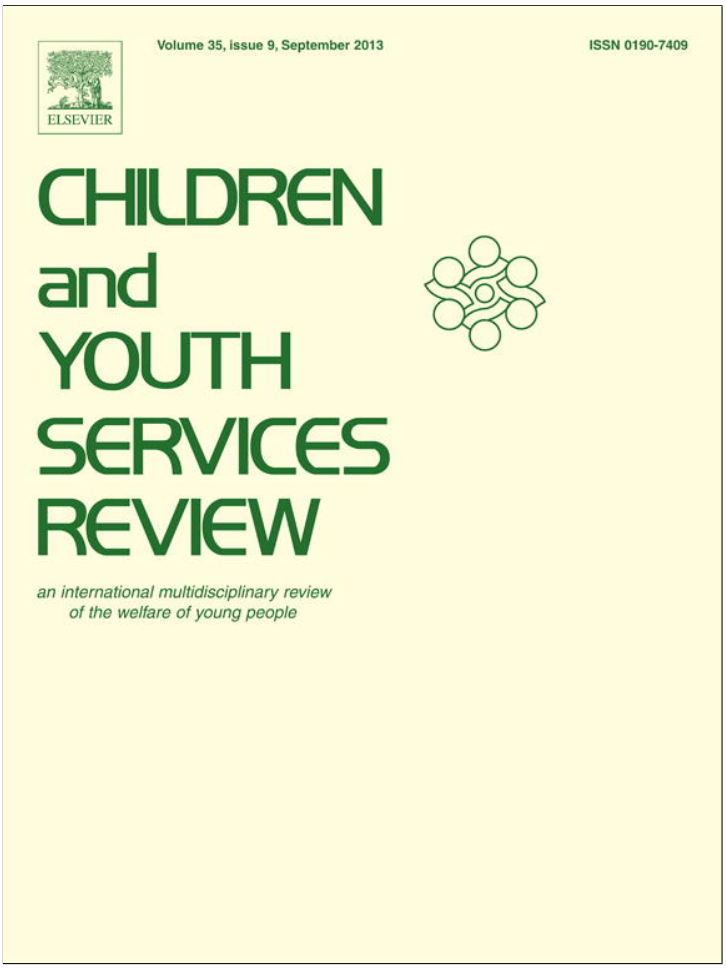

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The voice of troubled youth: Children's and adolescents' ideas on helpful elements of care

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ABSTRACT

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

1. Introduction

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

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

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

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

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

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

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

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

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

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

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

2. Method

The youth care in Flanders, which is organised by the Flemish government, is divided into three main sections. The first is the youth protection service; which consists of a social branch and a legal branch for children and adolescents in problematic educational situations. The second section provides mental health care for children with a handicap, including a psychic handicap such as emotional and behavioural disorders. Thirdly, the Flemish school system includes special education for children and adolescents with different problems, such as emotional and behavioural disorders (D'Oosterlinck, Broekaert, De Wilde, et al., 2006; D'Oosterlinck, Broekaert, & Denoo, 2006).

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

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

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

When we want to study human experiences and understand their lives, and if we want to try to understand the world from their point of view, Hellzen, Asplund, Sandman, and Norberg (1999) state that it is important to talk to them. Therefore, we chose a qualitative approach to find an answer to the research questions of this study. The research strategy rested on a number of semi-structured interviews with the youth in the centre in which the researcher gave preset questions in a determined order, but with the possibility of asking side-questions based on the interviewees' response. By using semi-structured interviews, we had the opportunity to explore the topics indicated by the interviewees further, without losing sight of the original goals of the

Table 1
Staff age, sex and level of training.

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

interviews (Herzog, 1996). In total, 50 interviews were carried out, each on an individual basis.

To choose interviewees at random, first all youth in the centre were given a unique number (from 1 to 450), and subsequently, using an online random numbers generator, 50 youth were selected, and general information with regard to confidentiality and anonymity was given. Although each of the participants was informed that he or she had the right to refuse, all of them agreed to be interviewed and to tape-record the interviews. In our sample we had 35 boys and 14 girls (because of illness one youth was missing in the definitive sample). Mean age of the interviewees was 13.29 (SD = 2.73), ranging from 7 years old to 18 years old. Mean IQ scores were 75.18 (SD = 9.45), ranging from 60 to 97. Of the 49 youth in the sample, 28 were in residential care and 21 were in day treatment. Table 2 gives further information with regard to length of stay.

The average length of the interviews was about 1 h, and all interviews were tape-recorded and transcribed verbatim afterwards.

As a start of the analysis, the first three authors carried out a first reading of the text, to get a general impression and to acquire some ideas for further analyses. This approach resulted in some different potential themes, as identified by the three researchers separately. Discussion between the three researchers provided a deeper understanding of the data and the potential themes. After this first reading and discussion, a first tree structure with main categories of themes that emerged was developed. Further, the text was divided into meaning units, which are groupings of words or statements containing aspects related to each other through their content and context (Graneheim & Lundman, 2004).

Subsequently, two groups of two researchers each carried out a second reading of the text, using the software package MAXqda2 to organise the meaning units into different categories (themes). In doing so, a better overview of the collected data is created (Steward & Shamdasani, 1990). After comparing and discussing the results, and after constantly refining and attuning the definitions of the categories, a definitive tree structure was created. Further, all meaning units were recoded into the definitive tree structure, separately by the two groups of researchers, followed by a discussion until both groups' codes were aligned.

The findings presented below are descriptive, and are illustrated with quotes of the youth themselves. They have to be read as a qualitative exploration of the experiences of the children and adolescents in the centre with regard to their behaviour, the behaviour of their peers, the therapeutic milieu in the centre and the strategies that are used in treatment. Furthermore, these are reflections of a sample of the youth, recorded at a particular time and at a particular place.

3. Results

It is important to stress that this study does not constitute an evaluation of the Orthopedagogical Centre or its treatment model. It is, however, a qualitative exploration of some of the dynamics of treatment as lived by a particular group of youth, at a particular time.

Table 2
length of stay.

Length of stay	n	%
Less than 1 year	20	40.8
Between 1 and 2 years	10	20.4
Between 2 & 3 years	6	12.2
Between 3 & 4 years	3	6.1
Between 4 & years	4	8.2
Longer than 5 years	6	12.2

First, results with regard to youths' reflection on their own and their peers' behaviour will be presented. Secondly, youths' ideas with regard to helpful elements of treatment and elements of treatment that are counterproductive will be presented.

3.1. Reflections on behaviour

The youngsters in the centre are very open and talkative with regard to their own behaviour and the behaviour of the other youngsters. Analyses of the data revealed three different themes with regard to behaviour. First, youth talk about the general climate in the centre; secondly, this climate is concretised in different kinds of behaviour; finally, youth give their ideas on reasons for their behaviour.

First of all, youngsters talk about how they experience the climate in the institution. Most of the youth in the centre agree that the groups and the classes are too noisy. They talk about how other youngsters can be very boisterous, how they can annoy the others and how this creates a lot of turmoil in the group. One of the boys describes how an at first sight insignificant situation, such as slamming the door has a negative influence on the climate:

> When they slam the doors… like when you are relaxing on the couch, and then suddenly that door, it always scares me. I can't get used to it. And sometimes it's really loud. One time, the sign with the name of our group even fell of the door. Because they slammed the door that hard.
>
> [Youth 33, boy, 14 years old, residential care]

This atmosphere makes the youth nervous and tense, as a result, it is difficult for them to concentrate on their work when they are in the classroom, or relax when they are in one of the residential groups.

> If, for example, there are some idiots in my class, than I get more noisily. I wouldn't be if the others were normal. It's strange to say, but I adapt to my environment. When someone else is acting like an idiot, I get more nervous. And actually, there are a lot of idiots in my class.
>
> [Youth 16, boy, 13 years old, residential care]

The above experiences are concretised by some specific types of behaviour of youth. Although most of these types of disruptive behaviour can be seen in most schools, it seems that the extent of their occurrence makes the difference with mainstream education. Truancy, for example, is, mentioned very often, especially with older students. They play truant for various reasons: because they want to have a cigarette, because school is boring, because the subject matter is too difficult, because others asked them to run away from school,….

In addition to truancy, the children often talk about how they sometimes 'just misbehave'. When asked to describe 'misbehaving', the most frequent answers were arguing with teachers or with educators, being disobedient, not listening to educators when they have to do something, being stubborn, being impolite, and smoking where or when they are not allowed to.

> In school, when I don't understand what the teacher is talking about, or when I just don't feel like it anymore, then I just sit on top of my desk and I don't listen anymore. Or I start irritating the others.
>
> [Youth 46, boy, 16 years old, residential care]

Further, 'verbal aggression' is often mentioned as common behaviour. Within this category, bullying seems to be an important issue. Youngsters say they are the victim of bullies because of their physical appearance, because of poor hygiene, because of jealousy over boyfriends or girlfriends,….

> There is this boy in school, and it's already his fifth year in this school, but it all started during his first year. Ever since his first

year, he is being bullied. That boy has a big nose, so that's why they always call him 'potato-nose'. For five years already.

[Youth 26, boy, 17 years old, residential care]

Verbal aggression is not only used to bully, but also to provoke others. Many youngsters know very well what they have to say to another for him or her to lose control. Some are experts in passive aggression and know how to push the others' buttons. The victims of these manipulations often react in a verbal counter-aggressive way, or as one of the boys says: 'they know how to get me angry'.

The last and maybe most challenging category of behaviour youngsters talk about is the physical aggression that occurs in the centre. In the interviews, many fights, stories about children who get beaten up, examples about how property is destroyed etc., are mentioned, Not only aggression among the boys and girls occurs, but also aggression towards staff members.

Youth 13, boy, 12 years old, residential care

Respondent: When they challenge me I get angry, because they say things that are not true. And then I can't control myself anymore.

Interviewer: When they challenge you it becomes difficult to stay calm, and then…

R: Then I just get angry. And I can't take it anymore. That's my weakness. And then I get really upset, and I do things … then I just don't know what I'm doing. Just because I can't take it anymore.

I: What kind of things do you do?

R: Throwing with sticks for example.

A couple of months ago, when I was still in residential care, some of the other kids smacked a teacher.

[Youth 29, girl, 15 years old, day treatment]

This aggression seems to occur at places and times when there is not much supervision from the adults, such as the playground or the refectory, although the physical aggression also can occur in more structured environments such as the classroom.

While the previous categories covered the experience with regard to the behaviour of youth in the centre, in this category youth talk about their feelings and thoughts and about how these feelings and thoughts can influence their behaviour. Many of the experiences that the boys and girls shared with the researchers concerned their family. Some students say that they miss their parents and their siblings, and say that they want to live with their family as soon as possible. Others talk about all the problems that have occurred within the family (e.g. violence, abuse, financial problems).

Youth 13, boy, 12 years old, residential care

R: And I'm very tense because there are a lot of fights at home. With my brothers and my dad.

I: That's hard for you?

R: I always start shaking. On the playground earlier I was thinking about my mom and dad all the time.

Many of the youth also talk about the negative beliefs they have about themselves, indicating the presence of a low self-esteem, often as a result of past experiences.

Sometimes I think they all hate me. I often have thoughts that aren't real, for example the idea that everybody hates me. But some of them really hate me. And that's why I also hate them. Sometimes things happen that I don't like, and then I think that everybody hates me.

[Youth 13, boy, 12 years old, residential care]

3.2. Ideas on helpful elements

The analysis of the interviews showed several different themes with regard to ideas on helpful elements in treatment: 'availability of staff', 'nearness of staff', 'a clear set of rules and boundaries', and 'some time on my own/some alone time'.

Youth perceive the 'availability of staff' as positive in different aspects. First, youth appreciate the extra help they receive in the classroom with regard to the subject matter. Especially when compared to mainstream education, youth want the pace to be adapted to their own learning needs, and want to have the opportunity to ask for more clarification when they have troubles to understand the subject matter.

Teachers have to give a lot of explanation. Not like in a normal school, because in a normal school they explain things only once. I like it when a teacher explains things very slowly, so I can understand. They have to explain things a couple of times for me to understand.

[Youth 47, boy, 17 years old, residential care]

Further, and most mentioned in the interviews, is the need for staff to be available when youth want to talk about the problems they experience. When youth have problems in the classroom or in the residential groups, such as fights or when they are bullied; or when they have problems at home; they believe in communication with the adults in the centre to deal with these issues.

Youth 4, girl, 10 years old, residential care

R: In our group, you can say everything that's on your mind.

I: Can you give an example?

R: For example when there is a fight, and I hit someone, than they (educators) will take me aside and they will talk with me because this helps me.

Youth 35, girl, 17 years old, residential care

R: Now things are getting better, because we have a talk every Thursday; about how things are going at home, or personal questions. And I'm happy I can talk about these things.

I: With whom do you talk about this?

R: With X.

I: Who is X?

R: She is an educator; she is my individual educator.

I: And how do you feel about that?

R: Good, because at home I can't talk about these things, they're not open for these talks.

I: So you found someone here to talk with and that's a good thing for you.

R: Yes, she is my individual educator and she knows a lot of personal stuff about me. Like she knows I can lose my temper when I bottle up my anger so she can help me with that. When she notices something's wrong she invites me to talk about it. And talking really helps for me.

Although some youth prefer to talk with their teachers or their educators, who they see on a daily basis, whilst others prefer to talk with staff who are not that closely involved in their daily life, such as a psychologist or a social worker, two characteristics of staff they prefer to talk with are mentioned. First, and also most mentioned, youth need to be able to trust the adults. When asked what 'trust' means for them, all youth answered that trust is about respecting your privacy and knowing you can talk about your problems without the adult telling about your problems to others.

But this one teacher.... He knows how to keep things silent. When he says "I will keep this to myself", than you know for sure that he will

really keep it to himself, he won't tell anyone else. I know I can trust him.

[Youth 47, boy, 17 years old, residential care]

Next to trust, another characteristic of these staff is that youth know that they will be understood by these staff. The better the relationship with the staff, and the better the staff knows the youth, the more youth know these staff will understand them.

With some you hit it off and with some you don't; some don't understand you and others do. And of course you go to the one who understands you. And then the one who doesn't understand me asks 'why don't you want to come and talk to me?', but then I say: 'you don't understand me, if I talk with you, you always get me wrong'.

[Youth 35, girl, 17 years old, residential care]

Closely related to the availability of staff is the 'nearness or closeness of staff'. A first helpful aspect of staff being near is the possibility to do things together. Youth want to have fun together with staff members and want to do pleasant activities in order to create a safe bond between themselves and the staff. Both activities on an individual basis as well as activities with the whole group are mentioned.

Youth 15, boy, 11 years old, residential care
I: There are different educators in your group…
R: And one of them is more important to me and that's X.
I: He is one of your educators?
R: Yes.
I: And can you tell me why he is more important to you?
R: Because he is my individual educator.
I: And the two of you get along well?
R: Like when it's Christmas we go shopping for presents together. First we have to pick a card with a name, and you have to buy a present for the kid whose name is on your card.
I: So you know already for who you are going to buy a present.
R: Yes, but I can't tell you because it's a secret.
I: It's a secret, I understand.

Youth 5, boy, 9 years old, day treatment
R: She (teacher) plays with us on the playground. And also in the classroom. We always ask her to play with us.
I: And then she does?
R: Yes. Then we play hide-and-seek. Or tag.

A second aspect of 'nearness' has to do with the presence of teachers and educators, especially at crowed places such as the playground and the refectory. When teachers are around, and when there is sufficient surveillance, youth are convinced that fewer conflicts occur.

Youth 2, boy, 12 years old, day treatment
I: Suppose you could change anything you want in the school, what would you change?
R: I would change that they (teachers) watch more for fights. They have to watch out for fights all the time. And then our school would be fun.

A third helpful element according to our interviewees is a set of 'clear rules and boundaries'. Youth mention that this would create clarity about which behaviour is accepted and which is not. These rules and boundaries have to be clearly articulated in order to avoid discussion, should be righteous and equal for everybody, and should be administered by all staff in the same manner. Combined with sufficient supervision, youth believe that this set of rules and boundaries would guarantee staff to intervene not only more fair, but also more quickly.

Youth 44, girl, 15 years old, day treatment
I: Could you describe what a good teacher should be like?
R: They have to be strict.
I: So a good teacher can be strict?
R: Yes, because otherwise they would just say things like 'okay, do what you want'. But if they say that something you did was wrong, you have to learn to accept that.
I: Would things go wrong more if everybody could just do what they want?
R: Some of the kids would take advantage of it, absolutely. So that's why a teacher should be strict.

Finally, youth in the centre spent the whole day (day treatment) or even 24 h a day (residential treatment) in a group with peers and teachers or educators. Therefore, it is not surprising that youth mention 'some time on my own/alone time' as a fourth helpful element. As the quote below illustrates, the different time-out rooms which are established in both the school as well as the residential part of the centre are perceived as helpful after conflicts occur, but sometimes youth just want to be left alone, without anyone disturbing them.

In time-out you can really think seriously about things, because it's calm in time-out, there aren't many others in time-out.

[Youth 37, boy, 17 years old, day treatment]

3.3. Elements of treatment experienced as counterproductive

Although we wanted to focus on ideas of helpful elements of treatment, youth in our sample also mentioned elements of treatment they experience as counterproductive, and as 'standing in the way of the helpful elements'.

These counterproductive elements can be reduced to three themes: 'strictness', 'not listening', and 'inappropriate staff attitudes and interventions'.

The most important of the negative elements is what we call 'strictness', which encloses the rules and how staff applies these rules. For many interviewees, there is an abundance of rules that do not make sense for the youth.

Like on the playground, as soon as you step over one of the lines, because there are several lines painted on the ground, and as soon as you step over one of these lines you are punished and you have to stand against the wall. That's stupid.

[Youth 14, boy, 12 years old, day treatment]

These rules are applied too strictly by some staff members which results in an abundance of punishment. For most of the youth there is too much punishment, or the punishment is too hard.

Youth 15, boy, 11 years old, residential care
R: They will punish you for even the smallest things.
I: Could you give an example?
R: Like when you are very angry and you say a bad world you will be punished immediately. Then you have to write a lot of pages, and sometimes you even have to write a sentence at least a 100 times.

On the other hand, some of the children also say that staff members do not punish enough or that the punishment is not severe enough, especially when they talk about punishment for their peers. Further, for many youth not the amount or the severity of punishment, but the idea of injustice determines their perception of punishment. The following quote shows that when youngsters are sanctioned for something they did not do or when the whole group is sanctioned because

of negative behaviour of just one of the youngsters, it makes them more angry and it creates mistrust between youth and staff.

> Youth 6, girl, 11 years old, residential care
> R: Sometimes all of us have to sit on our chair for 10 min, because half of the group is misbehaving.
> I: And then everybody has to sit on a chair?
> R: It's always the same, like when we are lining up to go inside and some of the kids are naughty, everybody has to wait just because of them.
> I: So then the whole group has to wait…
> R: Yes, even those who are doing well.

Furthermore, staff members who do not listen to youth or who do not take the time to understand them are perceived as counterproductive, especially after conflicts or when problems occur.

> Youth 35, girl, 17 years old, residential care
> I: You say 'when I bottle up my anger I will explode'. Can you explain that a little to me?
> R: Well, I have epilepsy, you know. When I was in my previous group, I had this individual educator but she never talked to me; she never did any effort. And I had problems all the time, and I bottled up these negative feelings; it was like my head was full of bad feelings and there wasn't any room for other feelings. And then one time she said something to me, and I reacted in the wrong way and then I exploded. So I was very angry and I yelled things like 'Are you actually working here?', 'Is this what you call individual educator?', 'You never talk with me and you never listen to me'.

A third category of negative experiences described by youth is 'inappropriate or insufficient staff attitudes and interventions'. Although not mentioned often, some youth talk about staff members reacting in an aggressive manner towards children and adolescents. In all examples given by youth, this aggression occurs after misbehaviour of the youth and therefore could be unintentional behaviour caused by staff's powerlessness to deal with a difficult situation in a constructive way.

> Youth 17, boy, 14 years old, day treatment
> R: Last year, X (other youth) and I had an argument and he was pulling my hair and calling me names and then the teacher said we had to stop and then he (teacher) smacked me in the face. He just smacked me in the face. And one of the other teachers saw everything but she just let things happen.

Two other forms of inappropriate of insufficient interventions are mentioned. A first one is when staff constantly complain about youths' behaviour, for example when one does not clean his room or when one does not wear his safety shoes in the workshop. Secondly, youth have difficulties with staff members who approach them in a negative way or who only think about them in a negative way. Examples are when staff only mention the negative behaviour and never give affirmation for the positive behaviour.

> They (teachers) always say things like 'your work is not good enough' to the kids even when they really do their best and then the teachers call them names and the kids really feel bad and lose their patience. I would also use my patience…
> [Youth 40, girl, 15 years old, day treatment]

Finally, next to these three themes, few but some statements are made with regard to the infrastructure of the centre 'The centre is too big; it made me anxious, I was afraid I would get lost'; and with regard to the activities that are offered 'We never play football'.

4. Discussion

As an answer to our first research question – how do youth reflect on their own and their peers behaviour? – analysis shows a continuum of negative behaviour, ranging from relatively 'normal' disruptive behaviour such as arguing or smoking, up to serious disruptive behaviour such as bullying and even physical aggression towards staff and towards peers.

These results are in line with several research studies discussing the complex nature of youth in care (e.g. Connor et al., 2004; D'Oosterlinck et al., 2006; D'Oosterlinck et al., 2006; Hukkanan, Sourander, Bergroth, & Piha, 1999; Hussey & Guo, 2005; Sohn, 2003).

We found that most of this disruptive behaviour takes places at times and places where there is few if any supervision from teachers or educators. Others, such as Marsh, McGee, Nada-Raja, and Currey (2006) also found that fights at school occur when teachers are not watching or in areas where there is no supervision. Similar patterns can be found in studies using reports from Swedish students (Bliding, Holm, & Ha¨gglund, 2002; Osbeck, Holm, & Wernersson, 2003) and in observational studies (Craig & Pepler, 1997; Craig, Pepler, & Atlas, 2000). Also causes of bullying, such as a deviant physical appearance, as mentioned by the youth in our study seem to be similar to other studies (Erling & Hwang, 2004; Frisén, Jonsson, & Persson, 2007; Thornberg, 2011).

Youth seem to perceive the climate in their groups as a climate characterised by physical aggression, verbal aggression and a general atmosphere of negative commotion and tension, resulting in a constant state of upheaval for many youth.

The children and adolescents in our study not only provided us with a clear and honest image of the disruptive behaviour in the centre, but also supplied some ideas about how their behaviour is influenced by their feelings and thoughts; about the causes of their own and their peers' disruptive behaviour. For many youth, the climate in the group seems to reinforce negative behaviour. When other children or adolescents are boisterous or are annoying others, a tense atmosphere is created resulting in disruptive behaviour. This comes not as a surprise, giving the fact that up to 14 youth, each with their own problems, have to live and work together 24 h a day.

Further, results also suggest that the interviewees see aggressive and other disruptive behaviour as likely due to factors within their family, such as financial problems, violence, abuse, etc., often also resulting in a low self-esteem. This is in accordance with Goldstein (1990) qualitative research with juvenile delinquents who were asked what caused juvenile delinquency, revealing that family dysfunction is the most cited explanation. Although in our research problems within the family was mentioned as the most prevalent factor, we agree with Johnson, Frattaroli, Wright, Person-Fields, and Cheng (2004), who identified the causes of violence on multiple levels including individual, family, interpersonal and community level factors.

Nevertheless, we strongly believe in the connection between youths' internalising problems, possibly by youth themselves only identified as family dysfunction, and their externalising behaviour, and therefore stress the need to take into account possible underlying issues, which cannot easily be observed, as an explanation of youths' disruptive behaviour.

As an answer to our second research question – what are, according to youth in the therapeutic centre, the most significant helpful elements of treatment? – analysis revealed four themes: (1) availability of staff, (2) nearness of staff, (3) a clear set of rules and boundaries, and (4) some time on my own/alone time. Otherwise formulated, when there are good relationships between youth and staff, when a climate of communication is established in the centre and when rules and boundaries are clearly articulated, treatment seemed to work for the children and adolescents. Conversely, what seemed least helpful is (1) strictness, especially when one is punished with undue severity, (2) staff members who do not take time to listen to youth's problems and (3), inappropriate staff attitudes and interventions.

What stands out in the interviews is youths' belief in positive, trust-oriented relationships with staff as a crucial element of effective treatment. The importance of relationship as a predictor of positive outcome is mentioned in numerous other studies. D'Oosterlinck (2006), for example, formulates that building up a relationship with a child, together with the process of working through a conflict form the foundation for real and long-lasting behavioural change. Similar ideas can be found in the field of child psychiatry, with Perry (2009), who describes the individual differences in how children cope with stress and trauma, but also stipulates that the power of healthy relationships to protect from and heal following stress, distress and trauma is one recurring observation about resilience and coping with trauma. In another example, Hamre and Pianta (2001) followed a sample of 179 children for several years to examine the extent to which teachers' perceptions of their relationships with students predict a range of outcomes. Their study provided evidence that beyond cognitive functioning and classroom behaviour, children's ability to form relationships with their teachers forecasts later academic and behavioural adjustment. In his study on staff–client relationships, Moses (2000) states that in residential treatment settings engagements based on individualised negotiation of relationships and activities are likely to be more difficult to develop or sustain than is the case in a family setting. In his research he found that a manifest tension between providing personal attention and treating the residents as a group exists. Furthermore, within this population, those who have the most difficulty in relating and are the most in need, are likely to receive the least sensitive caregiving.

More recently, Stanley (2007) did research on young people's and carer's perspectives on the mental health needs of looked-after adolescents. In this study, young people emphasised the importance of availability and continuity of staff in describing what they valued in their relationship with carers. Similar to these results, youth in our study describe how relationships can be established through on the one hand doing fun activities with staff, preferably on an individual basis, and on the other hand communication, especially as a way to address issues they are dealing with. This idea is confirmed in a Flemish study investigating verbal strategies for conflict management. By using communication after conflicts, children gained insights by talking about their own behaviour. Concerning the adult who talked with the child, participants in this study highlighted the following qualities to be important attributes of staff: empathy, trust, understanding and good communication skills. This helped to reduce destructive thoughts and feelings and enabled children to gain a more realistic view of their role in specific conflict situations (D'Oosterlinck et al., 2006).

The findings of our study are in line with the extensive body of literature on therapeutic alliance, which is defined as 'the working alliance that develops between a client and a therapist, facilitating the occurrence of positive psychological change' (Horvath & Luborsky, 1993). The quality of this alliance is thought to depend on three essential ingredients: (a) the level of agreement on therapeutic goals, (b) the ability to collaboratively engage in mutually negotiated tasks to meet these goals, and (c) the establishment of a trusting, mutually respectful relationship (Bordin, 1979). A number of studies have found that therapeutic alliance between the youth and staff is predictive of treatment outcomes (e.g. Florsheim, Shotorbani, Guest-Warnick, Barrat, & Hwang, 2000; Kazdin, Marciano, & Whitley, 2005; Kazdin, Whitley, & Marciano, 2006; Russel & Phillips-Miller, 2002; Zegers, Schuengel, Van Ijzerdoorn, & Janssens, 2006).

Rauktis, Vides De Andrade, Doucette, McDonough, and Reinhart (2005) investigated the trajectory of how relationships between youth and treatment foster care parents develop over the course of a year. Findings suggest that both youth and treatment parents report favourable alliance, although treatment parent alliance is generally higher than youth alliance. Further, the authors found that therapeutic alliance scores typically started high, declined, and then gradually began to increase, suggesting that it takes time for youth to get used to the new treatment setting, but eventually alliance improves.

Manso, Rauktis, and Boyd (2008) explored how youths in a residential setting perceive their relationships with the counsellors. Participants in this study reported feelings of respect, caring, or trust when referring to staff with whom they have a good relationship. Youth were very specific when identifying staffs' qualities and behaviours that promote building positive relationships: a staff is someone who cares for youth, helping to solve problems, listening and talking to them but, at the same time, being consistent, disciplined, and mature, acting as a good role model for self-control. Youth also identified staffs' limitations that may cause relationship difficulties: not being creative, losing control, not listening to youth, not being a good role model, giving up youth, or quitting the job. The authors note that the description of the ideal staff tended to focus more on personal rather than professional aspects.

In sum, and supported by the results of our study, we agree with Anglin (1999) who states that therapeutic relationships lie at the very centre of working with youth with emotional and behavioural problems, and that these relationships combine the richness and intimacy of the "personal" with the rigor and goal-directedness of the "professional". Therefore, all professionals should acknowledge the importance of building trustful, respectful alliances with the youth they are working with.

Results of our study also indicate the youths' need for a structured climate, with ample supervision from adults, in order to establish relations and to create possibilities for communication. Although some of the interviewees were critical with regard to certain rules in the centre, others mentioned how these rules could provide the necessary predictable structure. We agree with Kauffman (1997) who says that clear identification of rules and boundaries and consistent application of consequences are mandatory elements for minimizing aggressive behaviour. As long as children and adolescents, because of the unstructured environment they are living in, feel a constant need to struggle to get their basic needs fulfilled, such as safety, engagement in treatment will be difficult for them. On the other hand, a clear set of rules and boundaries could prevent this struggle for basic needs and thereby provide the necessary structure in which interventions could work (Currie, 2003).

Although when investigating perceptions of 50 different children and adolescents, unanimity will remain utopian, there is no doubt that certain patterns could be found. We are convinced that, taken into account the limitations described below, these patterns can form a starting point for recommendations at the level of the orthopedagogical treatment for youth with emotional and behavioural problems. We plead for the implementation of clearly elaborated and structured methods; both methods with a focus on communication as methods with a focus on providing structured rules and boundaries. These methods should provide a well-considered balance between providing individual attention and treating the youth as a group. Professionalization of frontline staffs' position based on coaching from their supervisors, together with smaller group sizes and sufficient available staff, will be necessary conditions for this implementation to succeed.

On the scientific research level, we recommend a further investigation of perceptions of treatment of youth in care, with reflections of staff in these centres as a point of departure. Furthermore, a great need exists to study the effectiveness of treatment methods and programmes for children and youth with emotional and behavioural disorders. Collaboration between a research centre and different treatment centres could fill this gap.

This study has several limitations that need to be considered when interpreting the results. First of all, although it is plausible to expect that many of the emerging themes in this research are also applicable for other, similar therapeutic centres, we want to emphasise that these results come from one treatment centre only. As no two treatment centres are the same, results cannot be generalised to other centres.

Secondly, in this article only the reflections of children and adolescents were studied. Reflections of other stakeholders such as staff or parents would be necessary when we want to obtain a more complete view.

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