha M. Linehan. DBT is designed to focus on patients with Borderline Syndrome and for patients that are chronically suicidal. The method is very effective with problems like self-harm and suicidal thoughts and abuse of substance (Linehan, 1993). It aims to help the client intensify the emotion and cognitive response. DBT teaches the client to know what triggers leads to a reaction. The client learns to know which coping mechanisms are best to use if events occur. The focus is on what the client is thinking, feeling and which behaviors leads up to an undesired pattern of behaviors. DBT believes that people are trying to do their best, however, they might be lacking the skills needed or could be motivated by reinforcement that is positive or negative, which interferes with their functioning (Linehan, 1993).

ART; Aggression Replacement Therapy has its roots in both pedagogical and psychological theories, influenced by Bandura (1973; SNBHW, 2013). ART is a cognitive behavioral method that focuses on youth and younger adults, helping them to understand their aggression and violent ways. The program has three mayor components: social behavior, anger management training, and moral thinking.

MI; Motivational Interviewing was developed by the American Psychologist Willian R. Miller and it was originally a clinical tool for clients with alcoholic abuse (Linton & Flink, 2011 referred from Miller, 1983). Today it has developed into an evidence-based method used for different behavioral problems and may lead to significant changes in dysfunctional behaviors. The method works with tools like Socratic questions and, instead of questioning the client’s ambivalence, the therapist helps the client to create goals and invent her own resources and find alternative choices. The clients become more motivated by the interview technique and develop a better belief in their own strengths (Linton & Flink, 2011).
**CBT oriented tools**

These are described as different techniques both manuals and practical working tools to support the treatment. A tool called SBK (Situation-Behavior-Consequence) is used to learn consequences from behaviors. Other names in Swedish are SORK (Situation-Organism-Reaction- Consequence) and STORK (Situation-Thoughts-Organism-Reaction- Consequence). These are called in English - ABC (Antecedent Behavior Consequence).

1.3. **Residential home as a treatment alternative**

Some residential homes are privately owned with only one unit; for example, there may be five young residents in one home, while other such homes are owned by multinational companies that may have two or more units in different parts of Sweden. These residential homes have different concerns to handle both within the evidence-based practice and the responsibility towards social services and to be financially responsible to a multinational company. Some treatment homes have either been bought by multinational organizations or have disappeared (Abrutyn & Turner, 2011). According to the residential home they supply and sell care to the social services in different communities. The authors find this subject interesting while it is possible that the constellation of the residential home affects the possibilities to implement CBT in the organization. Procurements and the ideas of NPM (New Public Management) has influenced and in many ways changed the idea of social work in Sweden (SNBHW, 2013). Since the private sector entered the field there has been a change of actors, responsibilities and the working environment is different for the social workers. Investigations resulting in reports by the Swedish National Board of Health and Welfare (SNBHW) (ibid) have been made and the conclusions stated that the social services should primarily procure treatment places at residential homes ran by evidence-based oriented methods (ibid). Authorities like SNBHW have been forced to do the quality assurance of the preconditions of running and managing the business of health and social care like residential homes. These questions are also important to take into consideration while interpreting the results to able to answer the research questions. The authors are both interested in identifying CBT methods and to see how it is possible to measure the implementation. This means to quality assure the method and to meet the demand from SNBHW (ibid).
2. Aim and research questions

2.1 Aim and research questions

The aim of this study is to investigate how personnel working in a residential home describe the CBT orientation and how it is implemented within the organization.

The research questions that will be addressed are:

- How do the personnel describe the CBT orientation?
- How do the personnel describe the CBT tools and methods?
- How do the personnel describe and measure the implementation of CBT?
3. Background

3.1. The organization

The study took place in a residential home with approximately ten clients. The home was situated in a smaller municipality in the middle part of Sweden. The target group was young people aged 13-21 suffering from neuropsychiatric dysfunctions. The youth living there were from different parts of Sweden, and the treatment time varied from a couple of months to several years. The shorter placements were often youth that needed to be diagnosed when the social services asked for a professional evaluation of a youth. The residential home could give professional advice on how to help the youth and suggested different treatment options. The youth that stayed for a couple of years were there due to different reasons, to the regulations or laws in the Swedish system.

The organization was originally privately owned by a couple but had recently been bought by a multinational company. The residential home had about ten full-time employees. Some of the personnel had worked for a long time and had been a part of the organization from its start. The personnel were working within teams consisted of physicians, psychologist, therapists and teachers. The teams created individual treatment plans according to every youth’s needs.

The residential home was using individualized and evidence based therapy, the methods used within the organization are CBT oriented for example ART, DBT, MI. The personnel were also receiving both internal and external supervision on a regular basis.

At the residential home you would find personnel working both day and night, there was always at least one personnel awake during the nights and one personnel is was on call but within the residential home. The personnel were participating in the daily life of the youth which created more of a familiar atmosphere. The working tasks were focused on spending time together doing different everyday activities, like cooking, homework, cleaning and learning different social skills. The personnel also encouraged the youth to participate in different sports and leisure activities. The personnel were supposed to be role models for the youth.

3.2. Connection to social work

The focus of the study is to investigate how personnel in one residential home describe the CBT orientation within the organization. We wanted to achieve a deeper understanding of how CBT
works in practice. Several studies have been made regarding CBT (Eltz, Shirk, & Sarlin, 1995; Langhoff, Baer, Zubraegel, & Linden, 2008; Lawson, 2009; Ormhaug, Jensen, Wentzel-Larsen, & Shirk, 2014). However, not many that aimed to understand the use of CBT in residential homes. Another level of understanding how CBT is used has been to understand part of the alliances and how that works in therapy and within a residential home. Many studies have been made on the therapeutic alliance and its importance.
4. The understanding of CBT and the Alliances

To understand more about the functions of CBT and also how important it is to create a connection with the clients, this chapter is giving a broader sense of the CBT and of Alliances which the respondents have described was of importance.

4.1. Further understanding of CBT

CBT has its background in learning theories and includes a lot of instruments and manuals. These instruments and manuals are meant to both identify and help the client understand his or her dysfunctional behaviors or strategies which might affect their life in negative ways. The therapy begins by an analysis of behaviors, what kind of behaviors the client is using too much of and, furthermore, what behaviors the client is using too little of (Kåver, 2006).

CBT is described as a structured, active and insight-promoting psychotherapeutic orientation that focuses more on the present and the future rather than the past. CBT was first developed as an orientation for the treatment of anxiety disorders and depression, yet is currently used to treat several other disorders like phobias etc. (Linton & Flink, 2011).

The tools used in CBT involve the client exposing themselves to something that is unpleasant or creates anxiety in order to reduce discomfort. Additionally, it is important that the client does not escape from the situation or avoid it. The anxiety will then diminish or disappear through the new way of learning since the client becomes accustomed to the situation. This tool is called exposure and is often used on clients suffering from specific phobias (Kåver, 2006). Cognitive restructuring is to think about the situation in an alternative way. Emotional control is important in order to learn to accept uncomfortable feelings. The Thought - Feelings - Action scheme serves to map non-functional thought patterns and replace them with more functional schemes.

A tool called SBK (Situation-Behavior-Consequence) is used to learn consequences from behaviors. Other names in Swedish are SORK (Situation-Organism-Reaction-Consequence) and STORK (Situation-Thoughts-Organism-Reaction-Consequence) (Linton & Flink, 2011).
Another CBT tool is a thorough and detailed analysis of the clients’ problem and conducts, in order to see what the therapy should focus on. The behavior analysis is the foundation of the choice of appropriate therapeutic tools (Linton & Flink, 2011).

CBT also involves psycho-education, which means learning more about the clients’ symptoms and disorders. It includes background information to understand the problems and a presentation by the therapist of a psychological explanation model (Linton & Flink, 2011).

A further important aspect is the knowledge of treatment options and the purpose of different CBT techniques. The orientation includes over 70 tools influenced by different theories like experimental psychology, cognition psychology, and social psychology, eastern and dialectic philosophy (Kåver, 2006). It has been acknowledged that there is an ongoing discussion how to keep the balance between practice and theory alive.

Other examples of tools include behavior experiments, role-play, relaxation for coping with stress symptoms, homework, behavior activations, regulation of feelings, cognitive techniques, acceptance, mindfulness, setting goals and evaluations with measuring scales and other different validations techniques (Kåver, 2006).

The alliance between the client and the therapist is often described as an important factor for a successful CBT treatment (Moose, 2000; Langhoff, Baer, Zubaegel, & Linden, 2008). In good therapy, where it is a cooperation that is working, the client and the therapist are two scientists examining the dysfunctional feelings, thoughts and behaviors that have caused suffering in the client’s past. In the long term, the goal is that the client may become his or her own therapist (Linton & Flink, 2011). Other important factors described for a successful treatment are to be found in the illustration called Lambert’s Pie (Lambert, 1999). Lambert’s Pie shows one possible way of explaining the importance of the alliances and what effects good results in therapy. Michael Lambert (1999) who has been active in the psychotherapy research field has explained these components in Lambert’s Pie. His theory claims that 30 percent is the relationship between the client and the therapist, 15 percent is the techniques or methods used, and hope and
expectations stands for 15 percent and finally client factors what the client is doing outside the therapy is measured to 40 percent.

4.2. Understanding of the therapeutic alliances

The history of the concept of alliances, not the term alliances, originated back with Freud (Horvath, Del Re, Flückiger, & Symonds, 2011). Freud realized that with the discomfort that can appear in treatment the patient should flee the session. However, in successful treatments the client stays although discomfort and anxiety can occur. Freud proposed this contradiction to be explained by the positive transference that connected the patient and the "person of the therapist" (Horvath et al., 2011:10). Sterba (1934), Zetzel (1956) and Greenson (1965) continued elaborating on the term and Zetzel coined the term alliance (Horvath et al., 2011).

Horvath et al. (2011) found a small to intermediate-sized association connecting the alliance between the therapist and client and the outcome of the treatment. Different qualities a therapist should have to create an alliance between the patient and the therapist are suggested to be empathic, cooperative, transparent, goal-oriented, maintaining focus on the patient and being able to give assurance during the progress (Langhoff et al., 2008).

Lawson (2009) claims that a therapist should provide a confiding warm-toned environment in order for the client to trust him or her. Lawson (2009 from Schore, 2003) continues with explaining the case of children and traumatized children. How the brain works and how it affects the corticolimbic and orbitofrontal region of the skull, and also a disruption of coherence happening between the left and the right hemisphere (Lawson, 2009 from Siegel, 2003). (Lawson, 2009). The therapeutically relationships enlarges the circuitry in the cortical and also helps the neural integration, which enhances the emotional regulators and the ability to relate easier. Therefore the alliance on its own is a very special component to improve the treatment. The Langhoff et al. (2008) study shows that cognitive behavioral therapists scored high on all those qualities which makes the patient - therapist session successful.
While the Western world uses these methods of alliances, other countries such as China give more attention to other themes that are important to consider building an alliance with a client. In China, cultural understanding and the respect for the father’s role in the family play an important role (Epstein, Curtis, Edwards, Young & Zheng, 2014).
5. Theoretical framework

The theories used to analyze our results are as follows: the Social Learning Theory, Attachment theory, and New Public Management theory (NPM). The learning theory is connected to the origin of CBT, how the psychologists who developed CBT believe our minds work, and how the mind can be re-programmed. Attachment theory focuses on the factors that influence how and to what extent human beings succeed in the attachment process with others (Myers et al. 2010). According to different scientists, in order to have a successful outcome in therapeutic work, the client-therapist therapeutic relationship is a decisive factor (Moose, 2000), which would be affected by the youths attachment style. New Public Management theory (NPM) developed in 1991, concerns publicly owned companies which have been privatized and how the companies have thus changed in the manner in which they operated. For example, there was a change of operations from the public sector – not aiming to make a profit – to having a profit-making company.

5.1. Social Learning theories

Social Learning Theories are the foundation of CBT; learning creates our established customs in life (Weiten, 2011). Myers et al. (2010) explains how Ivan Pavlov a Russian physiologist studied learning by associating. Pavlov studied different animals, mainly dogs. He noticed that dogs salivated upon having food placed in front of them. Pavlov wanted to see if he could change and have the dogs salivate to something else that was not food, something that would not be natural for them to react toward. In conducting this research, Pavlov manipulated the situation by ringing a bell right before presenting the food, and within a short period of time the dogs started to salivate just by the ring of the bell. The conclusion of the study is that “we can become ‘conditioned’ to act in certain ways by the presence of features of the environment” (Myers et al. 2010:188). This theory is called conditioning – it explains connections between occurrences that happen. It can also be a way of improving self-control (Weiten, 2011). To manipulate emotions, one may be helped by a variety of conditioning tools.

Skinner (1953, 1969, 1984 referred by to by Weiten, 2011) carried on Pavlov’s research. Skinner presented that organisms are inclined to repeat the responses that are continued with positive
consequences. The response will be strengthened due to its rewarding consequence. Another operant conditioning is extinction; it refers to the descending and disappearance of a response. The extinction comes from the response no longer is followed by a reinforcement. Bandura (Weiten, 2011) came up with the term Social Cognitive Theory, which derives from his belief that personality is created by learning. Bandura said that conditioning cannot be a static process.

“People are self-organizing, proactive, self-reflecting, and self-regulating, not just reactive organisms shaped and shepherded by external events”

(Weiten, 2011:483)

To understand the base of CBT and the way the residential home is using the different methods, there is an importance in understanding the foundation. Many of the methods that are used in the residential home are based on Social Learning Theories and how to make a change in behavior.

5.2. Attachment theory

The first study of attachment was performed in 1958, “The Nature of Love”, where Harlow studied monkeys and their attachment patterns as small infant monkeys. Their relationship is very similar to that of humans. Previous to this study, essentially no studies had been conducted in finding the connection between children and mothers (von Tetzchner, 2005). Harlow's study concluded that the baby monkeys preferred the warmth and softness of a mother rather than food. Bowlby presented an evolutionary theory that showed how important it is for a child to have a secure attachment to its mother, and how this relates to various conditions of life (ibid). Bowlby suggests that the attachment mainly is toward the mother; however that it can also apply to those who are closest to the child, for example the father, grandmother or another adult in the child's life (ibid).

Subsequently, Ainsworth expanded on Bowlby’s theory and performed a study called Strange Situation procedure with mothers and their children. The children were approximately twelve months old. Ainsworth studied the child's attachment to their mother (ibid). The study observed the reaction of the child when being separated from the mother. First the child was together with the mother and the stranger. Short after the child was left alone with the stranger in the laboratory room and after a period of time the mother returned to the room. Ainsworth concluded that there
were different types of attachment patterns. These attachment patterns had developed from how the mother had responded to the child’s need for intimacy and attention during the upbringing (Ainsworth et al. 1978).

Von Tetzchner (2005) explained these three different attachment patterns as follows:
The first: secure attachment, where the child felt safe with her mother and where the mother gave the child a lot of attention. When the child sought the mother's attention, the mother always responded, the child was not left alone for a longer time and attention included proximity and was also reflected in the mother's face and voice when the child was located.
The second: avoidance attachment: in this case, the child responded equally to the stranger and the mother. Hence, the mother proved to be “exchangeable.”
The third: ambivalent attachment: the child became violent and clung to the mother after having been left alone.

Critics say that there may be other explanations for why the child reacted as it did during the experiment (von Tetzchner, 2009). Ainsworth suggests that (ibid), if the mother is stable, even a child with a difficult temperament would exhibit a secure attachment, while Waters and Deane, (from von Tetzchner 2009) suggest that it may be difficult for a parent to respond sensitively to a child who has a bad temper and that it may be difficult to develop a secure attachment. Bowlby argued that the attachment a child has to its parents is the start of continued emotional development for the child throughout its life (Myers et al. 2009).

Attachment theory is of great importance hence many of the youth in the residential home have had a problem in the upbringing with attachment problems. This has led to problems with the attachment to other adults in their lives which has created problems with trust, and the building of alliances. The therapeutic alliance to the personnel and therapists has suffered and can influence the results of the treatment in negative ways.

5.3. New Public Management

The British researcher Christopher Hood has written articles to describe how New Public management (NPM) created new trends for management control of public services and
authorities (Hood, 1991; Hood, 1995). Hood (1991) identified characteristics such as distinct management controls which were different from earlier management philosophies in the public sector. He means that one can actually talk about an implementation of management in the sector. That means putting up goals, responsibilities areas and evaluation of performances. Control of outputs becomes more important than the process itself inside the organization. The articles also describe how organizations are decentralized and that competition was introduced through the procurement system. Hood (1991) means that the argument for implementation of NPM was that it would lead to efficiency and lower costs. The change in management has been discussed by e.g. Siltala (2013) a Finnish researcher. The author means that according to a neoliberal understanding of society; “...NPM has fitted public services into quasi market models and introduced punishments and rewards to produce better services with lesser staff. NPM has meant the transfer of market principles and business-management techniques from the private into the public sector” Siltala, 2013:469

These market-oriented activities are expected to produce cheaper, more efficient governments, with user-responsive services and more effective programs. The staff must save money and improve quality at the same time (Hood, 1991). The author also discusses the view of the user or people in need as customers of services compared with the customer in the market oriented business. Hood (1995) clarifies some examples from Norway which showed that after the introduction of a provider–purchaser model, the home care of seniors has become inflexible. The article also enlightens the loss of meaning among the personnel and one headline discusses how to motivate the public services?

Siltala (2013) has also been interested in the effects of the globalization on work life and means that in this context: “This mechanism of privatizing problems instead of providing universal social rights for everyone, as was the Scandinavian ideal between 1960 and 1990, corresponds nicely to the labor market’s selection of the fittest”.

Siltala, 2013:474

To summarize the articles above there is no doubt that the introduction of NPM has influenced the social work and the quality of its performance. Depending on different political views the authors of the study have noticed both advantages and disadvantages.
6. Earlier research

The authors have found several articles written with different manuals and tools within CBT. The articles are i.e. about the Therapeutic alliance, the psycho education, client’s progress, client’s homework, exposure technics, behavior analysis, relapse prevention, all articles with their references will be further presented. The authors have used some articles in this study and will further present the different studies conducted both in Sweden and internationally to get a wider perspective of the used theories.

6.1. Earlier research on CBT

There have been several comparisons with pharmacological and psychotherapeutic techniques; however the use of CBT has been able to record better results in the treatment of depression and anxiety (Cuijpers, van Straten, Andersson, & van Oppen, 2008). SBU (2005) presents several overviews and efficacy studies where different CBT methods compare the different treatment context with other psychotherapy orientations. According to SNBHW´s webpage there are ongoing research and projects during autumn 2014, on effects and experiences of interventions to promote continuity in children's and youth residential homes.

To choose treatment methods from scientific studies is the foundation of all kind of clinical success. A scientific base guarantees the use of identified and efficient methods (Linton & Flink, 2011). Furthermore CBT finds support in modern psychological research for everything in their treatment. The researchers Williams and Garland (2002) mean that the understanding of patients’ problems is based on research on the brain, behaviors and psychological processes of clients. The methods used in the therapy are proved effective in comparative experimental studies as well as the techniques (ibid).

With evidence based therapy it is meant that a therapy is proven effective for a particular problem in two major treatment studies with treatment and control groups. The studies are to be conducted by independent research groups and then reviewed and published in reputable research journals. Through this type of research CBT can be said to be evidence-based in 23 different problem
areas. Qualitative research is also important in understanding why CBT works, and to get ideas for how CBT can be better.

The research of CBT is constantly evolving and each year new methods and tools turn out to be effective in the treatment of mental illness. In the 2000s, the so-called third wave of behavior therapy has emerged and gained acceptance i.e. Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT). This means in part a return to the pre cognitive behavioral therapy; in that it no longer tries to directly alter cognitions. Instead the client tries to change and accept the relationship to the thoughts and achieve mindfulness. SNBHW has presented national guidelines for the treatment of anxiety and depressive conditions that advocates CBT as a successful treatment method (SBU, 2005).

The effect of psychotherapy is described as more lasting than the effect of psychotropic drugs. Anti-depressants combined with cognitive behavioral therapy or exposures have demonstrated enhanced efficacy compared to the treatments given separately (Cuijpers, van Straten, Andersson, & van Oppen, 2008).

The meta-study of seven methods of treatment are compared showing that people with depression have a number of short therapies beyond CBT has been shown to be equally effective among those carrying out the treatment, and have significantly lower loss level. Results of the meta-study showed that about a third of patients starting CBT treatment for depression can expect a significant improvement. These figures apply in all likelihood to all forms of treatment for depression (SNBHW, 2013).

6.2. Earlier research on the meaning of alliances

The therapeutic alliance describes the quality of rapport and level of connection between client and therapist (Moose, 2000; Langhoffe et al., 2008). This theory suggests that the better the “alliance” of the relationship the greater the success from the outcome of treatment. Langhoffe et al. (2008) found that certain key elements were central in CBT-therapists approaches in regards to strong and positive alliances; these were themes such as empathy, co-operation and transparency. One can compare this theory to Attachment Theory which as quoted by Ainsworth
by Weiten (2011) explains how humans connect to one another from an early age and how this shapes the nature of ones approach to new relationships in life. These theories both show how quality of connection and relationship is the key to healthy functioning. However attachment theory has its focus on early years of development and gives great weight to the primary care giver. Further information from these articles will be found throughout this thesis in different section.

One article with the title *Alliance in individual psychotherapy* reported on the alliances and the different outcomes within individual psychological therapies. It included a research of over 200 reports, from 190 sources of data - with about 14,000 treatments included. The different criteria for being included in this article are the predicted variables like "alliance", "helping alliance"," therapeutic alliance", and "working alliance". The study could confirm the positive relationship with a good alliance and positive outcomes for the different psychological therapies. One of the outcomes was the importance of an early alliance between the therapist and the client. To create a relationship that would have the patient stay in the treatment but also a space of trust to introduce other ways to address the concerns of the client (Horvath, Del Re, Flückiger & Symonds 2011).

In another study conducted in North America *Alliance formation and treatment outcome among maltreated adolescents* the relation of maltreatment experience and therapist alliances formation and their outcome of treatment from thirty-eight psychiatrically hospitalized youth ages 12-18 was in focus. The hypothesis was that the maltreatment experience would involve the formation of alliances and compromise the therapy. However, none of those variables could predict a difference in the alliance over a period of time, yet there was an initial difficulty of alliances. Instead, the best predictor of a difficulty of alliance development was the multitude of interpersonal issues. The youth that failed to connect and have a positive alliance with their therapist had the least successful outcome in the therapies (Eltz, Shirk, & Sarlin, 1995).

In another study a comparison was made between the thought of a good alliance, what perspective represents best therapeutic alliances. The study examines the therapist- client alliances and the opposite; the client - therapist alliance from the clients view. The later research made is on the common therapeutic alliance therefor an observer viewing from the side the
alliance between the client and therapist. The therapy used was cognitive behavioral therapy with clients suffering anxiety disorder. The study showed that the CBT therapists had a high overall rate on all dimension for alliances i.e. empathetic, cooperative, transparent etc. The conclusion was that the cognitive behavioral therapist had a good manner of connecting with their clients and had good overall alliances (Langhoff, Baer, Zubraegel, & Linden, 2008).

Lawson (2009) examined in Understanding and treating children who experience interpersonal maltreatment: Empirical findings the effect of maltreatment and research related to these incidents. It further points out how maltreatment affects the neurobiological side of the child, how the brain functions and what happens while and after a trauma and how this interrelates to therapeutic alliance and what the research has shown. It also states that CBT that has been the most efficient of different therapies with child maltreatment (Lawson, 2009).

A clinical trial The therapeutic alliance in treatment of traumatized youths: Relation to outcome in a randomized clinical trial examined the contribution concerning alliances for the therapeutically outcome with youths that have been in a trauma. Two treatments where used, trauma focused cognitive behavioral therapy and therapy as usual. During the treatments the alliances were assessed after a different number of sessions. The outcome of the study showed that there was a significant correlation with alliance and the therapeutic way, the alliance could predict the outcome in the trauma focused cognitive behavioral therapy, however not in the regular therapy as usual. It also showed that even with the use of a manual or guide it did not compromise the formation of alliance (Ormhaug, Jensen, Wentzel-Larsen, & Shirk, 2014).
7. Method

Our study is using a qualitative design based on semi-structured interviews, interviewing five personnel in a residential home in Sweden for youth in the age between 13 and 21. In this part the authors will try to provide a greater understanding for the reader concerning how the background data was found and how the respondents were chosen. The method part will also try to describe the values of the reliability and the validity of the study. Finally this part will discuss the study’s ethical considerations.

7.1. Prior understanding

The authors have some pre-understanding of care in residential homes. The authors have during the field placement spent a certain amount of time before the interviews at residential homes. However, our pre-understanding could have influenced the interpretations of the answers given by the respondents. We are aware of the importance of starting fresh and not let thoughts or believe influence the interpretation of results and have really tried to conduct the study in a neutral manner.

7.2. Background search

The authors selected different databases to gain an immersed understanding of earlier research. The different databases to do research within the field of this study have been i.e. PsycINFO, EBSCOhost, Tandfonline and Discovery. Other search engines used were also Google and Google scholar out of interest to see if other articles would appear that had not been found through previous mentioned search engines. The search words have been, CBT, CBT tools, CBT implementation, CBT and residential home, CBT and alliances, therapeutic alliances, alliances and cooperation, New Public Management, attachment theory. About 50 articles were found to be interesting, however about 10 of the articles were chosen to suit the authors aim to find a connection to CBT and residential homes.
7.3. Sampling

The five personnel that were asked were chosen by the manager on the residential home. The respondents were asked by their manager if they were interested in taking part in the thesis. This could be a problem, as the manager might have chosen personnel that would have answered in a positive manner towards the residential home and according to our research questions. Anyhow, the respondents covered different working area on different levels, both concerning working experience and education (Merriam, 2009). In view of this being a smaller qualitative study the authors chose five respondents to answer the interview questions. The manager was asked to choose personnel from the above description so that the study would get a wider spectrum of inputs from different areas within the home (ibid). The sampling method can be described as purposeful sampling, (ibid). Since the purpose of the study was to get the best understanding of the implementation and usage of CBT to see the personnel’s experience and view. The purposeful sampling was also used to increase the reliability.

7.4. Data Collection and Interviews

Semi-structured interviews were performed (Kvale & Brinkmann, 2009). The interview questions (see appendix 1) were designed to meet the purpose and aim of the thesis. Before the interviews were conducted, the respondents were told of the purpose of the study and that their answers were confidential. The respondents were also asked if a recording of the interview would be accepted. They were also informed that the recording will only be used by the authors and they have confidentiality within the limits of the study. To record the interviews a phone was used, and notes were taken in case the recording would fail. After the respondents agreed and understood the purpose of the study and how the confidentiality could affect the respondents, the interviews were conducted. One author was asking all the questions. All interviews were conducted in the same room with the respondents at the residential home. The interviews lasted around 60 minutes. At the end of the interviews there was an open question to see if the respondents wanted to add something, nevertheless all the respondents said they believed most information was included in their answers. Prior to writing the interview questions the authors were discussing different relevant themes and wrote the questions accordingly to those themes. However, new themes have emerged during the analysis and the process was not static. A semi-structured
interview guide was used during the interviews. All the interviews were conducted in Swedish and the aim of the study and the questions was therefore translated to Swedish as well. Both authors are Swedish so concerning the Swedish language it has not been a problem conducting the interviews or for the respondents to understand the questions. The identification of the personnel was examined by the authors through reflecting together with the respondents on experience from the residential home and level of education.

7.5. Analyzing data

Immediately upon all interviews were conducted the audio recordings were listened to twice to find the essence of the data collected. All the transcribed data that had been written was read and re-read. Interpretive Phenomenological Analysis (IPA) was used to analyze the data in this study (Myers, Abell, Kolstad, Sani, 2010). IPA from the interviews is used in a descripted way of retaining knowledge of the respondents’ thoughts. While analyzing the data it engages and seeks out the meaning told by the participants from their experiences. Afterwards the authors try to identify the themes that are shown and the themes that reoccur that the participants have described (Myers et al. 2009). What are the more important stories told within the theme, are there answers that are similar between the respondents? To find the essence of the study the answers were put into different themes, reflecting the aim of the questions and purpose.

7.5.1. The reliability of data

The reliability of the data was examined throughout the interviews (Kvale & Brinkmann, 2009). To ensure the understanding of the answers, summarizing the understanding of the answers were made (ibid).

Since the authors are conducting their first qualitative study on this level it has probably had an effect on the reliability of the study (Patton, 2002). Additionally, expressions that are used in Swedish might not have the same significance in English; here the answers had to be a bit altered. Although; the authors have tried to keep the translation as close to its original text as possible.
7.5.2. The validity of data

Validity within social sciences refers to the question; if a study investigated what it aimed to investigate (Kvale & Brinkmann, 2009). “The truth” within social science doing qualitative research is usually not just one truth. For example if another person should conduct the same study at a residential home, the results could differ although the validity of this study could be high and so could theirs. Or the opposite, the validity of this study could be low and theirs likewise (Svartdal, 2001). This is a concern of the truthfulness of the authors (ibid) as well as the morality of the authors (Smith, 1990 taken from Kvale & Brinkmann, 2009).

Kvale and Brinkmann (2009) further suggest that the validity is also a concern depending on the understanding of the authors and their previous research areas and the quality of them. To ensure high validity in research, this must be guaranteed in all the different stages of the research process; thematizing, designing, interviewing, transcribing, analyzing, validating and reporting (ibid). The presentation of the results will also give another chance to question and bring critique to one’s own results. It is important to be honest and see if the results found or analyzes made could be biased interpretations (ibid).

7.6. Generalizability

Considering that this was a small scale study with only five respondents, it is not possible to draw general conclusions about CBT and the implementation of it in a residential home a (Kvale & Brinkmann, 2009)

7.7. Ethical considerations

The study was conducted in accordance with the ethical guidelines for social scientific research which includes “informed consent, confidentiality, consequences, and the role of the researcher” (Kvale & Brinkmann, 2009:68).

7.7.1. Informed consent

To obtain consent from the respondents it is important to inform about the aim and design of the study (Kvale & Brinkmann, 2009). The participants were first asked if they would like to
participate in the study by the manager and also told about the study in general terms. Before the interviews the authors informed the respondents about the purpose. The respondents were also informed that they at any time during the interview could interrupt and leave the interview.

7.7.2. Confidentiality

The respondents were informed that confidentiality was of great importance and their identity could not be recognized. To ensure the anonymity of the participants it was therefore regarded as very important to not reveal the names of the participants or of the residential home in focus of the study. The participants were informed that the thesis would be published on a webpage belonging to the university. It was also important to ensure the use of audio recordings and notes made, all audio and notes will be deleted once the thesis is finished. All respondents agreed on letting the interviews being recorded.

7.7.3. The role of the authors

According to Merriam (2009) the social desirability biased is of concern when a respondent answers what are “expected” of them, and not their own opinions. Therefore it was important for the authors to rephrase and re-ask the questions to make the respondents repeat their answers to make sure that they answered the same again. During the interview if a word was not understood the authors tried to use a slightly different word with the same meaning. The authors did not change the meaning of the question only a slight change of a word, so that the reliability of the thesis would not decrease.

7.8. Conducting the interviews

Individual interviews were conducted with all the five participants. The interviews lasted around 60 minutes. Before the interview started, the respondents told the authors about their experience and background. There was a wide range of academic knowledge and experience within the personnel.
8. Results and analysis

In this section we will firstly present our results in a short summary. During the process of analysis the authors discussed with each other the answers given and how to interpret the answers to get a deeper understanding and to question the interpretations of the answers (Kvale & Brinkmann, 2009). The results have been divided into three different major sections and some sub sections where each and every section is a theme. These patterns have been found by analyzing the interviews and chosen by the authors to be used in the result part. The results are presented separately from analyses within the different themes. The analyses will follow under the same main themes to further explain our results in comparison to the theoretical framework.

The main questions and themes are divided into; How do the personnel describe the CBT orientation? How do the personnel describe the CBT tools and methods? How do the personnel describe and measure the implementation of CBT? The respondents will be referred to as respondent 1-5 when quoted in the order of how the interviews were conducted.

All of the respondents expressed that it was important that everyone working in the residential home believed in CBT as an orientation. Furthermore, they described it as important that the personnel used it in the same way so that the youth would have the same responds from the all the personnel working in the home.

Different methods were described by the respondents as more or less effective. However, all respondents acknowledged the importance of building an alliance with the youth. Subsequently, the respondents suggested if not an alliance was created, the method no matter how good it is, would not be sufficient. Since the CBT orientations has been implemented previous to our study, the aim for the residential home was, according to the personnel, to keep it alive and to develop the use of CBT. The personnel expressed that they wanted to get a deeper understanding and have more time to keep the orientation alive, time for reflections and evaluation of their work.

8.1. How do the personnel describe the CBT orientation?

The process of using CBT in the residential home was described by the respondents and also the importance of the personnel’s belief in the system. The different methods and tools that the
respondents described was everything from going back to the background of CBT, how the behavioral theories have been an influence of CBT and how the cognitive mind can be changed to just explaining the different tools as DBT, ART, MI. Another aspect that all of the respondents described as important was the therapeutic alliance between the client and the personnel. All the tools explained by the respondents were also derived from CBT oriented tools like ABC (Antecedent Behavior Consequence) or in Swedish called the SORK model (Situation-Organism-Reaction-Consequence). The respondents were all stressing the importance of using CBT in the daily life of the youth, to find events occurring that the youth had experienced themselves and could learn from.

8.1.1. Importance of a common view

All respondents described the importance of a mutual consensus which they described pervades the whole treatment and is activated during the whole day. Most of the respondents seemed to be familiar with the orientation´s theoretical basis, which is learning theories and that a lot of the application and work is based on these theories.

All the respondents meant that the foundation is the approach itself; they explained further that means an emotional low treatment method which demands self-discipline and consciousness among the staff. Further explanation from some of the respondents was that the personnel need to be predictable for the youth and work from the same basis. According to our respondents it is important to understand the processes and cooperate. The respondents meant that it will not be possible to implement a method if not everyone in the group believes in the method. All the respondents expressed that it is especially important that all personnel have knowledge about the fundamental Social Learning Theory.

Other obstacles for implementation expressed by some of the respondents were the lack of resources like personnel or difficulties in hiring personnel with enough competence. The respondents explained further that the work the personnel have started with the youth can then be hindered. One respondent in the residential home expressed CBT as a requested orientation in Sweden. The same respondent further explained that it is a lack of therapists with the competence and experience to be able to use the manuals and there is a need for more educated personnel.
Another respondent described in the interview the fact that if the employee turnover is high it might hinder an implementation and distort the distribution of the workload. All of the respondents expressed the pre-condition to do a good work with the CBT orientation is to understand, accept and believe in the establishment. Respondent 1 described the process in a very easy way and found it natural to apply and meant - “Someone that does not believe in the model cannot work here”.

8.1.2. Differences according to the respondents level of education and experience

It was possible for the authors to notice the relevance between education level and experience of working with and using the different methods and tools. The respondents who had a longer work experience could easier mention different tools used in the methods. Additionally the authors found them more detailed in their descriptions of what characterizes the methods. Nevertheless, the authors experienced that even if a person only had worked for a year the respondent still described to have understood the orientation.

The working methods were by the respondents described associated with tools from CBT orientation. For example several times the significance of using the behavior analysis as base was mentioned by the respondents.

A common understanding expressed by the respondents was that problem behaviors comes from error learning and that clients could relearn new better behaviors by the different methods in CBT. One respondent stressed the fact in believing that a change is possible. The same person described a client with many negative experiences in life and the importance of training what works for the client and to work with positive reinforcement, focusing forward instead of dwelling on problems.

All of the five respondents described that all of the clients are getting involved in the orientation and many of the clients get a lot of confidence to it. The respondents expressed that the clients are overall motivated to use the CBT methods. They also described how the orientation will give good methods and tools as alternatives to medication and drugs.
However, depending on the level of education the authors found that the personnel had different ways of answering to the questions regarding CBT and its methods. To illustrate – Respondent 2 who had been using CBT for a shorter period replied;
“-it’s hard to say we use it all the time in our daily life here, the girls shortenings are exposed by us in the situation they are in at that moment and then we reflect together, then we have sessions with a therapist…. And then we have DBT, I believe they work a lot with mindfulness there”.

Respondent 4 who had worked with CBT for more than 10 years replied;
“–the background of our work is from learning theories from psychology we try to find the core of them so that it will be cognitively easy for our youth to understand and also for the personnel. Our assumptions are that the problems occurring originate from a wrongly taught behavior”.

It became clear that respondent 2 had a basic knowledge of CBT, whereas respondent 4 new exactly where the knowledge derived from, and could express that more in detail.

8.1.3. Analysis of – How do the personnel describe the CBT orientation?

One important factor that was brought up by most of the personnel was the importance of the common view; another was to believe in the system. 
One respondent described “... we in the personnel have to be united in what we do...”
A few respondents expressed the concern of what substitutes to use when a personnel is sick and continued with that more educated and experienced are more expensive. The same respondents further explained that this could be an economical issue when a young and inexperienced person could be cheaper to employ. However, this person might not have the level of knowledge of CBT to be able to implement and use it in the day to day life at the residential home. The respondents in the residential home have expressed the importance of everybody doing the same things and using the same tools, a predictability which if not found the system would fail and the youth would not develop.
“...it has to be kept alive” one respondent explained.
8.2. *How do the personnel describe the CBT tools and methods?*

At the same time as the respondents described the importance of their work being evidence based and CBT oriented they described certain obstacles to be able to fulfil these goals and live up to these expectations. Many of the respondents described obstacles as that many clients are not enough motivated to conduct regular therapy sessions. Sometimes clients were described by the respondents as affected by lack of cognitive abilities and concentration capacity because of their dysfunctions. The respondents described their experience that clients were not patient enough participate in regular treatment and that it therefore is important to find other methods and try to implement CBT in a more holistic way so that the CBT pervades the whole work. One respondent expressed that “- of course that demands more from the personnel and the whole organization touching questions like resources, skills and experience”.

8.2.1. *Tools described within CBT*

Some respondents described a tool within CBT; the use of the ABC. ABC means to explain a chain of events for the client of her maladaptive behavior and its consequences. The point is to illustrate how situation, behavior and consequences interact to maintain problems (Linton & Flink, 2011). Two of the respondents explained that one of the strengths with the ABC analyzes are the possibilities to connect and use in the daily life; it becomes a way of living and a way of thinking. The respondents mean that the tools gives confirmation and possibilities for reflections. The staff should not provide solutions; the client should learn to reason and find conclusions of her own Respondent 2;

”- The client learns to think CBT, to handle her feelings and fears, dare to try alternative solutions and to challenge herself (...)The goal is when the clients are doing the ABC analyzes automatically on themselves by themselves “.

Respondent 1 explained;

“-When we draw the ABC- analyze for them on a paper, it feels like it is a light bulb moment for the girls, they react positively because they don’t know themselves why they reacted and acted up”
Throughout the interviews the respondents described that the use of the ABC tool could facilitate as well as provide a clear tool however also be immensely complicated for clients with certain diagnosis. The same respondent further explained on the other hand, for some kinds of neuropsychiatric dysfunctions could the knowledge of some parts be very useful including easy understanding and developing for the client, especially parts developed from CBT like DBT and ART. A few respondents described that for some clients who are not enough cognitive mature it can be too difficult reasoning about issues appearing by thoughts, feelings as well as behaviors. One of the respondents said that in these cases the treatment works more with the B in the CBT orientation, the behavioral part. The same respondent further explained that the cognitive maturing could by training appear later in life for these youths therefor it could be hard to work with prior to the maturing.

During the interviews the respondents were asked to describe tools in CBT used in the daily work at the residential home. The authors also wanted to know which of the tools they found most efficient. Furthermore, if there were tools with less good results and why they thought some tools were better than others. The description of the elements was presented in the same way by the respondents. All the respondents expressed that in the approach it is also important to implement the tools in the daily life.

A respondent expressed;

“-my wish for the girls is that they are not so involved with their own feelings and that they can control themselves and find goals and go for it, even when they feel discomfort and learn to deal with the big feelings or their strong feelings and not to be omitted to themselves so they can take the command of their own life.”

Some of the respondents stated that in some cases it could be understood that no treatment is given at all and moreover result in complaints from the clients. They might not understand that having a dinner together can be training in social skills. Especially clients with shortcomings in social skills get a lot of tools to handle situations. One respondent explained that the personnel try
through this general approach to encourage the clients to participate in activities even if they might not feel so good.

Some of the respondents described that the CBT orientation was perceived as a specific additionally clear model. All of the respondents agreed on that the client was given a lot of important tools for life. Some of the respondents could notice shorter treatment stays because of the efficiency in the approach and also meant that this could be an important factor for the paying customers and also interesting from the socioeconomic perspective.

One respondent stated the clear point;

"Nobody should have to live their life in a residential home- the treatment stays ought to be shorter and should not be for long- term. The treatment should result in changes for life and not be considered as short- term and life supporting in crises."

Another respondent argued that the orientation is also efficient in another way because it was easier furthermore faster for the personnel to see and identify the needs of the client.

Some of the tools were described as more suitable for different types of clients, one respondent explained. The same respondent further explains that regular therapeutic session was not always possible to accomplish with clients with low motivation, little patience or difficulties in concentration. The respondent continues with explaining that a new approach is under construction at the residential home to offer activities like theme evenings including group sessions with different orientations in different areas.

"It can for example be about psycho education, health issues, ethics and moral discussions etc. This is offered as a complement to individual sessions which is more used when the client has specific phobias or e.g. problems with anxiety”.

One respondent said that many clients often showed a lack of confidence for the adults because of having background stories with many negative relations with teachers, social workers, doctors and even family members. Further explained that could sometimes affect the alliance and use of different tools of CBT built on trust in the relation between the client and the therapist.
8.2.2. The use of CBT methods and tools as a process

CBT methods mentioned by most of the respondents were; ART, MI, DBT. One method all the respondents said worked really well at the residential home was ART. The respondents described that the residential home is running an own school for the clients and ART has been very efficient in the school. The respondents agreed on that it was dependent on the fact of having a competent and experienced therapist and the possibility to use the method like a red thread in school and in the housing. ART is also possible to use both in individual sessions furthermore in group therapy they continued explaining. Some of the respondents also explained that another success factor for ART is that it has been incorporated in the treatment for a quite long time so both personnel and clients are familiar with the method. The respondents experience the method as a well-structured and a practical method which is easy to apply on all target groups.

The residential home also has DBT treatment and provided DBT educated personnel one of the respondents explained. One of the respondents described how clients with e.g. self-harm behavior could with good results be suitable for use of DBT’s proficiency training which includes presence- the opposite to impulsive reactions, relation care, and emotional regulation and crisis skills. However, continued saying that DBT has not been practiced enough time to be evaluated as tool; the tool however is still developing within the work of the personnel and there is still a need for more knowledge and experience. The same respondent described that at the same time DBT becomes more popular as treatment method in specific areas like mentioned above self-harm problems. The respondent explained that DBT as a method is more demanding concerning participating, homework and mindfulness practice.

MI (Motivating Interviewing) is also used as a method mentioned by one of the respondent. The same respondent means that MI as a method shows the client how to come up with own solutions, meantime this happens the client gets more involved in her treatment in addition to take more responsibility. The method gives the client an understanding that oneself is responsible to create a change, that self-determination is important the respondents describes.
To use these methods on a therapist level, the clients’ needs time with a therapist, respondent 1 expressed; “- the therapist we have is fully booked we need more therapy time so it’s enough (for everybody), more resources...”

Except the methods mentioned above the respondents described the use of CBT methods as a process. One respondent explained that it starts with the behavior analysis by describing e.g. surplus and deficit. Which behavior is the client doing too much of or too little of? The same respondent explains how the personnel try to support the client to make a change and find alternative ways of dealing with the problem. The respondent further describes that different tools for change are behavior activating, positive reinforcement according to learning theory and reward system. The authors noticed that with the support from the analysis it is easier for the respondents to have a united strategy for the treatment. One respondent described the way of doing this is to choose two dysfunctional behaviors at a time and concentrate on them. It became obvious for the authors that behavior analysis raises awareness for both the client and the united personnel group what to focus on. The authors also noticed that in the process is also the ABC analyzes important to use and helps out to find alternative choices and improves dysfunctional behaviors by clarify consequences of a certain behavior both in short and long term. The respondent described that the residential home pays a lot of attention to psycho education in CBT as an important tool.

"-This tool is about how the therapist and the client together try to understand the reasons to and find solutions to the problem that the client is suffering from. The therapist provides the client with a psychological explanatory model."

(Linton & Flink, 2011:55)

8.2.3. Building alliances

The views on which of the CBT methods and tools that are preferable differ amongst the respondents. However all of the respondents stressed the importance of being able to use the different methods as well as having a well-functioning therapeutic alliance between the client and the therapist. Either it was explained in a positive manner while the alliances was working or explained in a negative manner if it wasn’t applied; although all five agreed on that it was a necessity to be able to work with their clients.
Respondent 1 explained: -“It’s a work with motivation, it is our job to sell the method and get through to the youth, this has got a lot to do with the alliances too, dare to try another way to deal with the difficulties they have...”

Respondent 2 is expressing; “-... sometimes it might not work, you need to get an alliance and you have to, you know get them aboard”-“there is no point walking in and commanding if I don’t have an alliance with these youth, then you might get a pot in your head”.

Respondent 4 said “-...it has to be cooperation to be able to move forward and work with the youths’ problem”
Respondent 4 continued: “-hmm, we cannot help the youth on our own, we must have an alliance and she has to express what kind of a problem she has and then we together will work forward”.

Another respondent explained about ART and the implementation of it and why it worked well: Respondent 5: “- ... because they have a good contact with the youth, in combination of working hard to get ART started”...I believe it is also a passion and engagement from the personnel...”

8.2.4. Analysis of – How do the personnel describe the CBT tools and methods?

Bowlby argued that the attachment a child has to its parents is the start of continues emotional development for the child throughout its life (Myers et al. 2009). Von Tetzchner (2005) explained that the attachment the child can have could be with any person close to the child. During the stay at the residential home, the youth create some kind of an attachment both with their friends and also to the personnel. Furthermore, considering Bowlbys argument of the continuation of similar attachment from a young age. The youth could have even harder time with their attachment to the personnel and therefor it could be more difficult to create the therapeutic alliance. Some of the personnel expressed that the youth had a difficult time trusting the adults, and it took time to build that trust.
Some of the youth could have had problems with the attachment to a close person ever since they were little. According to Freud the importance of an alliance between the client and the therapists is also confirmed in our study it shown to contribute to the positive outcome, respondent described the girls do not flee the situation despite in discomfort if they have an alliances with the personnel. One respondent expressed how previously there were certain methods that were not working properly. Subsequently, the girls did not show up to the sessions by reason of lacking therapeutic alliance with the personnel having that session. For a therapist and a client to have a successful outcome of the treatment there is a need of a good alliance between them (Eltz et al., 1995; Langhoff et al., 2008; Lawson, 2009; Ormhaug et al, 2014). Another expression of alliances could be the working connection between a client and a therapist (Duppong Hurley, Lambert, Van Ryzin, Sullivan, & Stevens 2013).

This was very clearly expressed by one respondent that said “-... it has to be cooperation...” However the opposite a less successful outcome is likely to happen if there is a weak alliance between the therapist and the client according to Lawson (2009, cited from Dalenberg, 2000). There were several components suggested by Another respondent if the CBT wasn’t working and a couple of the components were, “motivation, trusting the adult, why should I listen to you”, which is part of what previous research claims. Same respondent continues to focus on the importance of who is having the sessions, “-...ART is working here really well but that is also due to the therapist forasmuch as it is the method, if I should say how I feel.”

8.3. How do the personnel describe and measure the implementation of CBT?

One of the goals for the Residential home and as well one of the research questions was to examine how the CBT orientation is implemented in the daily operations. In the interviews some areas for succeeding and some areas of challenges have been pointed out by the respondents.

One of the challenges in implementing CBT expressed by some of the respondents are the group dynamic processes going on within a group of youth. The group influences individuals; behaviors might be reinforced by other clients and effect in a negative way against the treatment plans. Some not desirable behavior might infect other clients and one girl can imitate another girl that she idolizes. Negative reinforcement can also appear from elsewhere e.g. family members or a
A boyfriend that not has reach enough knowledge or understanding for the treatment methods. Two of the respondents expressed the group process like this:

Respondent 3 expressed; “the youth could take bigger steps but due to motivation or that the groups of friends are so much stronger than what we can deliver, they are having a too good time together with each other even if there are conflicts...”

Respondent 4: “they are always living with each other problem behaviors, that can turn into forest fires sometimes...”

The personnel and the competence by the personnel were described as an important factor by all the respondents. The respondents also expressed to give the youth CBT during the interaction in their everyday life it is important that the personnel is synchronized and has satisfied knowledge about the target group.

8.3.1. The importance of time for implementation

According to a few of the respondents they have worked since the foundation with methods based on learning theories. By the time tools and methods have developed and since the CBT orientation is evidence based the manager and therapist meant that the choice was simple, the CBT orientation was the most suitable for the residential home´s orientation. The residential home describes that they work by methods known from CBT orientation. It is important to keep the knowledge alive by further training and to provide tutoring and supervisors. Therefore they have an external supervisor hired regular and the residential home has a CBT therapist who is responsible for the treatments and can also be a mentor for other personnel. One of the respondents also meant that the directives of using the orientation comes from top management yet the most important work is to make it work in the treatment among the youth. Another aspect is that the personnel learn from each other and are sharing experience with each other. To be able to benefit this kind of resources there is a need for time for meetings, planning and reflections.

Experience from the respondents shows that it could be different from individual to individual how easy the different methods is learnt to apply, one respondent expressed. The challenge
expressed by most of the respondents is to find enough time in the daily operating life to really work with the tools and to keep the amount of clients and groups in a manageable level. A few of the personnel expressed that meanwhile the implementation is going on it is important to pay attention to the evaluation how CBT is applied and working. Further they argued that it is important that even methods that do not work so well are discussed and then replaced or exchanged. With this approach it is easier to build up a well-functioning routine that makes the personnel motivated. All respondents thought that if the residential home did not have had the basic knowledge it would have taken longer time to successfully implement the CBT orientation. In this case before the implementation it had strong bases and was well prepared and most of the personnel had some kind of knowledge what it was about.

Respondent 2 expressed; “Here you need the resources to get the time…”

Or as one respondent answered where time is insinuated however not texted out; “Everybody must have the basic knowledge and for me the orientation felt very natural and easy to apply, I think I have used tools before without knowing they were named methods or tools. It is easier if you are prepared to work with yourself and are interested and dedicated.”

8.3.2. How to measure progress

To measure progress in changing behavior, one of the respondents described the use of data based registrations and journal system. The results are later presented in intervals and graphs and give a full picture of the changes in activities. The graphs illustrate changes in behaviors and shows even frequencies of a specific behavior. It is the personnel that notice the registrations which follow the clients’ treatment and implementation plan. One of the respondents at the residential home has also already explained that for some youth and especially children and youth with certain diagnosis that the cognitive maturation first occurs by age 25. That means that the ability to assimilate the treatment is also depending on abilities and maturation. Lack of motivation is another obstacle for successful treatment and in that case is one of the elements in CBT; MI, Motivating Interviewing useful. MI increases the engagement and adherence of the treatment according to the personnel. Respondent 4 explained: “We have for example a client who is very aggressive. With the behavior analysis as starting point we have identified surplus and deficit in behaviors and this client is too much aggressive. The staff makes observations and registers the
aggressive or violent outbreaks. Then it is possible to notice changes for example if the not desired behavior is increasing or decreasing. With this method we can check off problem behaviors. We also registry the duration of the outbreak and can by the graphs see if they change in duration."

The respondents explained that the possibility of working with registrations and see results of the work is motivating for the staff and all the staff gets involved. Even for the client it becomes clear because it is possible to see the changes she has done and the differences in problem behavior by arrival and by leaving the residential home. The hard work has paid off.

Respondent 5 explained one of the expected goals; “When a client dare to live in the real life without appearing into interpersonal conflicts, takes control over her life, put up goals, start to have dreams, has tools to handle life and has learnt to coop with when her strong feelings appears and resist inconvenience, this is moments of satisfaction"

Since the CBT orientation is very structural to work from, the respondents seemed to appreciate the working place and found the tasks more motivating in consideration of the results are easy to discover and evidence if it worked is visible fairly soon after an interaction. Some of the respondents also meant that they got positive feedback from social workers and family members who often remark the positive changes faster.

The authors learnt from the respondents that to be able to assure the quality of the treatment the residential home only chose evidence based methods and means that this approach guarantees the quality of the treatment. Other instruments used by the residential home and explained by the respondents were the documentation in journals, risk analyses and deviation reports. Every third month the residential home provided the client, parents and the social services with documentation of the progresses. Tutoring is regularly offered to the personnel. Tutoring; is an important part of the professional development. In the beginning of the carrier is supervising necessary still many therapists prefer tutoring for the rest of their professional life (Linton & Flink, 2011:28).
8.3.3. Analysis of - How do the personnel describe and measure the implementation of CBT?

The respondents stated the importance of time; to have the time for implementation and to keep the orientation alive, time to learn more about how to use the tools and manuals, time for reflections and follow ups. With the influences of NPM in the residential home and the procurements of the residential home, the CEO is not working within the residential home. This could create a harder atmosphere or a change in the work force on the grounds that it being top–down ruled. In this case, the personnel did believe in the system and the orientation of CBT since it was already implemented before the change of owners. However the time for keeping the orientation alive, and time to learn more or time for reflections and follow ups might be less prioritized. Time is money, and with it being a moneymaking company it could be less prioritized (Hood, 1995).

8.3.4. Connection to theoretical framwork

Some of the themes we found were connected to our theoretical framework; Social Learning Theory (Weiten, 2011), Attachment Theory (Ainsworth, 1978), in connection to the Therapeutic Alliance (von Tetzchner, 2005) and New Public Management (Hood, 1991).

The background of CBT is in Social Learning Theories (Weiten, 2011), therefore the youth are affected by it without necessarily their own knowledge. Furthermore the Attachment Theory since Bowlby argues that the attachment to our close ones from early years could be a result of how the attachments are created growing up and continuing. To create an alliance with a client, the problem of attachment could be of great importance and the understanding of it.

The New Public Management theory is (Hood, 1991) of importance due to the view of the residential home and how it should be run and what are the important factors owning a residential home. The change from the public service to a private service where money is of great concern of the owners of the company
9. **Discussion**

The aim of this study was to investigate how the personnel describe the CBT orientation within the organization. To what extent it is possible to claim that CBT is used in the residential home? The study has identified some tools like ABC in the different methods within the frame of CBT and the respondents have described what works better or worse. One of the research questions was about quality assurance and to examine how do the personnel describe and measure the implementation of CBT? Within this part we will discuss a wider perspective the findings of our study, both in connection to the theoretical framework and also in connection to other studies. This section includes; *Discussion of results, Discussion of method, Limitations of the study, Suggestions for further studies.*

9.1. **Discussion of results**

The most important results were how the different implemented CBT methods were adapted to different situations and the clients’ needs. However, at the same time as the respondents described the importance of all personnel sharing the same common belief in the methods, difficulties could be found when substitutes were used, and personnel with different levels of education and experience was cooperating in the treatment. Another important result that pervaded the study was the strong belief in the therapeutic alliance expressed by the respondents. However, it is not easy to measure results in social work, the study showed how the personnel had instruments to measure the results of using CBT oriented methods and tools.

The importance of adjusting the methods and tools to be CBT orientated, the results also showed the equivalent of using it consequently and within a framework. All respondents described the importance of a common belief in the methods. The respondents described that the implemented methods followed a well-known and structured manual. According to Linton and Flink (2011) the manuals keeps the work structured and safe according to the CBT orientation. However, this gives no room for one’s own view or different thoughts or beliefs in how to treat the clients. All clients are different and have different needs and might not be able to assimilate the treatment.
Another interesting aspect in using the CBT oriented methods and tools were that, according to the respondents, the methods have shown good results and could even replace some medicine and drugs. This is also confirmed in reports presented by the Swedish National Board of Health and Welfare (SWNBH, 2013).

Consequently, is the therapeutic alliance the important factor, and not the method? Studies all over 30 years have concluded that the therapeutic alliance have positive outcomes and is a significant aspect (Horvath et al. 2011 from Del Re, Flückiger, Horvath, Symonds, & Wampold, 2012). Del Re et al. (2012) concluded from their study that the reason of the therapeutic alliance is the therapists’ contribution to the session- not the method. This is yet another confirmation to the responses from the personnel we have questioned and the reports read about the therapeutic alliance.

Is it even possible to measure results meanwhile working with human beings? Social work is very complex and is depending on right choice of actions in right time. Referring to Lamberts Pie (1999) the authors have already pointed out the importance of the alliance between the client and the personnel. However, the Lamberts pie is also pointing out other important factors like the client’s expectation and how the clients’ life is functioning outside the therapy. Problems with ambivalence are not a weakness or bad attitude by the client but rather results of the client’s learning history (Linton & Flink, 2011). The respondents also explained that ambivalence could come from often earlier failures and mistrust in treatments. According to some of these factors the residential home found it difficult to evaluate the result of the whole treatment. Evaluation could be seen throughout as a form of quality assurance in a goal for high quality and the best results. The evaluation can be a single-subject design and focus on the clients’ perspective. The question is if the client has made any progress during the therapy. In clinics and receptions the work is mostly with single clients. Scientifically evaluations are using groups of clients often randomized which make it a challenge to evaluate and measure the single-subject design (Linton & Flink, 2011).

Furthermore, henceforth the clients are also able to influence each other it could also create a harder work environment than if a therapist only has to work with one client. Instead of having to
work with one client living on its own; in this case, a client that is living together and is influenced by a group of clients. Depending on the client and how strong the group is, the therapy sessions might not be useful at times. Like the Lamberts pie pointed out, the clients’ life outside the therapy is of importance. In this case that would be inside the residential home, together with all the other clients. Therefore, the importance of therapeutic alliance is even stronger. If the therapist has built an alliance with the youth, the outcome is more likely to be successful (Horvath et al. 2011, Eltz, et al. 1995, Ormhaug et al. 2014).

Another concern regarding tools and methods is how to measure progress and the connection to NPM. In this case who is the client, the SNBHW or the client that is actually at the residential home, and what is it one measures to know if it is a successful residential home, the money earned or the time the clients are spending there until leaving? Several questions could be asked about how to measure what is a successful outcome? The authors would argue that since aiming to work in social work in the future, the successful outcome would be to have the youth not having to stay for a long period of time at the residential home, if not needed for other reasons. We would like to see the youth develop their knowledge of themselves and to know how to live on their own or with their families and function in everyday life. In the study the respondents have described issues like lack of time for therapy sessions for the clients, not enough therapists due to the efficiency of market oriented and thought of socioeconomic approach.

The fact that social work is in a process of change is discussed in the article "Globalization and the Role of the State" (Bertucci & Alberti, 2001) which describes the multidimensional character of the globalization concept and its complex phenomenon. Governments have allowed a greater interdependence and economic integration by adoption to the market-oriented policies and regulations. Due to this greater economic liberation entrepreneurs have taken full advantage of the open market all over the world (World Trade Organization WTO, 1999). However, the article clarifies that domestic policies and institutions are responsible for the quality of the welfare for its inhabitants by given access to appropriate services provided in e.g. health care and social security. As stated by Helleiner at the 10th Raul Prebisch Lecture organized by the United Nations Conference on Trade and Development in December 2000: "The challenge – both at the national and global levels – is, through conscious policy choices, to make the new globalized
system ... work for maximum human welfare”. In our study some of the respondents pointed out several times how the treatment sessions were too short due to the saving of money, and how this is at the expense of the quality of the treatment. This comes back to the lack of time and the aspect of efficiency. Another result that is to consider is implementation of methods demands time and the importance of resources and knowledge and education of the personnel. Concerning these issues how is it possible that goal as economic profits, often advocated in NPM, can work for maximum human welfare?

9.2. Discussion of method

Our study turned out to have a more descriptive design than we originally aimed to. Besides the interviews with the personnel, we planned to do observations. However, due to ethical considerations the authors changed the original planes and decided to exclude the planned observations. The observations would have given a deeper understanding and shown if the respondent’s answers were realistic and if our interpretations of the results could confirm the personnel’s view of CBT.

The validity of the method used could be a problem because of the low number of respondents. Though, as the respondents were working in different parts of the organization and represented different education levels and age, the interviews gave us a fairly broad understanding of the implementation and or issues regarding CBT in the residential home.

The respondents were chosen by the manager, which can create a social desirability biased results (Weiten, 2011) The term social desirability refers to the risqué that respondents would answer the questions in a way they thought we would like them answered or even the manager, “to give the right answers”. Anyhow, the authors did not have the possibility to influence the manager’s choice of respondents.

Another view on this is that the manager could have chosen the personnel who he regarded as having the appropriate views of the work in the residential home.
To sum up, this study only reflects the impact and implementation of CBT from the view of these five different respondents (Kvale & Brinkmann, 2009).

9.3. Limitations of the study

Originally the study aimed to also include observations. The authors wanted to observe the youth living in the home, to see how CBT was used and how it was working. However, due to ethical considerations on observing youth under the age of 18 in a delicate situation where they have the right to feel safe and not put in an uncomfortable situation, it was decided to not conduct observations. Furthermore, since the youth were in different age groups and most of them under the age of 18, they would not have known exactly what they gave their consent to, and might not fully have understood the consequences of the study (Kvale & Brinkmann, 2009). In this case if an observation would have been made it was hard to know who had the right to have given the consent, the manager, the parents or the youth themselves.

9.4. Suggestions for further research

- Our understanding of the study would be more confirmed by using observations. Is the understanding from the personnel of the use of CBT the same as the actual work with the youth? Therefore to make a triangulation with observations and interviews would give a wider and stronger understanding of how CBT is used at the residential home.

- From the public market to the private market and the influence of NPM. Would there be a difference between smaller privately owned residential homes compared to residential homes owned by multinational companies? Then it would be interesting to compare results and working methods.

- Is the common view that the therapeutic alliance is needed, for a treatment to work? How could that be developed? Could other studies performed in different residential homes come to the conclusion that the alliance is more important than the methods?

- A comparative study with other different residential homes both within Sweden and internationally. What hinders and promotes the implementation of new working methods.
like CBT? Do other CBT homes have other tools for implementation? What do they find are promoting or hindering their work?


Duppong Hurley, K, Lambert, M, Van Ryzin, M, Sullivan, J, & Stevens, A 2013, 'Therapeutic alliance between youth and staff in residential group care: Psychometrics of the Therapeutic Alliance Quality Scale', *Children And Youth Services Review*35, 1

Eltz, M, Shirk, S, & Sarlin, N 1995, 'Alliance formation and treatment outcome among maltreated adolescents', *Child Abuse & Neglect*, 19,4

Epstein, N, Curtis, D, Edwards, E, Young, J, & Zheng, L 2014, 'Therapy with families in china: Cultural factors influencing the therapeutic alliance and therapy goals', *Contemporary Family Therapy: An International Journal*


WestSussex:: John Wiley & Sons.


Svartdal, F. 2001 *Psykologins forsknings metoder* (2Nd Ed.) Liber AB


http://apt.rcpsych.org/content/8/3/172.full.pdf+html
Appendix 1 – The interview questions

1. How would you identify the organization as CBT oriented?

2. What are the advantages with this method?

3. What CBT tools are used in the daily activity?

4a) which of these methods are working well and why?

4b) which of these methods are not working so good and why?

5. What kind of challenges does the residential home meet when CBT should pervade the whole day operations?

6. How is the method implemented?

7. What barriers may exist to implement CBT in the residential home?

8. What are the results expected with using CBT as a method in the residential home?

9. Are there methods to measure the CBT methods?

10. How can the residential home assure the quality of the method?

11. How can the implementation of CBT as a method improve at a residential home?

12. Anything you would like to add to your answers?