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"OTHERWISE I MIGHT NOT HAVE BEEN ABLE TO COPE AT ALL": A RESEARCH PROJECT ON THE RESIDENTIAL CARE OF CHILDREN AND ADOLESCENTS

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Abstract: Today, residential care for children and adolescents is under scrutiny to a far greater degree than was the case only 20 years ago. Psychosocial trauma approaches — especially in the German-speaking countries — have become far more widespread over the past few years. But how do they in fact work? This was the subject of a recent Austrian research project that looked for "examples of best practice" in a mixed-methods study. The quantitative part of the study comprised symptom-oriented questionnaires. Within the qualitative part of the study semi-structured interviews as well as group discussion were conducted. This article reflects some specific results of the study in the light of theoretical aspects of the psychosocial trauma approach; in Germany, this is also called the "trauma-pedagogical approach".

Keywords: psychosocial trauma work, residential care, mixed-method designs

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In 2014, 29,476 children and adolescents in Austria received support from the public child care services, and 10,810 children and adolescents were placed in so called "full care", with almost half of them in foster families, and the rest in family-like residential care homes. Studies have shown that over 60% of these young people in full care have youth psychiatric disorders requiring treatment, approximately 80% have experienced trauma, and approximately 60% have been multiply traumatised (Schmid, 2007, 2010). Under the new Austrian Child and Youth Welfare Act all services provided by the child and youth welfare authorities must fulfil the requirements of academic expert opinions and methods that are recognised in the relevant areas of professional expertise (Kinder- und Jugendhilfegesetz, § 17 Sub-Section 1 and § 51 Sub-Section 2).

To date the main focus of enquiry has been the state of health of the clientele (see, for example, the WHO Youth Health Survey: Richter, Hurrelmann, Klocke, Melzer, & Ravens-Sieberer, 2008; and the recent KIGGS Study carried out by the Robert Koch Institute: Hölling, Schlack, Petermann, Ravens-Sieberer, & Mauz, 2014); there have also been numerous outcome-oriented studies on residential care and more generally on child and youth welfare services (Macsenaere & Esser, 2012). These studies have revealed that there has been a sharp increase in the need for psychosocial welfare services in the German-speaking countries. In the reality of their daily practice professionals are confronted with the fact that their tasks are becoming "more difficult" (Pauls, 2012). Children and adolescents with severe and very severe psychosocial distress situations and crises confront professionals with sustained challenges. A central concept in this context is the "new morbidity" (see Haggerty, Roghmann, & Pless, 1975; for new morbidity in children and adolescents see the KIGGS study: Thyen & Scriba, 2007).

For some years psychosocial trauma care plans have been becoming more widespread. The goal is to help social work professionals fulfil their demanding tasks both by providing further and continuing training, and by creating viable structures in the institutions. A research project in Austria that was conceived as a collaborative undertaking between a university[1] and an institution providing care set out to take a closer look at the effects of this attachment- and trauma-sensitive approach in the context of a residential care institution run by the child and youth welfare authorities. Thus attention was directed particularly to the "most difficult" young people, including them in a joint search for "best-practice examples" in a mixed-methods study.

Following a brief introduction to the basic elements of the psychosocial trauma approach or trauma-pedagogical approach, and to the program employed by the facility being studied, we shall present some specific results of the study and then compare them with existing aspects of the theory of the trauma-pedagogical approach.

[1] This research project was carried out from 2013 to 2016 as a collaboration between the Therapeutische Gemeinschaften e. V. and Donau University Krems, Department for Psychotherapy and Biopsychosocial Health (Gahleitner, Frank, Hinterwallner, Gerlich, & Schneider, 2016). All quantitative results and cited interview passages have been taken from this report. Details of the methodological procedures are also given.

The Basic Trauma-Pedagogical Elements of the Program of the Facility Studied

Excursus: Trauma and Disorganised Attachment

Psychological trauma is a "vital experience of discrepancy between threatening situational factors and the individual's coping strategies" (Fischer & Riedesser, 1998, p. 79) that occurs as a result of a harrowing event and is associated with loss of control, horror, and fear (of death). The extent of the traumatisation is dependent on the type, circumstances, and duration of the event and the stage of development of the victim at the time it occurs. The circumstances also include whether there were protective factors before, during, or after the traumatisation. However, one central protective factor — stable attachments — is missing for many children and adolescents who have experienced the traumatic events of violence and abuse in childhood. In fact, violence towards children occurs mainly in close (attachment) relationships; that is, within the family.

It is especially these early and long-lasting traumata that occur in the children's intimate social environments that lead to the phenomena of psychological fragmentation and disintegration and fundamentally shatter their sense of safety and security in the world. The lack of availability of stable attachment figures not only increases the risk of trauma, but is itself a trauma risk and makes it more difficult to cope with life later on. A destructive vicious circle develops. Disorganised behaviours arising from disturbed attachment are in fact found more frequently in children who have been traumatised, abused, or neglected in early childhood (Schleiffer & Gahleitner, 2010; Ziegenhain & Fegert, 2012).

Many children living in residential institutions, in particular, show symptoms of highly insecure attachment or other attachment disorders and severe traumatisation (Solomon & George, 2011; Van IJzendoorn, Schuengel, & Bakermans-Kronenburg, 1999). The changes are manifested at all levels, including the neurophysiological structures of the children and adolescents (Perry & Pollard, 1998; Yehuda, 1998). The psychoanalyst, pediatrician, and psychiatrist John Bowlby (1973), who repeatedly encountered neglect and separation and also trauma in early childhood in socially disadvantaged children (see also Gahleitner, Katz-Bernstein, & Pröll-List, 2013), made similar observations. Based on his work with families living in poverty, Bowlby developed attachment theory in his trilogy *Attachment and Loss* (1969, 1973, 1980).

The Therapeutische Gemeinschaften

The *Therapeutische Gemeinschaften* [Therapeutic Communities] are a non-profit organisation that was founded in 1999. The aims of this charitable association concern bringing up children and adolescents in family-like structures individually, continuously, and without relationship break-ups. Male children and adolescents requiring special treatment due to social and psychological difficulties live in group care homes. The children can be as young as preschool age at intake; care ends at the age of 16. Children with behavioural or other types of

psychological disturbances are accepted for care. Most of the children come from Lower Austria, Vienna, and Burgenland. In specially justified cases, children from anywhere in Austria can be admitted.

The services provided by the Therapeutische Gemeinschaften include residential care in sociotherapeutic residential communities and external supported living. The Therapeutische Gemeinschaften also offer in-house school education and an in-house advice centre for parents. In the Therapeutische Gemeinschaften, "full child-care" (Austrian Federal Child and Youth Welfare Act 2013, §19: Ger.: B-KJHG, §19) is carried out. All the children and adolescents in care have experienced severe stress. The goal of the Therapeutische Gemeinschaften is to help them establish, with their participation, a basis for leading a life outside of residential care. The four main focuses of the work are:

- work on the clients' personal problems;
- social learning through interaction in small groups;
- reflection on their different roles in life, including confrontation with maladaptive behaviours; and
- Psychodynamic Imaginative Trauma Therapy for Children and Adolescents (PITT-KID; Krüger & Reddemann, 2007).

The work in the Therapeutische Gemeinschaften focuses on relationships. While the clients' histories have an influence on the carers' actions, the main emphasis is on the pedagogical activities in the here-and-now. The small groups in which the young people live together have immense potential. Through their participation in the development of these groups (including being taken into the group, getting to know one another, finding one's position) the residents can learn how to handle relationships. Group processes are considered by the carers to be a central sphere of learning.

Many of the children and adolescents have difficulties at school. For these clients there is a special learning programme that is carried out mainly in in-house teaching sessions. In addition to in-house teaching and therapeutic care, the clients are also able to receive psychotherapy off-site. The services offered are completed by a wide range of leisure time activities for the children and also work with their parents, which is considered to be a central element. The after-care programme is designed to support the young people as they find their way out into adult life.

The Therapeutische Gemeinschaften consider it to be their task to create a healing social environment for children and adolescents in their care; one that is participative in nature, but also enables the clients to learn high levels of independence, organisational ability, and to take responsibility for themselves. The care workers endeavour to show the children and adolescents alternative ways to behave. However, the heart of the pedagogical and therapeutic process in the Therapeutische Gemeinschaften is an attitude of working with the residents, using trauma-

pedagogical principles, to seek the sources of their behavioural disturbances and address them dialogically, both in daily life in the group and in therapy with residents and their significant others.

The Effective Factors of Psychosocial Trauma Work According to the Programme

Attachment and relationship. In child and youth welfare services it is well known that healing and beneficial processes essentially arise in human encounters and relationship activities (here and in what follows, where not indicated otherwise, see Gahleitner, 2016b). A close-meshed network of positive and reliable relationships, woven with the aid of a satisfactory socialisation structure and sound knowledge about the respective problems (AK TWG, 2009), denotes a care facility where best practices are followed. Positive attachments create a feeling of inner security and thus provide a basis for fundamental emotional and cognitive control processes (Ziegenhain & Gloger-Tippelt, 2013).

In traumatised children and adolescents, inner security is lacking, and emotional and cognitive control processes are therefore severely limited or impaired. As a rule, children and adolescents who are admitted to residential youth care institutions have had consistently negative relationship experiences. However, even in this situation "hopeful attachments" (Hart, 2006) can form, providing a basis for confronting the past traumatic experiences with new positive experiences in a process of "re-socialisation". Such attachments are therefore the basis for all successful pedagogical activities.

However, such a process cannot be successful unless all the professional care workers are informed about the basic principles of attachment theory and aspects of traumatic experiences, stress, and potential coping strategies (Gahleitner, 2011). For some time attachment theory was criticised for being too individual-centred and too ethologically- and norm-oriented (see, in particular, Beck-Gernsheim, 1981). Today, however, attachment theory has taken on a substantially more social orientation (for a recent review see Drieschner, 2011); it can also be understood as a developmental theory in the sense that it is concerned with broadening experiences of interaction and includes societal and historical perspectives.

Trauma-pedagogical approaches focus particularly on establishing a "fabric of psychological security" (Grossmann & Grossmann, 2004, p. 612). The residue of successful and less successful interactions thus becomes the basis for organising the entire subsequent development — including the whole period spent in residential youth care — if the trauma-pedagogical approach is correctly used by the care staff. It is therefore not surprising that research has repeatedly shown that such "corrective emotional experiences" have a decisive influence on the success of professional care (Alexander & French, 1946; Cremerius, 1979; Grawe, 2004; Orlinsky, Grawe, & Parks, 1994).

The pedagogical and therapeutic milieu. A positive milieu can evolve on the basis of sound attachment work. At conferences and in discussions among colleagues the term

"therapeutic milieu" is frequently wrongly understood to mean the effect of psychotherapeutic interventions alone, and not, for example (as actually meant in milieu intervention programmes) healing or beneficial processes that take place in ordinary life (see. here and in what follows, where not indicated otherwise, Gahleitner, 2016a). The main focus is on "the 23 hours outside the psychotherapy session — because that is when and where most of the milieu is", as Trieschmann emphasised as early as 1969 (Trieschmann, Whittaker, & Brendtro, 1969, p. 1).

Redl (1971), one of the founders of the programme, demanded early on that all interventions should be specific and tailored to fit the respective child; and also collaborative — with the participation of the child. The "therapeutic milieu" can thus be seen as an umbrella term covering all aspects of an overall pedagogical and therapeutic system (Becker, 2005), a "democratic residential community that is low on repression … and draws its stability essentially from the personal bonds that have been reflected upon therapeutically" (Müller, 1999, p. 406).

Böhnisch (1994, 2008, p. 439f.) gives four dimensions of a "pedagogical milieu":

- a personal understanding dimension, in which the children and adolescents are accepted and understood, and "new milieus" become alternatives for "old" ones;
- an activating dimension, in which new resources are brought together;
- a pedagogical and interactive dimension, in which a beneficial social climate is created by a shared positive milieu; and
- a dimension that is oriented towards infrastructure and provides the necessary networking and a structural framework.

In addition to attachment theory, the theraputic milieu must also include elements of network theories and theories of social support (Laireiter, 2009; Nestmann, 2010; Röhrle, 2001).

These considerations are very similar to recent trauma-pedagogical conceptualisations (e.g., Weiß, 2016). An intervention with children and adolescents that is oriented towards them not only works on the relationship dyad but also shapes the way the clients conceptualize their past, present, and future relationships. In work with children and adolescents it is important that the interventions be successfully institutionally embedded in child and adolescent welfare services (see Gahleitner & Homfeldt, 2012, 2016).Creating successful attachment processes sounds very simple, but has wide-ranging implications as regards both content and practical implementation.

Making exploration and new development possible. Children and adolescents who have been exposed to desolate circumstances at an early age are existentially dependent on social resources capable of guaranteeing stable psychosocial security as a positive counteractive experience (Keupp, 1997). In this way clients' development can progress on the basis of extensive attachment work and the provision of a pedagogical and therapeutic milieu. "The youth

workers, especially, and other important persons, including those outside of the close nuclear family, play a decisive role" (Grossmann & Grossmann, 2001, p. 51).

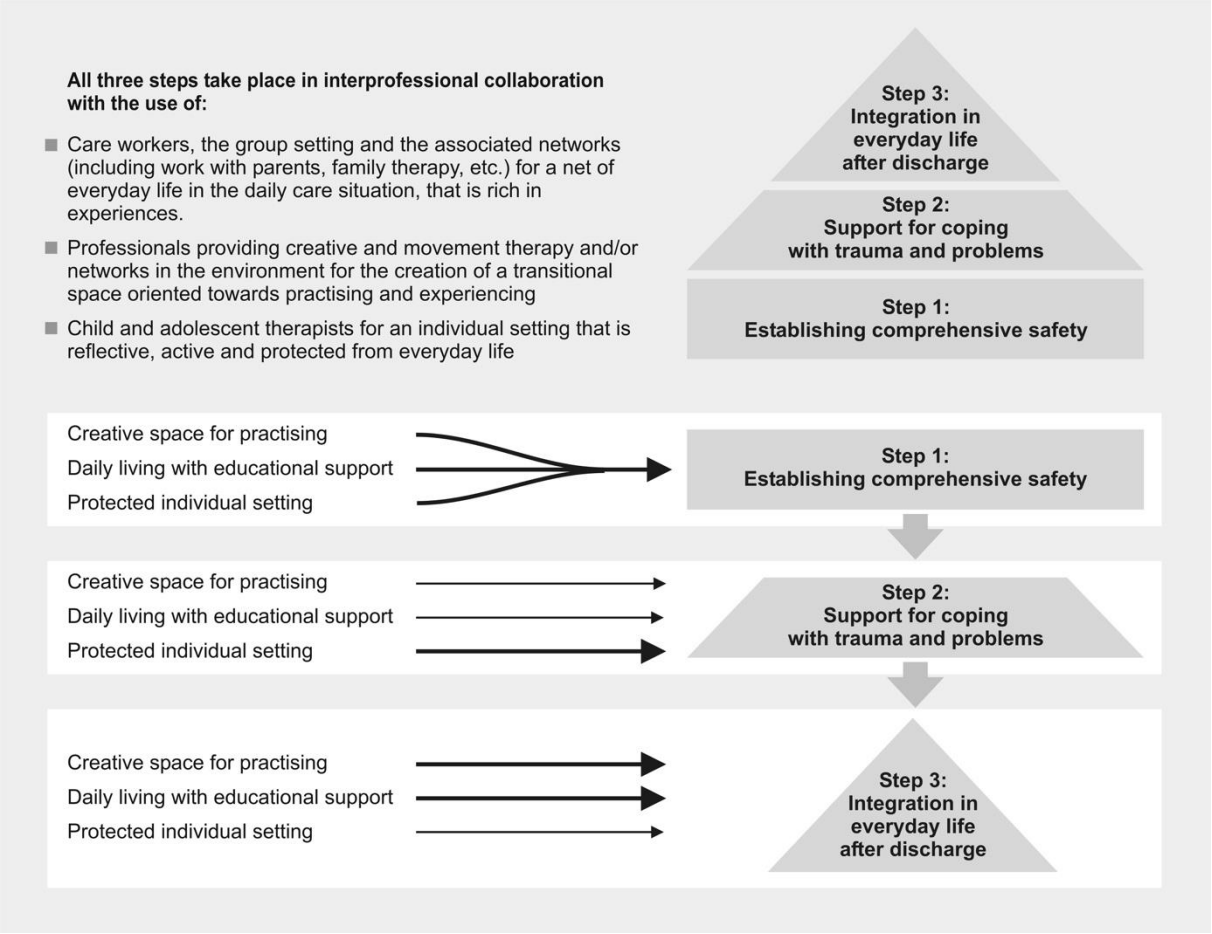

Figure 1. Psychosocial interventions for traumatised children and adolescents (Gahleitner, 2011, S. 95; see also, for example, Butollo, Krüsmann, & Hagl, 1998; Lebowitz, Harvey, & Herman, 1993; Wintersperger, 2006).

Successful relationship situations — irrespective of whether they occur in therapy, in residential care, or in foster care — thus develop step by step into a fundamental scheme of emotional, social, and cognitive development. Such processes are also termed "mentalisation processes" (Fonagy, Gergely, Jurist, & Target, 2002). If sequences of experiences that are emotionally important — as seen from the standpoint of attachment theory — are empathetically supported at an early age, "inner emotional states … [become] 'available' to the child on the level of conscious linguistic discourse" (Grossmann & Grossmann, 2004, p. 419). However, in order to be able to develop in this way children who have had traumatic experiences need as many "emotionally corrective experiences" (Brisch, 1999, p. 94) as possible. These alternative experiences can include "protective island experiences" (Gahleitner, 2005, p. 63); that is, spaces in which the children feel understood and can again and again find their way to constructive

opportunities for change arising out of everyday situations. For this to happen, what is needed are not only individual dyadic relationships, but also, as mentioned above, broad networks of relationships that extend right into constructive network settings between institutions that reintegrate clients into everyday life. This system of networks is also included in a tried and proven model of coping with trauma, one that was originally developed for psychotherapy but has now also been elaborated for trauma-pedagogical work (see Figure 1; for a summary for the field of youth care work, see Gahleitner, 2011).

Kühn (2009) and Lang (2009) speak of the "safe place" as a framework for encounter. The safe place is a concept very similar to that of the protective island experience (Weiß, 2016). In such spaces corrective experiences can occur step by step in "emotionally oriented dialogues", and new abilities and skills can be developed (Kühn, 2009, p. 31). The concept of self-empowerment that Weiß (2016) has further elaborated and brought into trauma-pedagogical work builds on these ideas. A new awareness of self can also lead to stabilisation of abilities such as representations of the body, expectations of self-efficacy, social skills, and capacities for emotional and sensory perception and emotional regulation.

Methods and Results

Research Methods

The research question for this project was: How do adolescents, their parents, and their carers perceive the process of residential care for children and adolescents, and what is their judgement of its success? Using an exploratory approach to outcome research (Otto, Albus, Polutta, Schrödter, & Ziegler, 2007; see also Eppler, Miethe, & Schneider, 2011; Sommerfeld & Hüttermann, 2007), a reconstructive, qualitative social research approach was chosen as a complement to quantitative research methods with their focus on generalisable results on parameters of living circumstances and environment (Pauls, 2006). The qualitative approach provides access to subjective interpretations (Bock & Miethe, 2010).

Problem-centred interviews and group discussions (Witzel, 1982, 2000) were selected for this qualitative procedure. The adolescents were asked to recount their life histories (see Sgolik & Buchholz-Graf, 2010). The main focus was on their perceptions of their experiences and behaviour and how they had changed during their time in the Therapeutische Gemeinschaften. A total of 20 participants were interviewed in individual interviews and group discussions. The staff caring for the adolescents, the management staff, and the adolescents' parents were also included in this process. All interviews, and in particular those conducted with the adolescents, were analysed with the aid of Mayring's (2000, 2002) content analysis with a case-contextualising intermediate step (see Mayring & Gahleitner, 2010).

The goal of the quantitative part of the study was to provide insight into the extent to which the Therapeutische Gemeinschaften are effective in their work with traumatised children and adolescents. To this end, diagnostic measures were employed, including some already used

by the Therapeutische Gemeinschaften, and measures such as the Child Behavior Checklist (CBCL; Döpfner, Schmeck, & Berner, 1994), which has been already validated (see Döpfner et al., 1994 for an overview of the psychometric properties of this test). A detailed discussion of the individual measures is included in the research report (Gahleitner, Frank, Hinterwallner, Gerlich, & Schneider, 2016). An outcome-oriented questionnaire on case development with which good results had already been obtained in previous studies (e.g., AK-TWG, 2009) was also employed. The investigation period extended from autumn 2013 (t1) to spring 2016 (t3). Within this period questionnaires were filled in approximately every third month (t2).

Results

As mentioned above, the Therapeutische Gemeinschaften provides care for children and adolescents with serious problems; that became evident in this study. A total of 77.42 % of the children and adolescents had already been in residential psychiatric treatment, and an almost equally large percentage had also been in other residential youth welfare institutions. A total of 67.14% were on medication. Figure 2 shows the most frequent reasons for admitting the children and adolescents to the Therapeutische Gemeinschaften. This diagram also explains the high rate of traumatisation among these children and adolescents in residential treatment.

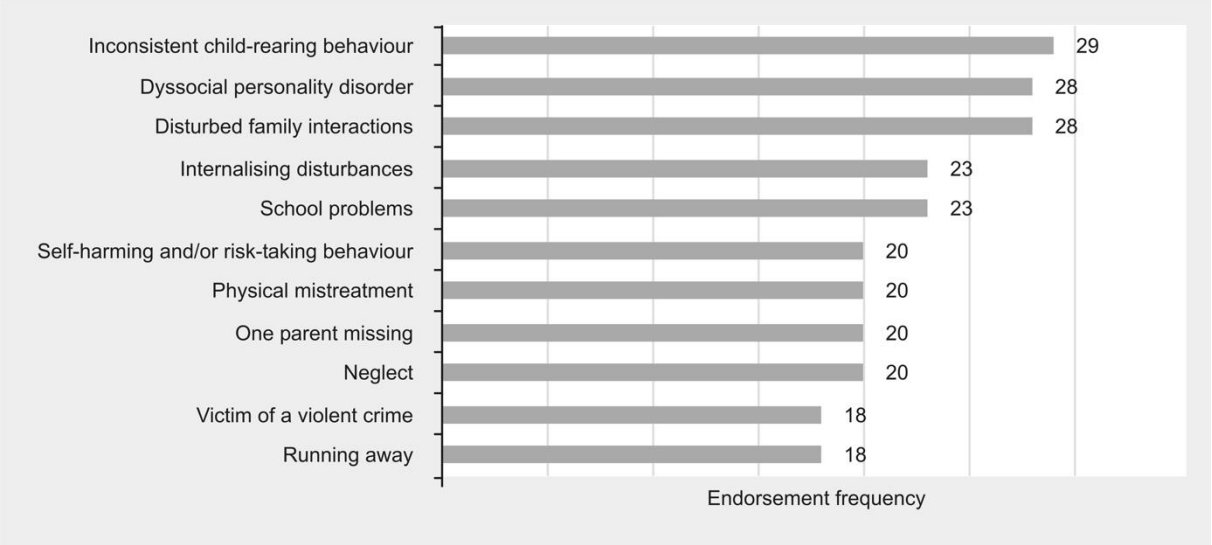

Figure 2. The 11 most frequently reported reasons for admission to the Therapeutische Gemeinschaften (one or more answers possible).

The children and adolescents in care possessed resources of their own. The most prominent of these were their cooperative behaviour (83.8%) and their positive relationships with staff (93.33%). In addition, only a small fluctuation in the number of children in this institution was found, which is a mark of quality that stands in contrast to the numerous youth care institutions in which the clients had previously been placed. Stability of placement helps the children to prevent attachment disruptions. These outcomes are underpinned by the comprehensive services and activities that the institution offers to its clients, including activities that structure their day, experiential adventure-based and therapeutic interventions, regular counselling sessions with both the children and their parents (see Figure 3).

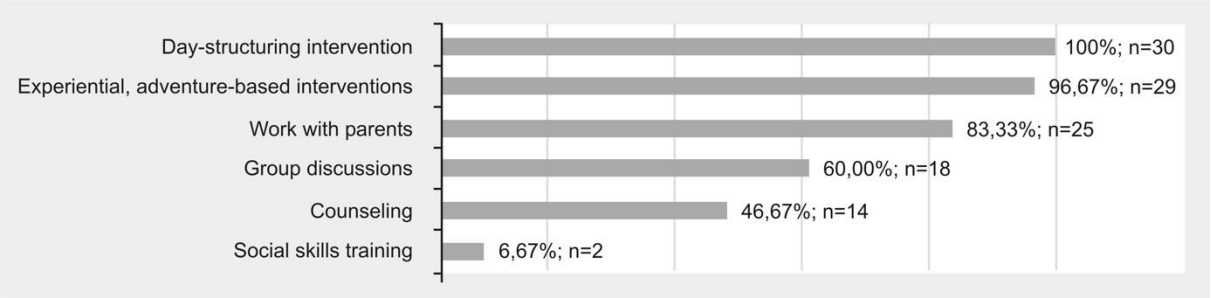

Figure 3. Participation in social therapy interventions, one or more answers possible.

It is therefore not surprising that the level of outcome for the Therapeutische Gemeinschaften was good. Of the 30 children and adolescents in the institution, the problems of two thirds were very successfully or successfully reduced. In 9 cases, more than 50% of problems (see Figure 4) could be solved; 11 cases were between 10% and 50% successful; and only 10 cases (one third) showed no success (see also Baur, Finkel, Hamberger, & Kühn, 1998; Macsenaere & Esser, 2012). The severity of the problems of the children and adolescents admitted to the institution must also be taken into account. This becomes evident when we look at the range of problems addressed at this institution (see Figure 4).

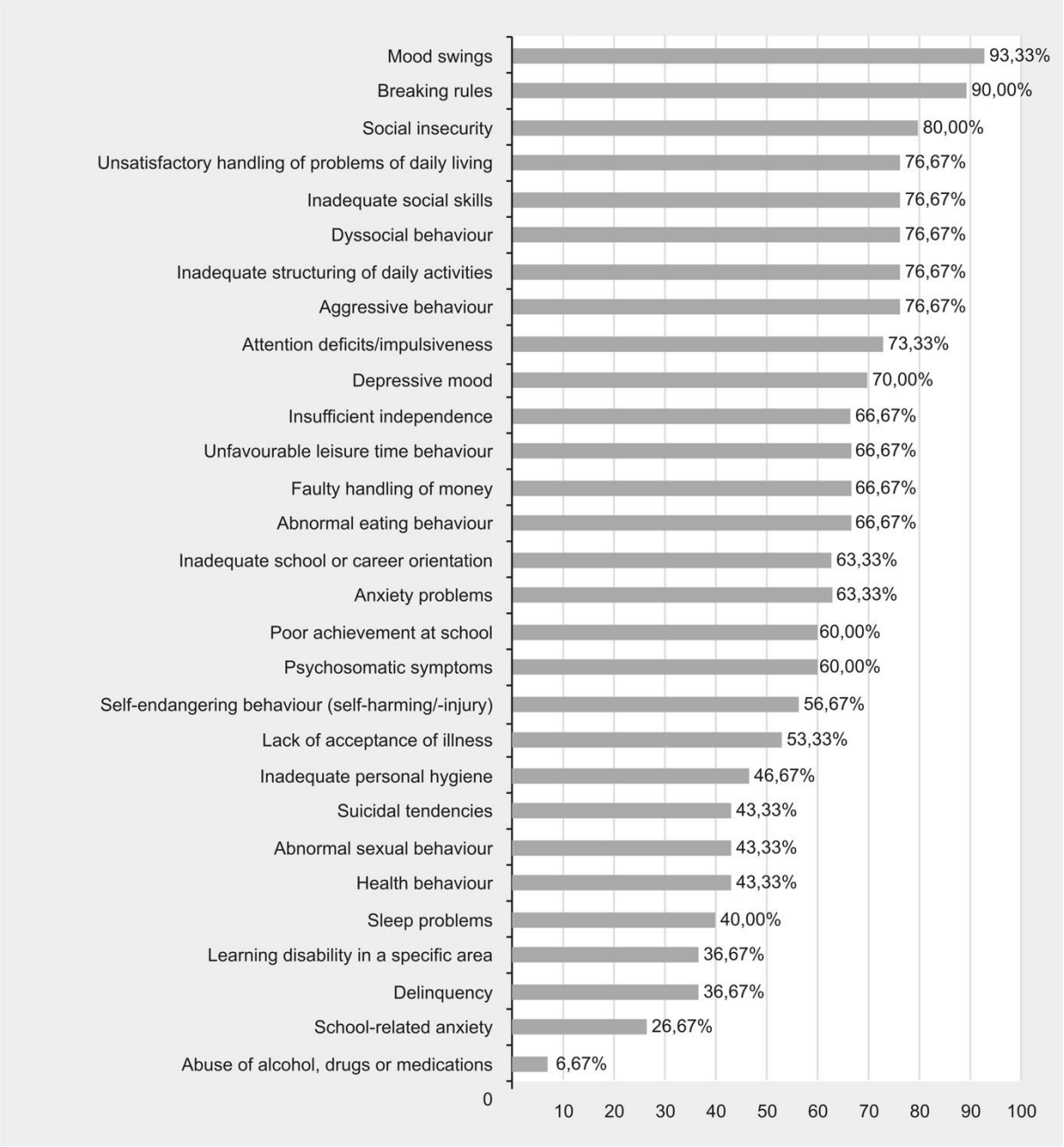

Figure 4. Problems requiring intervention (one or more answers possible, presented in %).

We have selected only one type of symptom-oriented measurement to report in detail here. A total of 25 cases were included in the analysis of the CBCL results. On the Physical Problems subscale significant differences were found between the periods (see Figure 5; $F(56, 2) = 3.089$, $p = .053$). Significant differences were found between t1 and t2 ($t = 1.061$, $df = 51$, $p = .025$) and between t1 and t3 ($t = 1.080$, $df = 76$, $p = .041$). However, no significant changes were found on the Social Problems, Schizoid-Obsessional, Attention Problems, Dyssocial Behavior, Aggressive Behavior, and Externalising subscales. This is likely due to the small sample size.

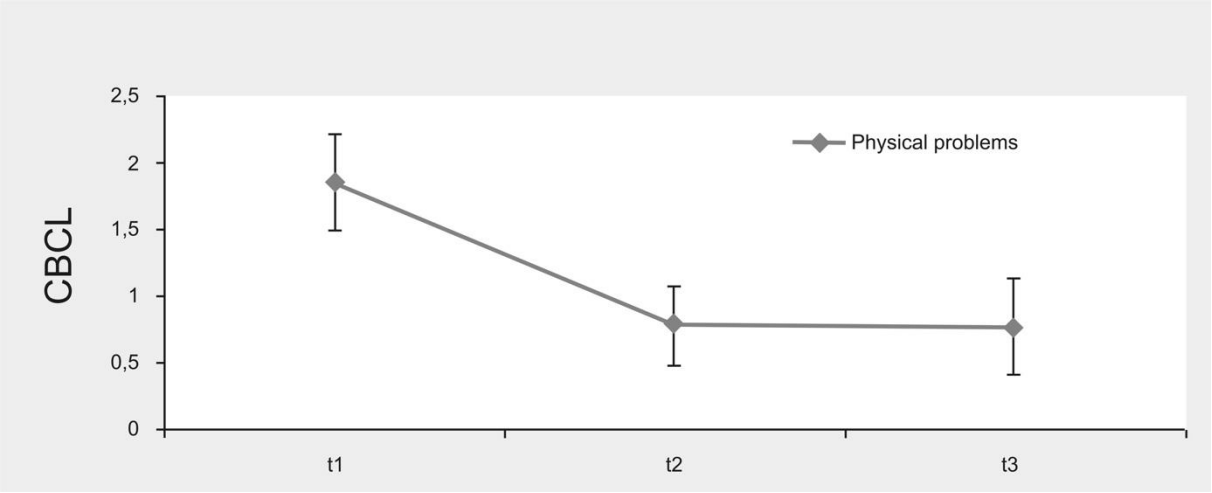

Figure 5. The temporal course of the physical problems.

However, the trauma-pedagogical programme figured particularly prominently in the results for the qualitative part of the study. The youths described painstakingly how their carers tried in everyday activities to see their clients' symptomatic behaviour against the background of their previous histories, with a trauma-informed and dialogical stance. The relationship work was done within the framework of an overall structure that provides security and authentic, participative dialogue. For example, Benedikt (names of residents have been changed to protect confidentiality) said, "Well, those people. Actually they're er really super … The care staff are nice. I can't complain." The basic attitude of the staff at the institution was demonstrated even more clearly by the fact that the children and adolescents retained a sense of being in a safe place in the institution.

Franz put it this way, for example: "And now [I] have actually got better, that is, I held out for five or six years, so that I stayed in the therapeutic community and wasn't thrown out after a time, that is, also bad periods. And then I was almost thrown out but they kept me after all because, otherwise I might not have been able to cope at all." He went on to say that he used to be "pretty challenging"; "and now I've got better. I used to be a strenuous child …, I flipped out almost every day. That is, that I really took everything and shot back at the carers or attacked them with a knife … . I know that it used to be like that, but then it got good again. Now all that happens is that I start shouting or go on arguing for a long time, I always argue, for a long time, and then it (laughs) really takes a long time. But then the carers simply turn round and say, 'We'll try again in ten minutes' or 'we'll see'. Yes, and so in such situations I start shouting, but otherwise actually no more than that. … But I say: I don't want to be like that any more, really truthfully, I wouldn't be able to do it (laughs). Otherwise I wouldn't be where I am now."

Behind this history was a well thought-out programme for thorough relationship work, as is shown by the results of the group discussions with the care workers. One member of staff described the individual sessions as follows: "To take the time to say, 'Come on, let's work out

some goals, where do we want to be, where are we now, what do you want for yourself, what do you want to achieve? But not in 20 years, we'll look at the next six months and set ourselves some small milestones — both for your school work and your social relationships. And then keep updating and reexamining that: is it still right for you, how far have we got? That demands a lot of work from the care staff, of course … when you know that there are fewer kids around. Two of us work on a shift, then I take him off for an hour and work with him."

How far this attachment- and trauma-sensitive work has been translated into a milieu that supports development and growth became clear when we saw how the children and adolescents spoke enthusiastically about past weekends when they had spent their free time together, and their holidays. "The excursions … We go on an excursion twice or three times — that is, on both days at the weekend … climbing park. Or the cinema, if the weather's not so nice. Swimming. Now we can go swimming there anyway. The other day we went to a climbing park — four metres high. With a real — belay and everything. Or in the winter we go to the indoor swimming pool or other things" (Benedikt). From the experience of going on group excursions In this way a group structure of mutual acceptance and tolerance developed. In the group home Achim, for example, reported experiencing considerable respect, not only from the care workers, but also from his peers. "And all the children in the group home here, they respect me a lot".

Discussion and Prospects for the Future

The results of research on psychosocial interventions can appear to be either banal or outlandish, depending on whether they are either very similar to or contradict the practical knowledge of everyday life. It is nonetheless important, both in research and for the justification of coherent practice models, to conduct an empirical reexamination of things that have come to be taken for granted. Whether a good feeling that the helping professionals experience in their daily work is shared by the young clients for whom they are providing care is important for how they construct their programmes. It is also important to allow oneself to be inspired by results that deviate from expectations. Another point of doing research on "everyday banalities" lies in further differentiating the existing practical knowledge by gaining more precise knowledge and capturing how daily life is experienced in practice. The present study provides new insights in all these areas.

While it is well known that work on relationships is a central dimension of the process in residential youth care, it is not known what exactly such attachment- and trauma-sensitive relationship work looks like in detail or how it can be transferred to a pedagogical and therapeutic milieu in such a way that the "safe place" (Kühn, 2009; Lang, 2009) called for in trauma-pedagogical interventions can be established. In the present study not only was the core aspect of residential youth care — the handling of the relationships with the children and youth — confirmed both qualitatively and quantitatively, but numerous interview sequences revealed further that it can promote a capacity for exploration and self-empowerment (see also corrective

experiences as described by Alexander & French, 1946; Cremerius, 1979; Grawe, 2004; Orlinsky et al., 1994).

Importantly, in contrast to many previous results (Cremerius, 1979; Grawe, 2004; Orlinsky et al., 1994), this study found that psychotherapy is not the only intervention that can bring about symptom reduction. On the contrary, both the care workers and the youths recounted having experienced scenes and moments in everyday life that brought about change (see also Gahleitner, 2016a). Thus the "therapeutic milieu" — or, to put it more exactly, the "pedagogical and therapeutic milieu" — evidently means "expressly … pedagogically based care programmes" (Gahleitner, 2011, p. 9). In light of this, the practice often found in residential child and youth care contexts of employing a costly child and adolescent therapist and filling the care worker posts with a badly paid and poorly qualified "ground crew" is clearly not destined to achieve the desired result. On the contrary, our results indicate that facilities employing a trauma-pedagogical approach implemented competently by the staff in their everyday interactions with their clients create the actual framework required to further the development of the children and adolescents in their care. In the facility investigated in this study, the main interest is focused on the "other 23 hours" of the day (see Trieschmann et al., 1969), and on reflection by the care workers together with the youth about the process they are sharing in their daily activities (Krumenacker, 2001), which is what gives what happens in their relationships and what happens between them its decisive effect. Many of the sequences of the interviews with the youths and their carers show how leisure-time activities can be effective in this process.

The main focus of the work is thus on the daily life and care work in the facility, which, however, was designed to construct a pedagogical and therapeutic milieu (Gahleitner, 2016a). Following the classical triangle of trauma treatment (see Gahleitner, 2011 for a summary of how this can be implemented by care workers), at the end of the youth's period in care the process culminates in integration into everyday life outside of residential care (see Figure 1). How successful the previous peer work and networking has been plays an important role in this process (Laireiter, 2009; Nestmann, 2010; Röhrle, 2001). Adolescents who have been able to build up a sizeable network of peers, who have found a way to get along with their relatives again, despite all ups and downs, and who can depend on institutions that have proved reliable for them have much better chances of successfully navigating this step.

In regard to the programme, the study shows that working on relationships within a structure that provides stability, a pedagogical and therapeutic milieu, a genuinely participative dialogue, networking and professional skills, and diversity in terms of staff, discipline, and methods, are decisive criteria of quality. If positive collaboration is possible, a social network that provides stability, everyday experiences, and leisure time experiences that create a positive atmosphere plays the greatest role in socialisation efforts (see also Brousek, 2013, 2014; Gahleitner, Radler, Gerlich, & Hinterwallner, 2014). In order to be able to work competently in such institutions, psychosocial professionals need (a) a combination of skills in the areas of attachment and relationship work, (b) specialised knowledge in psychological trauma, (c)

provision of structure, (d) team spirit, (e) networking skills, and (f) the capacity for self-reflection and mental hygiene. If they are to work effectively, staff also need further and continuing training, supervision, peer supervision, authentic discussions within the team, and adequate opportunities for recuperation in their private lives. In sum, professional youth care workers do work that is demanding and challenging. We should give them the respect that they deserve, and the resources they need to be effective.

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