

University of Groningen

The downside up? A study of factors associated with a successful course of treatment for adolescents in secure residential care

Harder, Annemiek Theodora

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2011

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Harder, A. T. (2011). *The downside up? A study of factors associated with a successful course of treatment for adolescents in secure residential care.* s.n.

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

CHAPTER 3

INTERACTION WITHIN THE BLACK BOX: A REVIEW OF RELATIONSHIPS BETWEEN CLIENTS AND STAFF IN RESIDENTIAL YOUTH CARE

“... it is the therapist's ability to forge a collaborative relationship with the client that is predictive of outcome”
(Duncan, Miller, Hubble, & Wampold, 2010, p. 38)

Abstract

Residential youth care can be perceived as a “black box,” because information about the contents and quality of residential care is scarce. This article offers a review of what is currently known about one of the core aspects within the “black box” of residential care: the relationship between young people, their parents and residential group care workers and teachers. A majority of studies in the review shows that the development of a positive relationship between young people and care workers during residential care predicts positive outcomes. However, no information on the relationship between clients and teachers was found. Problems in developing a relationship are related to the behavior of the young people during care, such as poor motivation and interpersonal behavior problems, and to characteristics of the residential care context, such a controlling approach applied by care workers in their contact with some young people. A limited amount of information about the relationship between parents and care workers indicates that this relationship is important for the process and outcomes of residential care. Based on these results, the review is concluded by summarizing and discussing the main findings and recommendations for research and practice.

This chapter is based on:

Harder, A. T., Kalverboer, M. E., Knorth, E. J., & Zandberg, T. (2008). Pedagogische kwaliteiten van voorzieningen voor residentiële jeugdzorg [Pedagogical qualities of institutions for residential youth care]. In A. E. M. G. Minnaert, H. Lutje Spelberg & H. Amsing (Eds.), *Het Pedagogisch Quotiënt [The pedagogical Quotient]* (pp. 103-122). Houten: Bohn Stafleu van Loghum.

3.1 Introduction

Residential youth care refers to services offered by residential group care facilities (i.e., residential treatment centers and group homes), inpatient psychiatric care, and secure residential care settings (i.e., correctional and detention centers) for young people. A common feature of these types of care is that young people reside away from their home in a non-familial setting. The aim of residential youth care programs is to reduce serious behavioral and developmental problems, and to improve the quality of life of these young people. However, research shows that maintaining successful results after residential treatment is no simple matter (e.g., Frensch & Cameron, 2002).

Research shows that the relationship between the client and the professional is one of the most important predictors of positive outcomes in care (Karver et al., 2006; Van Yperen et al., 2010). A concept that often emerges in this respect is the “therapeutic relationship”. A therapeutic relationship is commonly defined as “...an emotional connection that has been labeled as affective attachment, affective bond, affective experience of the client, client’s perception of therapist’s affect, social support, trust, and comfort” (Karver et al., 2005, p. 45). It has been additionally defined as a cognitive connection in terms of agreement on the tasks and goals of therapy. The therapeutic relationship is often considered to be an important non-specific or common treatment factor that affects the services offered, regardless of the target group or the type of services (e.g., Karver et al., 2005).

The relationship between clients and therapists seems to be especially important in the context of youth care, because young people typically are not self-referred and often enter into treatment unaware of their problems, resistant to change, and/or in conflict with their parents (Karver et al., 2006; Shirk & Karver, 2003). More specifically, this association between the quality of the client-therapist relationship and treatment outcomes seems to be relatively strong for youth with externalizing problems (Shirk & Karver, 2003). Also within the context of education, which is often a component of residential care, the quality of the teacher-student relationship seems to be an important factor in connection to outcomes for young people with antisocial behavior (Meehan, Hughes, & Cavell, 2003).

Since young people are regularly not self-referred to residential care and often show externalizing problems and antisocial behavior (Harder et al., 2006) the quality of the client-therapist relationship seems to be an important point of interest. In residential care, actions of group care workers (Knorth, Harder, Huyghen, Kalverboer, & Zandberg, 2010) and teachers (Jackson, 1994) can be considered the most decisive factor in the quality of the care arrangements and education that residential settings provide to young people respectively. Therefore, the client-therapist relationship within residential care can be defined as the relationship between young people and

their parents, and group care workers and teachers. However, in the present study we also focused on the relationships of young people with individual therapists in residential care.

Despite the potential importance of the relationship between clients and therapist, there is not much known about relationships between clients and staff (i.e., group care workers and teachers) in residential youth care. For example, few studies have focused on the education of young people in residential care (cf. Jackson, 1994). In many studies on residential care little information can be found about the actual content of the services provided in the programs under study (Knorth et al., 2008). As a result, there is little information about the quality or “what works” aspects of residential youth care. In this respect, residential youth care can be seen as a “black box” (Libby et al., 2005).

The objective of the present study is to examine the black box of residential youth care. More specifically, the aim is to examine the current knowledge about the relationship between clients (i.e., young people and their parents) and staff (i.e., group care workers, individual therapists, and teachers). Since little is known about client and therapist characteristics influencing the therapy process, including the therapeutic relationship (cf. Karver et al., 2005), we will pay special attention to the impact of care workers’, therapists’ and teachers’ actions on the young people within the primary living environment of the residential setting. The following questions will be addressed:

- What is known about the quality of the interactions and the relationship between clients and staff in residential youth care?
- Which characteristics of clients, staff and the residential setting are opposing or promoting a positive relationship quality?
- What is known about the association between the quality of the client-staff relationship and outcomes in residential youth care?

3.2 Method

We carried out an extensive literature search for empirical studies covering a period from 1990 up to February 2011. In doing so, we used literature from a review study on residential youth care that was carried out earlier (Harder et al., 2006). In that study, literature covering the period between January 1990 and July 2005 was searched by using the databases Academic Search Premier, ERIC, IBSS, MEDLINE, PsychINFO, PSYNDEX and Dissertation Abstract International, along with various relevant national (Dutch) and international journals. For the present review on relationships between clients and care workers in residential care, we additionally examined the databases Academic Search Premier, ERIC, IBSS, MEDLINE, PsycINFO,

and Web of Science covering a period up to February 2011. We used the following groups of search terms:

- treatment alliance; therapeutic alliance; working alliance; alliance; therapeutic relationship; attachment; interpersonal; interaction.
- quality; what works; process; effect; outcomes;
- residential; inpatient; institutional; group home;
- youth; child; adolescent; juvenile; young; parent; family.

These groups of connected or synonymous keywords were used in combination with each other. We searched for these keywords in study titles, abstracts and/or topics. Furthermore, we searched the reference lists of the literature already found.

The search initially resulted in a total of 1628 studies, but included many irrelevant studies. Therefore, we refined the results by selecting the most relevant studies on the basis of their topics and/or titles. After that, we screened the titles of the remaining studies. If the study seemed relevant on the basis of the title, we also screened the studies' abstract. Only empirical studies written in English, Dutch and German with a main focus on children and young people from 8 to the age of 21 with emotional and behavioral problems and/or their parents were relevant for the present study. These inclusion criteria resulted in a sample of 24 relevant studies, of which twelve studies (50%) from the Netherlands, seven from the United States (29%), and one study (4%) from both England, Canada, Finland, Italy and Sweden.

3.3 Residential staff and young people

Several studies have looked at the daily interactions between young people and care workers in residential care, but we did not find any studies that focused on the interactions between young people and teachers within the context of education in residential care.

In Canada, day-to-day operations in group homes for young people were investigated by Anglin (2002). He did participant observations in ten living groups of as many group homes. He describes a "struggle for congruence" that revolves around the intent to meet the needs of children and adolescents (working according to "the best interest of the child"). A number of interests and factors can oppose this intention, such as particular preferences of staff or the pressure (internal or external) to maintain control. Anglin found that the following "interactional processes" can be considered as essential relational ingredients for living and working in group homes, at the level of the primary process between young people and professionals in residential care:

- 1) Listening and responding with respect;
- 2) Imparting a basic philosophy and methodology from within which to work;

- 3) Establishing a work agreement and a good working relationship;
- 4) Clarifying the applicable structure, routine, and expectations;
- 5) Stimulating and showing positive commitment;
- 6) Providing support for development (including emotional development);
- 7) Stimulating/ challenging thinking and being active;
- 8) Sharing power and decision-making;
- 9) Respecting the need for personal space and time;
- 10) Discovering and revealing each individual's potential;
- 11) Ensuring the necessary resources.

These processes do not actually refer to a process between two “parties,” but describe the (actual or desired) input of care workers in this process. This list of processes shows several aspects that are closely linked to client-focused and needs-led care and includes aspects regarding the working relationship between care workers and young people. According to Anglin (2002), these eleven interaction principles are the most influential factors in the quality and effectiveness of residential care.

Another study aimed at the primary process, which parallels Anglin's (2002) study, was conducted by Moses (2000) in the United States. Moses (2000) examined “what it is that typically occurs between the key players in residential treatment” (p. 475) by in-depth interviews with 25 group workers. The group workers in this study reported that they develop their styles of relating to individual juveniles through “trial and error,” intuition, and by learning from the experiences of their colleagues. In their contacts with the young people, the group workers make a distinction between individual treatment and a standard treatment which is directed toward the entire group. The “standard treatment” consists primarily of gaining control of the day-to-day situation to ensure that young people assimilate into the routine. This general, standard approach (e.g., acting according to the general rules of the residential group) is applied whenever a new child or adolescent is admitted to the group or in situations involving conflict with young people. In both cases, the standard approach is used to clarify the situation for the young people. The standard treatment corresponds to the “maintaining control” activities of residential care workers, as described by Anglin (2002). This type of interaction, however, has been considered an impeding factor in the provision of the desired services. Similar indications emerge from the study by Moses (2000): group workers often report feeling a certain tension between the individual and the standard treatment.

Another result emerging from the study by Moses (2000) are the different ways in which residential care workers relate to “difficult” and “easy” young people. In this respect, the group of “difficult young people” can be characterized as unreachable (e.g., not reacting to attempts by staff members to establish contact) and inaccessible, aggressive, self-destructive, and dangerous (Moses, 2000). Children and adolescents who are suspected of intentionally misbehaving, whose behavior is unpredictable, and

who create anxiety for staff are considered “difficult” (Moses, 2000). “Popular” or “easy” juveniles are characterized by obedience and respectful behavior towards care professionals, by happiness or enthusiasm, as well as by a limited level of complexity and a relatively positive future perspective (Moses, 2000). “Easy” juveniles are more likely to receive individual attention and encouragement. In contrast, the focus with “difficult” juveniles tends to be on identifying and recording their problems. Based on these findings, Moses (2000) reports that “those who are the most emotionally guarded and those who have the most difficulty relating – i.e., those most in need – are likely to receive the least sensitive caregiving” (p. 486).

The perceptions of adolescents on the communication with care workers in residential care were the focus of a recent Italian study of Palareti and Berti (2010). They applied self-report questionnaires with 59 adolescents living in 19 different residential care facilities. They found that communication with care workers could be divided in open, problematic and selective communication. “Open communication” refers to feeling listened to and being understood, both in situations of particular need and on a day-to-day basis. “Problematic communication” refers to conflicts between the young people and care workers. “Selective communication” refers to the fact that youths were more likely to keep their thoughts and feelings to themselves than to share these with the care workers. Furthermore, Palareti and Berti (2010) found three types of routine between care workers and adolescents in daily practice. The first type of routine, called “relational routines”, refers to meeting and communicative exchange between staff and adolescents. Secondly, “regulatory routines” comprise activities that organize the day/week of the young people in care. The third type of routine is called “coexistence routines”, which refers to practical routines such as dining together every evening. The young people indicated that care workers offered more attention to them in terms of practical support than in terms of encouragement of personal communication on a day-to-day basis (Palareti & Berti, 2010).

In the Netherlands, Van den Berg (2000) used participant observation and video recordings to view interactions between residential care workers and young people. Observations were made in two types of residential groups: one in which the provision of structure was the central focus and another that focused on providing emotional-affective support. Four residential groups in one single center for residential care were involved in the study: two from each type of residential group. The observations took place during free time in the residential groups. A total of 24 children and 16 staff members in the center ultimately participated in the study.

The observations in the study by Van den Berg (2000) consisted of 88 video recordings, each lasting 15 minutes, in which the interaction between one child and one group worker was filmed. The video recordings were transcribed and analyzed using the Structural Analysis of Social Behavior (SASB) categorization system

(Benjamin, 1993). The SASB model distinguishes two basic dimensions of social interaction (see Figure 3.1).

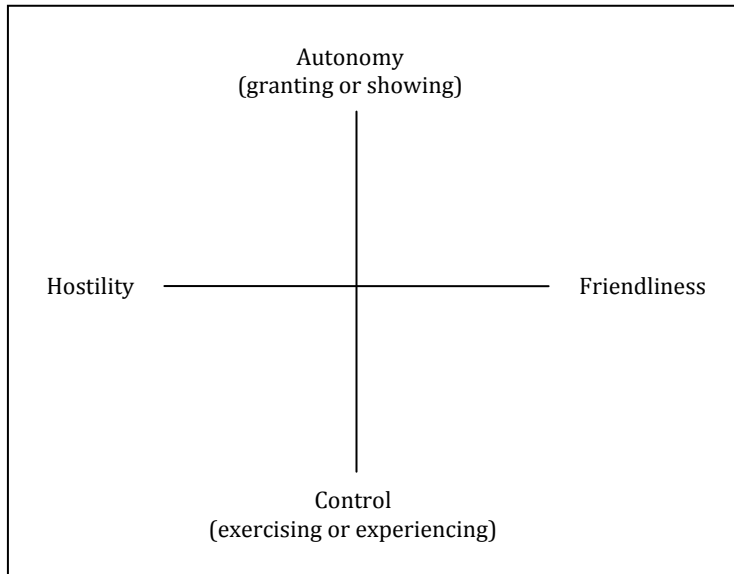


Figure 3.1
Basic dimensions of social interaction according to the SASB model (Van den Berg, 2000)

The basic dimensions in the model are “mutual affection” in terms of hostility or friendliness (horizontal axis), and “mutual dependency” in terms of autonomy or control (vertical axis).

It was hypothesized that the approach adopted by the group workers in these two types of residential groups would differ. Contrary to this expectation, however, the results revealed that the interaction patterns between group workers and children showed more similarities than differences between the two types of residential groups. In addition, the interpersonal behavior of group workers working within the same type of residential group differed just as much as did the interpersonal behavior of group workers working in different types of residential groups. The professional dealings of group workers in the residential groups were driven primarily by the workers’ own personal styles, and they were less influenced by particular methodologies.

In addition, group workers were primarily focused on the young people, while the young people were largely focused on themselves. The behavior of group workers and juveniles during interactions was largely positive. The patterns of social interaction in the residential groups were largely structured by means of complementarity, which

refers to a situation in which the behavior of one person invokes complementary behavior from the other. For example, behavior is complementary when someone responds in a friendly way to the friendly behavior of someone else. This complementarity made the reactions of group workers generally predictable for the young people (G. Van den Berg, 2000).

The actions of group workers in their contact with juveniles in a Dutch secure residential treatment facility were investigated by Wigboldus (2002). She found that group workers focused primarily on reducing undesirable behavior and paid less attention to stimulating desired behavior of the young people. Group workers mainly reacted to undesirable behavior in terms of corrective and restrictive actions, which were focused on maintaining control. This type of reaction appears to parallel the “standard treatment” in the previously discussed study by Moses (2000) and the maintenance of control in the study by Anglin (2002).

Another Dutch study by Kromhout (2002) described how a majority (60%) of a small group of Moroccan juveniles dropped out of a residential facility because of problematic behavior, lack of motivation for treatment, and the inability of group workers to handle their antisocial and aggressive behavior. Based on this result, Kromhout (2002) proposed that young people whose behavior was most in need of change ran the greatest risk of dropping out of residential care. This proposition is highly consistent with results from the previously mentioned study by Moses (2000): Children and adolescents with the most serious behavioral problems tend to be treated in a controlling fashion, and they are difficult for group workers to handle.

3.4 Residential staff and parents

Little research has been conducted on the primary process between residential staff and parents of young people in residential care. Just as in the previous section, we did not find any studies that focused on the interactions between parents and teachers within the context of education.

Results from empirical studies show that the families of young people have relatively little involvement in residential care (Baker, Blacher, & Pfeiffer, 1993; Van der Ploeg & Scholte, 2003). According to Van der Ploeg and Scholte (2003), this situation could be related to the expectation upon admission that 80% of the juveniles will not be likely to return home. Besides the limited degree of parental involvement, research shows that most residential care workers tend to experience the powerlessness of the parents as an impeding factor in the guidance of the young people (Van den Berg, Knorth, & Noom, 2004). Group workers in a study by Jumelet (1996) identified difficult interactions with parents as being one of the three most frequent obstacles in their work, in addition to problematic interactions with young people and their own, vulnerable position within the organization.

Despite these problems in involving parents in residential care, there are indications that more attention for the involvement of parents in care leads to a more family focused type of residential care in practice (Geurts, 2010). Seen from the perspective of parents, family-oriented care that involves explicit cooperation between the parents and the care workers is considered “better” than traditional treatments, in which parents are less explicitly involved (Weijenberg & Rasenberg, 1998). Contact and communication with care workers of the residential group is especially perceived in more positive terms by the parents of children in family-oriented residential care as opposed to parents in “traditional” child-centered care (Weijenberg & Rasenberg, 1998).

3.5 Client-staff relationships in residential care

In this section, we will have a closer look at empirical studies that have explicitly focused on the quality of the (therapeutic) relationship between clients and staff in residential youth care. Since most of the studies also pay attention to the association of the relationship with outcomes of care (see the next section), only two studies are described in this section that both focused on attachment.

Based on the finding that adolescents in residential care often show insecure attachment patterns, Zegers, Schuengel, Van IJzendoorn and Janssens (2006) hypothesized that these patterns would negatively influence the development of a relationship between care workers and adolescents in a secure residential care facility in the Netherlands. They specifically looked at the attachment representations of the adolescents and their professional caregivers and the contribution of these representations to the development of their therapeutic relationship. Attachment representations refer to mental rules for the organization of and access to information that individuals have regarding attachment. They are established on the basis of early experiences with close relationships. In contrast to their expectations, Zegers et al. (2006) found no effects of security and type of attachment representations of the 81 adolescents or the 33 care workers in their study on the therapeutic relationships after the first three months in the institution. However, for a group of 28 young people who stayed for a longer period, care workers perceived that more securely attached adolescents increased their use of the care workers as a secure base and decreased avoidance of contact with care workers. Furthermore, more securely attached care workers were increasingly perceived as available as a secure base by this group.

In the same Dutch residential facility, Schuengel (2002) studied the safety experienced by adolescents while in residential care. He focused on a group of 74 adolescents in residential care using an attachment questionnaire, which was administered three and nine months after their admission. The central focus was the relationship between the adolescent and the group worker who was the most

important for him or her in the care process, the so-called “mentor”. Schuengel (2002) found that, on the one hand, the young people did not seem to use their mentor as a secure attachment figure. On the other hand, there did seem to be an affective bond between the adolescents and their mentors. This bond was also the only relationship aspect that showed a significant increase for young people who did not switch between living groups and mentors during their stay in the center (Schuengel, 2002), which implicates that a stable residential care placement is important for developing a relationship between young people and care workers.

3.6 Client-staff relationships and outcomes

Based on the same sample including 61 young people in residential care as is mentioned in the previous section, Zegers (2007) found no effects of the young people’s quality of attachment representations or the relationship with their mentor on change in problem behavior during the first three months of treatment. However, emotional and social support from group care workers was associated with a lower delinquency rate (Zegers, 2007).

Another study that focused on attachment was carried out in the United States by Fritsch and Goodrich (1990). They focused on the attachment of 45 adolescents with a staff member very familiar with the adolescents in inpatient residential treatment. Attachment was measured three and fifteen months after admission and at departure. They looked at outcomes in terms of the adolescents’ global functioning. Their results showed that differences between the adolescents in improvement during residential care could be predicted by the level of psychopathology, attachment and an interaction between psychopathology and attachment. Adolescents who formed an attachment three months after their admission showed more improvement from admission to fifteen months after admission than those who did not. Based on these findings, Fritsch and Goodrich (1990) conclude that the formation of a workable, dependent attachment to an important staff member in the residential milieu appears to be a salient variable associated with improvement while in residential care.

Several studies focused on both the affective and cognitive aspect of the relationship between clients and professionals in residential care. In England, Green et al. (2001) investigated outcome predictors for inpatient child psychiatry, including the relationship for both young people and their parents with staff. The relationship in their study, which the authors described as “alliance”, included both the affective and collaborative aspect. Most relationship aspects, which were measured one month after admission and at discharge, remained unchanged during the residential care period. Furthermore, the relationship between staff and the 55 young people in their sample was established early in the period of hospitalization. Positive changes in the youths’ behavioral functioning from admission to discharge were best predicted by a model

containing both positive family functioning at admission and a good relationship with the child, rather than the parent. The relationship of parents with care workers also predicted positive outcomes in terms of health gain. Furthermore, young people with externalizing behavior problems in the sample with a good relationship with staff had more positive outcomes than those without a good relationship. Based on this finding, Green et al. (2001) conclude that “the poor prognosis often quoted for conduct disorders during inpatient .. care may not .. result from the conduct disorder per se, but rather from the poor therapeutic alliance that often goes along with it” (p. 331).

In the United States, Eltz, Shirk and Sarlin (1995) focused on the relationship between 38 maltreated and nonmaltreated hospitalized adolescents and their therapists, who offered psychotherapy sessions during a minimum of three times per week. The relationship, which was also described as the “alliance” in this study, included both the affective and cognitive aspect of the relationship and was measured one week after admission and as close to one week prior to discharge. They found that maltreated adolescents, especially those who had been maltreated by a parent, were less likely than nonmaltreated adolescent to develop a positive alliance early in treatment. However, early alliance scores of both groups were not related to later alliance scores or to treatment progress. Adolescents who entered treatment with negative expectations and those who had high levels of interpersonal problems showed poorer alliance development than those with positive help-seeking expectancies and with fewer relationship problems. Maltreated adolescents who failed to develop positive alliances with their therapists tended to show the poorest outcomes (Eltz et al., 1995).

The relationship between adolescents and individual therapists in psychiatric inpatient care was also a focus in a Finnish study of Hintikka and colleagues (Hintikka, Laukkanen, Marttunen, & Lehtonen, 2006). The 45 adolescents in the sample received psychodynamically oriented individual psychotherapy, which was part of the multimodal residential treatment. The relationship, called “working alliance” in this study, was measured after eight sessions of therapy and before discharge. The results showed that young people who had a good working alliance and a relatively high number of therapy sessions, showed more positive changes in cognitive performance than young people with a poorer alliance and a lower number of sessions (Hintikka et al., 2006).

Florsheim and colleagues (Florsheim et al., 2000) focused on the role of the relationship for 111 delinquent boys in residential care in the United States three weeks and three months after admission. The relationship in this study is described as “working alliance” and is defined as the collaborative relationship between the boys and the staff person who is primarily responsible for the treatment, including agreement on goals and how to reach these goals, and the degree of mutual trust, acceptance and confidence. Results showed that a positive working alliance between the boys and program staff after three months in treatment was related to positive

changes and predicted lower rates of recidivism in the year following placement. However, even after three months staff and youth had very different ideas about the nature and relevance of their relationship. Boys who were more deeply embedded in deviant peer relations seemed to be more resistant to developing a relationship. Staff seemed less likely to establish a positive relationship with the most severely delinquent youth. Furthermore, they unexpectedly found that a positive working alliance assessed early in treatment was associated with negative outcomes. The development of the relationship over time seemed to be of more importance for obtaining outcomes than the absolute value of the relationship between youth and staff shortly after admission (Florsheim et al., 2000).

Holmqvist, Hill and Lang (2007) looked at the relationship between delinquent young people and staff in residential treatment in Sweden. The relationship, in this study called “treatment alliance”, contains both the affective bond and the collaborative aspect. Their results, based on interviews with 59 adolescents, did not show significant correlations between alliance and outcomes. However, their results did suggest that the affective aspect of the alliance had a more ambiguous association with outcome than the collaborative aspect. For both adolescents and staff feeling warm and close feelings towards each other tended to be related to poorer outcomes. Adolescents seemed to like staff with a clear focus on work or tasks better than staff without such a clear focus (Holmqvist et al., 2007).

In the United States, Handwerk et al. (2008) focused on the impact of the relationship on outcomes of residential care for youth with behavioral and emotional problems. They included 71 adolescents in a family-style residential treatment facility and focused on the relationship between the youth and their therapist, who offered psychotherapy sessions. The relationship, which was also called “alliance” in this study, was defined in both affective and cognitive terms. The results showed that ratings of alliance were only marginally related to positive outcomes. Furthermore, there was only modest to poor agreement on the alliance between youths and clinicians. They suggest, in line with Holmqvist et al. (2007): “Perhaps what therapists do to children (i.e. the strategies, tactics, advice) is more important than whether youth clients like their therapist” (p. 159).

Colson et al. (1991) investigated the “treatment difficulty” and relationships between clients and staff on a psychiatric inpatient unit. They describe treatment difficulty as “the staff’s experience of patients as particularly difficult to treat” (p. 221). Three members of the treatment team filled in several questionnaires for 69 adolescents, including global scales for measuring treatment difficulty and therapeutic alliance difficulty. Results showed that especially adolescents who were perceived as inaccessible (i.e. lack of motivation, denial, isolation and resistance) showed difficulties in the relationship. Adolescents with angry defiant behavior (i.e. oppositional, verbal and physical abusive and manipulative) who were seen as the

most difficult also showed difficulties in the relationship with staff. Adolescents that were perceived as difficult, including inaccessible and angry defiant behavior, were also perceived as showing less improvement (Colson et al., 1991).

A study carried out in the Netherlands found positive associations between quality of relationships with staff and outcomes. Based on a sample of 200 adolescents in residential care, Scholte and Van der Ploeg (2000) found that moderate levels of structure and emotional support were optimal for positive development. Neither a therapeutic climate of no structure and much support nor an approach offering much structure and no support were accompanied by a substantial change in problem behavior. The provision of a basic therapeutic climate of firm, but not harsh, control in combination with consistent, but non-obtrusive, emotional support was a major factor in promoting healthy development among the young people with behavioral difficulties.

3.7 Conclusion

Aim of this review was to highlight empirical findings on interactions between young people, parents and staff within the “black box” of residential care. Although researchers suggest that a therapeutic relationship is more difficult to establish with young people than with adults (e.g., DiGiuseppe, Linscott, & Jilton, 1996), several studies in our review show that young people in residential care can develop positive relationships with group care workers. A majority of the studies shows that the development of a positive relationship between young people and care workers during residential care also predict positive outcomes, although no causal inferences can be made due to the applied research designs in the studies. The association between a positive relationship and successful outcomes is also found in individual and family therapy for adolescents (Hogue, Dauber, Stambaugh, Cecero, & Liddle, 2006). Building a good relationship between young people and staff should, therefore, receive more attention in residential care practice and research.

However, the development of a therapeutic relationship is problematic for some young people. Adolescents with negative expectations and with high levels of interpersonal problems tend to show poorer relationship development than those with positive help-seeking expectancies and with fewer relationship problems (Colson et al., 1991; Eltz et al., 1995). Furthermore, young people with deviant peer relations and serious delinquent behavior seem to be more resistant in developing a therapeutic relationship (Florsheim et al., 2000).

Another finding is that the problems in developing a therapeutic relationship seem to be related to the behavior of the young people during care, rather than the problems that are present before admission (Colson et al., 1991; Eltz et al., 1995; Florsheim et al., 2000). This is consistent with results from two British studies on

residential care (Berridge & Brodie, 1998; Sinclair & Gibbs, 1998), which found that the severity of youths' problem profile did not affect the quality of residential care. In addition, recent research shows that the youths' problem behavior trajectory during residential care is the most important predictor for outcomes after departure from care (Lee, Chmelka, & Thompson, 2010). These results indicate that it is important to make a distinction between problem behaviors prior to and problem behavior during residential care, because these seem to be differently related to the process of care and might be differently related to (long-term) outcomes.

Besides characteristics of the young people, several characteristics of the residential care context seem to be associated with the quality of the relationship between young people and care workers. First, the finding that group workers in residential care tend to rely primarily on individual intuition and their own personal styles in contact with children and adolescents might have negative consequences for the relationship and outcomes of care. The findings indicate that methods applied by care workers in their contact with the young people and parents differ from the methodology that should be used in theory (cf. Andersson & Johansson, 2008). Therefore, effective methods in working with the young people and their parents might be lacking in practice. This points to a need for more awareness among residential care workers about their personal styles and limitations in the contact with young people and parents, and the need for methodological support in their contacts with clients. This is also important while group care workers make a relatively large contribution to the process of residential care, as they provide day-to-day guidance to the young people. To improve the quality and outcomes of residential care, methodological support of care workers may consist of training, supervision and working with treatment protocols (cf. Van Yperen et al., 2010). A specialization in residential child and youth care would also be a desirable addition to the vocational training program of care workers, so that they will be better prepared for working in the field of residential care.

A second finding is that methods applied by care workers focusing on maintaining control seem to have a negative influence on the quality of their relationship with the young people. The use of a controlling approach generally seems to be applied with "difficult" young people, who are often unmotivated for treatment and show oppositional behavior during care. Young people who show this difficult behavior have poorer outcomes than young people who do not show this behavior (Colson et al., 1991; Kromhout, 2002). Whether those poor outcomes are caused by the controlling approach of care workers does not become clear from the studies, because the studies included in this review did not include control or comparison groups. Future research should make clear whether the associations between outcomes and quality of relationship reflect pre-entry differences of youth or whether the efforts of staff have contributed to these associations (see also Schuengel & Van IJzendoorn,

2001). However, the results point out the important role of care workers in the development of the relationship. In doing so, the provision of a basic therapeutic climate of firm, but not harsh, control in combination with consistent, but non-obtrusive, emotional support by residential staff is optimal for positive development of young people (Scholte & Van der Ploeg, 2000).

Awareness that the families of children and adolescents in residential facilities should be involved more in the treatment process has increased in recent years (Geurts, 2010), but this does not seem to be very apparent in both practice and research. Because of the lack of studies focusing on this relationship, it does not become clear how the interpersonal process between parents and care workers affect the outcomes of residential care. There are indications that more attention for the involvement of parents in care leads to a more family focused type of residential care in practice and is associated with positive outcomes in terms of young people's behavioral functioning and stress of parents about their parenting skills (Geurts, 2010; Scholte & Van der Ploeg, 2000; Weijenberg & Rasenberg, 1998). However, we found only one study that focused on the parent-staff relationship (Green et al., 2001), which showed that the child-staff and the parent-staff relationship independently predicted the outcomes of residential care. This study also showed that family functioning at admission was one of the best predictors of change during care. These results indicate the important role of parents in residential care. Future research should make clear how these parental factors exactly affect the process and outcomes of residential care.

A limitation of the present study is that the included studies were mainly carried out in the Netherlands and the United States, which limits the representativeness of the results. Moreover, we have almost only found Dutch studies concerning interactions between parents and staff that were relevant for inclusion in the present review despite the fact that we also searched for literature written in English and German by using diverse electronic databases.

Furthermore, the search terms that we used were mainly concerned with care and treatment rather than education in residential care. This might explain that we found no studies that examined the relationship between teachers and clients within the residential youth care context, although in any case research on this topic seems to be scarce (cf. Jackson, 1994).

Despite its limitations, to our knowledge this is the first study that reviews findings on relationships between clients and staff in residential youth care. Although research indicates that the development of a positive relationship between young people and group care workers predicts positive outcomes, we did not find any information on this concerning the youth-teacher relationship and scarce information concerning the parents-staff relationship. Problems in developing a relationship are both related to

the behavior of the young people during care, such as a poor motivation for treatment and interpersonal problems, and to characteristics of the residential care context, such as the tendency of care workers to rely primarily on their own personal styles and intuition and to apply a controlling approach in their contact with some of the young people.

To be able to improve the quality and effectiveness of residential youth care, it is essential for research to gain more insight into how results are achieved instead of merely investigating the results that are achieved (cf. Libby et al., 2005). The relationship between clients and staff is one important factor within the residential care process. To further increase the knowledge about interactions and other care processes within the “black box” of residential care, more research into what actually happens “on the ground” is needed.