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# Regaining power through construction of identity?

Experience of Multisystemic Therapy from a Youth's Perspective



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## Abstract

Literature and studies exist on how to create services in the best interest of the client or how these services have an impact on individuals. They are however mainly from a social work professional stand point and rarely from how clients would develop and create the services that can imply a life change for them. Especially when working with children under 18 years old issues of agency and age that can result in the disregard of the Convention on the Right of the Child (UNCRC). The target group of this study is therefore youth between the ages of 15 to 17 years old in three cities across Sweden to allow them to voice their opinion and experience of being in treatment. Resulting from that is the aim of this study – to investigate how an intensive treatment method like Multisystemic Therapy is described from a client’s point of view. Does the fact of being treated within the social service system influence the client’s self-perception, creation of identity or relationships? Finding out how intervention methods influence the social world and social being of individuals and how this can be used to improve social work practice is in centre. Throughout qualitative interviews with three male persons in Sweden an in-depth understanding had been able to be obtained by a combination of narrative and thematic analysis. Major results had been that the construction of identity is influenced by the fact that they are currently in treatment and even more by the expectations of their surroundings and the society. Even though the treatment process is shaped by power hierarchies the youth had been able to develop own mechanisms to regain power of the identities they were assigned to from outside or society. Interestingly enough the youth described the close relationship with the therapist and the intensive attendance by the social worker through setting up rules for example as positive and guiding for their family life. The findings within this study have an implication on how to further develop the client-social worker relationship in youth and family welfare settings.

**Title:** Regaining power through construction of identity? – Experience of Multisystemic Therapy from a youth’s perspective.

**Author:** Annika Ekenja

**Key words:** construction of identity, power, youth, Multisystemic Therapy, Sweden, Social Construction.

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## Abbreviations

ADHD – Attention Deficit Hyperactivity Disorder  
APA – American Psychiatric Association  
CAQDAS – Computer Assisted Qualitative Data Analysis Software  
COE – Council of Europe  
CYSR – Children and Youth Services Review  
DSM – Diagnostic and Statistical Manual of Mental Disorders  
EBP – Evidence Based Practice  
FSRC – Family Services Research Centre  
IBSS – International bibliography of the social sciences  
MST – Multisystemic Therapy  
OHCHR – Office of the High Commissioner for Human Rights  
ProQuest – Social Service Abstracts  
TAU – Treatment-as-usual  
UK – United Kingdom  
UN – United Nations  
UNCRC – United Nations Convention on the Rights of the Child  
UNESCO – United Nations Educational, Scientific and Cultural Organization  
UNODC – United Nations Office on Drugs and Crimes  
US – United States

# 1. Introduction

Having a background and education in social work and practice in Germany as well as working with children and young adults in social services raised a special interest in how clients actually experience what is carefully planned for them. When considering the long and short term impact of the client's treatment plan, the main ethical and professional concern is how power relations are perceived and interpreted. This dilemma has always been part of the researcher's practice. Questions that accompanied the researcher's professional practice were mainly around if what is done is making a difference and how clients can be included more into the decision – making process that is affecting their life.

There is a considerable amount of literature and research regarding how social work professionals perceive the implementation of an intensive treatment method like Multisystemic Therapy (MST) in varying countries as well as in Sweden. The advantages and disadvantages of such high need intervention methods in a Scandinavian context have recently been targeted in research (Gustle, Hansson, Sundell, André-Löfholm, 2008; Sundell, Hansson, André-Löfholm, Olsson, Gustle, Kadesjö, 2008; André-Löfholm, Brännström, Olsson, Hansson, 2013). However, little has been done to investigate how service users who are receiving MST perceive these intervention methods and how they construct and describe relationships outside and inside the treatment. Therefore the overall aim of this study will be to find out through qualitative data collection how social work practice is perceived from a client's point of view and how this affects other areas of their life. The research objective therefore will be on youth from the age of 15 to 17 years old with so-called 'antisocial' behaviour and how they experience an intensive treatment method like Multisystemic Therapy in Sweden.

To this point research in the field of MST is focussing mainly on how Swedish social workers evaluate the method or if it is cost effective (Healy, 2000; Gustle et al, 2008). Additionally quantitative research is predominant in this field which does not allow an in-depth understanding of complex intervention process. In Sweden MST had been implemented into social welfare practices around 2005. Randomized control trials were conducted with the aim to investigate the transportability of MST to a Swedish context. Findings show that no significant differences in treatment outcomes can be found in comparison to other social services (Gustle et al, 2008).

Researching how young adults who are the target subject of these methods experience them is rarely done. A Dutch study points into a guiding direction by stating that research has to focus more on the experience of the target group itself (Asscher et al, 2013). They note in their results no change in self-esteem for the youth and an increased sense of personal failure appeared during MST treatment. The lack of existing research within the target group might be due to the fact that children or young adults in these interventions are often underage, in precarious and traumatizing situations and difficult to access for research. Due to these ethical concerns the focus will be on the age group 15 to 17 years old since it allows me to access them without consent from parents or others. The advantage of this age group will be to get insights and information from the young adults directly without influence or interference. The issue of pre-selection by professionals still remains since they might chose youth with whom they have a positive contact / relationship. Adding to that the experience of being treated is rarely investigated from a youth's point of view. Vitus (2014) found in a very recent study that youth want to be more included in decision making processes, want to be respected and the feeling that their opinion has an impact. Finding out how youth in this study perceive equality and power issues will be of special interest therefore.

To be able to fully understand how such an intensive method influences clients self – awareness and construction of their identity, an investigation from a client's perspective is needed. This study aims to investigate the mentioned aspects from three individual's point of

view in a highly specified context. The extent to how language is used and relationship between client and social worker is constructed will be part of the theoretical and analytical framework. The above mentioned research objectives are important for further developing social work practice towards a more client centred practice and to complement quantitative research for a more in-depth understanding of complex intervention processes. Similar research had recently been done by Tighe et al (2012) to investigate youth and families perception on MST in the UK to improve clinical practice. Following this focus, research is needed on experience of youth in Sweden and how the method influences their self – awareness. This is especially intriguing since studies in Sweden have proved no difference in treatment outcomes when compared to treatment as usual and studies in the UK and The Netherlands show negative effects on individuals’ relationships. Due to the neglect of current research to address the clients’ point of view regarding the impact of their treatment on familial relationships and self-awareness this research will focus on their view and how the whole treatment process affects their self-awareness.

The first chapter will allow the reader to understand the research questions guiding the data collection and what MST is in general as well as how it can be located within the Swedish context. Since MST as a method was founded in the United States (US) chapter two will include literature about its treatment effectiveness, major findings and disagreements in the US as well as some European countries. Following this will be chapter three where an overview of recent debates within the field of youth and social work is shown. Chapter three is important since it allows an insight; supported by the theoretical concept of social construction, how youth is being constructed in recent literature and what kind of concepts are used to describe the age group. Within chapter four different aspects of theories in social science which build the theoretical framework are being presented. Mainly theories of power and the construction of identity are being investigated since these are most relevant when looking at youth in a social work intervention which is shaped by power imbalances. The theoretical framework in chapter four is supported by theories, concepts and literature in chapter three and together these two chapters will be used as a tool to look at the collected data. Chapter five then explains the methodological approach to access data. Subsequently will be chapter six – a presentation of the analysis and findings within the data set. Here the different nodes that were created within the analysis are being used to structure findings and will be followed by a summary of the most relevant findings in respect to the research questions. The last chapter seven will include a conclusion and discussion of the research. In the appendix the interview guide and the interview request can be found.

## 1.1 Research questions and aim

The aim of this study is to investigate how social work practice is perceived from a client’s point of view and how this affects other areas of their life. Youth age 15 to 17 years old will be interviewed in Sweden to be able to obtain a client’s point of view and based on that develop social work practice further.

1. How do youth experience an intensive treatment method like Multisystemic Therapy (MST)?
  - How do they describe being treated / being a client / being ‘antisocial’ from their perspective?
2. How do they construct and describe relationships outside and inside the treatment?
  - How do they describe the treatment method and how do they position themselves in it?
  - How can service users’ involvement be understood in this context and how does it have an influence on social work practice?

## 1.2 Multisystemic Therapy – a short overview

Multisystemic Therapy is a treatment method that can be located within the category of Evidence – Based Practices (EBP) and has its origins in the United States around Dr. Scott Henggeler. He created the method around the 1990's in accordance with forming the Family Services Research Centre (FSRC) at the Medical Centre of South Carolina, United States. In 1996 a university licensed organization called MST Service was created to spread the method since it became more and more successful according to the FSRC. To ensure quality and the positive outcomes promoted by Henggeler, MST Services offered help setting up and carrying out MST in different communities and cities in the U.S. resulting in licensed training programs (MST Services, 2014g). Today the MST model is disseminated in the U.S. and most of Western Europe.

MST is an intensive, short – term family – and community-based form of treatment to work on serious antisocial behaviour in youth. The approach targets the multiple needs of serious juvenile offenders and their families to avoid out-of-home placement and addresses the different factors that are related to youth delinquency. According to the method it meets the youth and their families in their natural setting such as schools, family homes or the neighbourhood to support positive social behaviour and avoid negative behaviour. Duration of interventions depend on the individual need of the individual but are never longer than four to six months. Considering that the youth is living in different systems such as their families, school or friends that are interconnected, the approach uses a so called ecological model. Through that approach, interventions do not only target the child or youth, but also include other systems that can be linked to the antisocial behaviour. MST intervention techniques are empirically-based on cognitive behaviour therapy, behavioural parent training and pragmatic family therapies (MST Services, 2014a). Some of the goals of MST are to provide parents with tools and resources to address challenging behaviour; to decrease criminal activity in youth; to reduce antisocial behaviour; to invoke resources within families, friends and communities to support a long term behavioural change and to be cost effective by decreasing incarceration rates and out-of-home placement (MST Services, 2014b, e).

Due to the fact that MST is “[...] a home-based model of service delivery [...]” (MST Services, 2014c) it removes barriers such as transportation, time or location to access services. Interventions and services include the whole family as well as other influential people and are claimed to be highly individualized to ‘fit’ the family’s needs, strengths as well as weaknesses. Mechanisms to ensure quality and treatment outcomes are a treatment manual created by the developers Henggeler, Schoenwald, Borduin, Rowland and Cunningham themselves; nine treatment principles; supervision and consultation for treatment teams; on-going intensive clinical training for teams and continuously treatment evaluations from different perspectives as well as follow-up evaluation and studies (MST Services, 2014b, d, e). The nine treatment principles are:

- Finding the ‘fit’
- Positive and strength-focused.
- Increasing responsibility.
- Present-focused, action-oriented, & well-defined.
- Targeting sequences.
- Developmentally-appropriate.
- Continuous effort.
- Evaluation and accountability.
- Generalization (MST Services, 2014f).

Further on MST Services states that interventions used in MST are “[...] scientifically-based, goal-oriented and problem-focused” (MST Services, 2014c).

In Sweden MST is part of the social services agency (Socialtjänsten) and is organised and located within the local city council. Families and youth can either contact MST directly and enquire for assistance or are referred to it by Socialtjänsten, social workers or teachers. In Sweden there are currently eleven MST teams operating. Sweden signed the UNCRC which influenced the use of a rights perspective within the state's child welfare policies. Youth and children have the right to good living conditions, health, social and financial security (Office of the High Commissioner for Human Rights (OHCHR), 1990; Council of Europe (COE), 2011). The Swedish Government also adopts the perspective that children and youth should be able to participate and be involved in decisions regarding their lives as well as the environment and society around them. How youth in the end experience involvement in decision making and their own position within their surroundings or society will be investigated in this thesis.

Participation in and assistance by the social services agency is always voluntary to a certain degree (Janson, 2004). Most welfare services for youth are provided by the public sector in Sweden. All services offered have to be in the best interest of the child according to the UNCRC.

## 2. Recent debate and literature on MST

The purpose of a literature review is to identify and interpret what is known about the research topic up to date. Fink (2010) highlights four key words how a high – quality literature review should be: “[...] systemic, explicit, comprehensive and reproducible [...]” (Fink, 2010: 15). The researcher has to systematically examine all sources that could be of use for the review and clarify explicitly reasons for that. On account of this other researchers will be able to reproduce the methods used. Information should only be extracted from original studies, experiments or observations with a clear study design, explicit research objectives, a distinct research plan, precise data analysis and interpretation (Fink, 2010).

One of the first steps when conducting a literature review is to find out what is exactly needed for the study or research to further develop. The researcher has to be very precise to not just find a vast amount of literature but to be able to identify relevant information. By doing a review the key concepts important to the research questions should be identified and unanswered questions elicited. Four central questions will be answered in this literature review on MST in dependence with Bryman (2012: 98):

- What is known about the experience of youth in MST and how is it used in social work practice?
- What kind of research design is mostly applied to investigate?
- What are main controversies on MST?
- Do inconsistencies exist in findings and are there unanswered questions?

Literature had been obtained through different channels: books, journal articles, databases and current public articles. Three databases were accessed through the library system of Gothenburg University, namely International bibliography of the social sciences (IBSS), Social services abstracts (ProQuest) and the SAGE Handbook of social work research (SAGE knowledge).

Key words used to find articles or books related to the research objectives are:

- Youth\* / young adult\* / adolescent\* / youngster\* four different terms will be used because the definitions of how the age group specific to this research is called vary.
- Multisystemic therapy, power, language, “power of language”, social work, Michel Foucault, Nikolas Rose, experience, participation, social construction, perception, clientization, categorization, governmentality, intensive treatment method\*, evidence based practice\*, service user\* involvement.

### 2.1 Findings on current research on MST

MST as a method and approach had been strongly researched over the past twenty years and is considered as one of the few empirically supported treatments. In fact the United Nations Office on Drugs and Crimes (UNODC) published a list on ‘Evidence-Based Family Skills Training Programmes’ in 2009 where different programmes were reviewed as guidance for policy-makers, Non-Profit Organizations (NPO) and programme managers. They presented different methods in descending order of the level of scientific evidence on which they were based. MST is ranking on place eight out of twenty-four and with that in the first third of the listed effective treatments. Unclear however is, if the UNODC reviewed and cross checked the evidence themselves or if they just based it on the studies and trials provided by MST and others assuming that they were scientifically correct. The level of evidence indicated by the UNODC is four independent randomized control trials, twelve randomized control trials, two quasi experimental studies and two studies based on pre- and post-intervention evaluation (UNODC, 2009:38). This level of evidence is being questioned by researchers around Dr. Julia H. Littell (2005) in the journal ‘Children and Youth Services Review’ (CYSR). The CYSR is an interdisciplinary forum for critical scholarship regarding service programmes for

youth and children and had been accessed through the library system of Gothenburg University.

The initial access to the article ('Lessons from a systemic review of effects of multisystemic therapy') published by Littell in 2005 had been by key word search of 'MST' and 'multisystem\* therapy'. Only peer reviewed articles had been chosen, not older than ten years unless the primary source had been older and in English language. Various articles found through this approach, indicated a critical exchange between Littell (2005&2006) and the developers of MST around Dr. Scott Henggeler (Schoenwald, Borduin, Swenson, 2006). Littell states in her first article, which had been available online already in December 2004, that a "[...] systemic review of results of controlled studies of the effects of multisystemic therapy (MST) points to inconsistent and incomplete reports on primary outcome studies, important variations in implementation and integrity of randomized experiments, errors of omission [...]" (Littell, 2005: 445) and findings that are different from previous reviews. The author based this statement on applying the method of a systemic review according to the work of the Campbell Collaboration<sup>1</sup> and revealed in great detail her search methods. The description and definition of a systemic review by the Campbell Collaboration corresponds with other sources such as Bryman (2012). Findings and results are well reasoned, clearly presented and especially point out the conflicts of interest when developers research their own method. In this case it is of special interest because funding for research and MST services is at risk when finding negative results since MST Services is a national corporation. The response by Henggeler et al in 2006 is accordingly. Following this there is one more response by Littell (2006) to Henggeler et al (2006) which ends with the conclusion that MST and EBP have to be open to critical assessment of evidence used and being able to revise and incorporate new findings.

## 2.2 Own conclusion on the Henggeler and Littell dispute and implications for further research

Being able to read a written and clearly worded dispute on two side of MST had been very useful to get an inside view and first impression into the current discussion on MST and EBP. It allowed the researcher to get an idea about what studies are important on MST and EBP, and argumentation being used on both sides. Another effect however was, to not invest too much time into figuring out who is right and who isn't. Who is using more valuable references and are accusations true or not?

Finding out about this dispute early in the research process additionally made clear that a more narrowed down searched on MST had to be done. Three limitations to further research had been applied. First, the key word MST / multisystem\* therapy was searched for in connection with Sweden, Norway, United Kingdom (UK) and Netherlands since these are the four European countries where MST had been disseminated and researched early on. Second, articles and research studies were limited to the date of issue not being older than 2008. Lastly, only literature in English language was used. These decisions were made because the dispute by Henggeler et al and Littell portrayed major studies of the implementation and effectiveness on MST in Norway, Canada and the U.S. and used these extensively to discuss and critique each other. The mentioned studies by Cunningham (2002) in Canada and Ogden & Halliday-Boykins (2004) in Norway for example were acknowledged but are not going to be used in this research. The studies by Cunningham (2002) and Sundell, Hansson, André-Löfholm, Olsson, Gustle and Kadesjö (2008) in Sweden did not replicate

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<sup>1</sup> "Campbell Systematic Reviews is the peer-reviewed online monograph series of systematic reviews prepared under the editorial control of the Campbell Collaboration. Campbell systematic reviews follow structured guidelines and standards for summarizing the international research evidence on the effects of interventions in crime and justice, education, international development, and social welfare." (Retrieved on February 17, 2014 from <http://www.campbellcollaboration.org/lib/?go=monograph>).

the effectiveness findings of previous studies conducted by Henggeler et al (1992, 1997, and 2002). Whereas the short-term effectiveness study by Ogden & Halliday-Boykins (2004) in Norway displayed similar positive effects of MST compared to TAU (Asscher, Deković, Manders, van der Laan, Prins, 2013; Andrée-Löfholm, Brännström, Olsson, Hansson, 2012).

Part of limiting literature research is that the research objectives of this study focus on youth and their experience and not on the effectiveness of MST in Sweden. Furthermore these studies and trials had been intensively studied, reviewed and critiqued, that the decision was made to focus on more recent literature. Eleven studies met the applied criteria of limitation.

On that account four<sup>2</sup> studies were chosen reflecting different aspects of MST and its dissemination in Sweden such as the transportability, cost-effectiveness, practitioner's view or issues of interpreting MST to treatment-as-usual (TAU). The selection was made based on perceived relevance when looking through abstracts found by the above mentioned key word search. Three<sup>3</sup> recent studies from the US and the developers of MST were chosen to allow a comprehensive picture with different perspectives. Four<sup>4</sup> more studies conducted in the UK and the Netherlands on implementation and cost-effectiveness were chosen to get a broader picture about the situation in Europe.

Including the Henggeler-Littell dispute all eleven studies reflected four themes: I. Henggeler-Littell dispute; II. meta-analysis of MST by Curtis, Ronan and Borduin (2004) in the U.S.; III. current studies on MST in a Swedish context and IV. current studies in the UK and Netherlands.

The importance of well investigated and thorough research on a certain phenomenon became apparent when seeing through the current literature on MST and EBP. In the end it comes down to a handful of studies and research trials that other authors refer to and build their research on. Due to this fact the table in a very recent article by Andrée-Löfholm et al (2013: 29) had been used to get an overview on randomised studies on MST. The table includes a summary of studies such as early research done by Henggeler et al (1992 up to 2009), Cunningham (2009), Ogden & Halliday-Boykins (2004) or Sundell et al (2008). It includes information on the research context, country, population, follow-up and description on the comparison group (Appendix 1).

## 2.3 Summarising findings of the literature review on MST

The findings of all articles considered in the literature review on MST were written down in a mind map to be able to detect similarities and inconsistencies in them. This approach resulted into five main themes listed in descending emergence: treatment fidelity, contextual circumstances, association with deviant peers, cost-effectiveness and impact on relationships.

**Treatment fidelity:** Across all four themes treatment fidelity is mentioned as the most crucial aspect influencing treatment outcomes. The meta-analysis by Curtis et al (2004) places four demands in their conclusion on how to improve the MST method. Treatment fidelity is mentioned as the first area of improvement since outcome differences in efficiency and effectiveness studies were found. Henggeler et al (2005) state in their comment on Littell (2005) that a conceptual and methodological mistake in her review had been to not take into account what effect treatment fidelity can have on effectiveness outcomes. Gustle et al (2008) then pick up the issues of treatment adherence in their motivation why research has to be done on social work professionals' views on EBP and MST in Sweden. When looking at the research by Sundell et al (2008) on transportability of MST in Sweden, the importance of treatment fidelity is specifically highlighted in their conclusion.

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<sup>2</sup> Andrée-Löfholm et al, 2013; Gustle et al, 2008; Sundell et al, 2008; Olsson, 2010.

<sup>3</sup> Curtis et al, 2004; Henggeler et al, 2009; Henggeler, 2004.

<sup>4</sup> Asscher et al, 2013; Cary et al, 2013; Jansen et al, 2013; Tighe et al, 2012.

Concluding one can say that adherence to the treatment method is significant for the effect of MST across countries.

**Contextual circumstances:** The issue of site effects and different national contexts comes to attention as the second most apparent theme in the literature review. Again Henggeler et al (2005) describe the different contexts MST had been tested in the U.S. and Europe as an explanation for variances in treatment outcomes. Contextual circumstances therefore can be the composition of the population at a site (noted in all four themes), different set up of youth welfare services (Sundell et al, 2008) and the role MST plays in the U.S. as an important alternative to regular youth welfare services (Olsson, 2010). All studies conducted in Sweden mention contextual circumstances as a possible explanation for the fact that MST does not achieve similar results as studies on effectiveness in the U.S. or Norway. Directly connected to that is the finding by Asscher et al (2013) in The Netherlands that the quality of youth services available in a country is affecting treatment outcomes. For example are deviant youth in the U.S. treated in the juvenile justice system where participation is forced in one way or another. In contrast to that the treatment of deviant youth in Sweden and most of Europe is located under youth and child welfare offices where participation in treatment is voluntary and recommended as an option to the juvenile justice system. Another common explanation given in literature on MST in Sweden is that, whereas in-home treatment is something almost exquisite to MST in the U.S., it is much more frequently used in Sweden. Lastly one can refer to the research by Andrée-Löfholm et al (2013) on the importance of TAU as a comparator in European effectiveness studies. The quality of TAU and interventions by social welfare services are important to consider since they heavily influence the outcome of an effectiveness study.

**Association with deviant peers:** this theme is the only one where inconsistencies were found in literature findings. Studies conducted in the U.S. came to the conclusion that MST is proven affective when it comes to reducing the association with deviant peers (Curtis et al, 2004). However the authors point out in their findings that, measurements to better assess association with deviant peers have to be installed in studies and the MST method. Studies conducted after that seemed to have developed these measurements or control mechanisms with varying results. Asscher et al (2013), Tighe et al (2012) and Sundell et al (2008) interpret the results of their findings as the method not being effective when it comes to the association with 'antisocial' peers. The close connection between deviant peers and the willingness and ability to change behavioural issues is important to consider. If the contact with deviant peers is identified as a factor of continuing deviant behaviour (Tighe et al, 2012; Henggeler et al, 2009; Asscher et al, 2013) than a focus of treatment has to be supporting to develop an alternative peer group since just separation from the peer group will not be an option to sustainable treatment. Creating tools youth can rely on when peer pressure is occurring is important to be able to discover the link between association with deviant peers and their own problems. Otherwise change will be hard to achieve and maintained. This idea is however contradictive to the short-term treatment idea of MST, since working on changing association with peer groups will not be able to be achieved within four to six months. Especially for children and youth peer groups are essential for their development and strongly influence their behaviour. Youth peer groups are quite often the focus of social policies and social control mechanisms from outside like the police. The importance of peer groups and affiliation to a social world for creating social identity in socialisation processes has to be considered when targeting deviant peer groups. Social world describes the correlation of children's and youth's life as a social group or peer group in relation to the adult world. They structure their identities based on the demands of their peer groups, adults and relationships with friends through games or interactions (James & James, 2008). Why should the youth then give up a group which has provided them with an identity and a sense of belonging?

**Cost-effectiveness:** MST as a method is proven and advertised in the U.S. as a cost-effectiveness method (Henggeler et al, 2014 a-f). In Sweden as well as in UK long-term studies are not yet available due to relatively short time of MST being implemented into social services. The cost-effectiveness study in Sweden bases their data on a two year period and concludes that MST is associated with a net loss to society (Olsson, 2010). Possible explanation by the author is the high average costs in implementing and providing MST. Therefore future cost-effectiveness studies have to be conducted to evaluate the financial aspect. The British study from Cary (2013) states that MST can be cost-effective when it serves as a complement to other services. Since this study exhibits several limitations further research has to be conducted in the UK. A current study is being conducted on the cost-effectiveness of MST in The Netherlands by Jansen et al (2013).

**Impact on relationships:** Generally there seems to be consent about the positive impact of MST on relationships in all four themes (I-IV). An important part in this improvement is a more positive and fruitful communication between all the parties involved. Tighe et al (2012) for example report that parent's confidence and family relations increase throughout treatment which has an impact on how they relate to their children. In correlation to that a strong relationship with the therapist is regarded as a source of support that proves to be effective for the relationships within a family (Tighe et al, 2012; Asscher et al, 2013). Subsequently one can conclude that when it comes to improved family relations, studies on effectiveness have similar findings disregarding the context they were conducted in.

Coming back to the four questions asked at the beginning of this chapter: What is known about the experience of youth in MST and how is it used in social work practice? What research design is mostly applied to investigate? What are main controversies on MST? Do inconsistencies exist in findings and are there unanswered questions?

One qualitative study had been reviewed that investigated youth's and parents' experience on therapeutic processes and outcomes in MST treatment (Tighe et al, 2012). Only one representable study had been found that focused on service users' view on MST and proves true how important it is to investigate highly complex, personal and psychological processes to be able to gain a better understanding how intervention methods affect the ones they are targeting. A direct connection how this is influencing social work practice could only be found in the aim of the authors to improve interventions methods and clinical practice.

Because almost all other literature found is of quantitative nature and focuses on the question whether MST is effective and cost-beneficial or not, the importance of this research is once more highlighted.

Inconsistencies in findings were mainly located within the area of MST being effective for association with positive peer groups or vice versa association with deviant peers. Studies conducted within different contexts report different findings.

Probably the main public controversy exists between Littell (2005, 2006) and Henggeler et al (2005) and brings out the difference of opinions on EBP. The same way EBP becomes more and more common and popular in European contexts at the same time the opposition towards EBP in social work grows. This is linked to another controversy found in reviewing literature. Different opinions exist whether MST can be implemented in different contextual circumstances and can achieve the same outcomes claimed by the MST Services Inc.

### 3. Relevant studies and theoretical concepts

The concept of seeing children as independent social actors did not emerge until the 1970's in social studies. It shifts the focus from not recognizing children as full human being and passive parts in society towards their ability to have some control of their life and existence and the important role they (can) play in our society. From a sociological perspective Émile Durkheim and Karl Marx debated about the extent to what individuals can act independently of the social structures and societies they live in. Since then studies on children's agency had been investigated to different extents. To find out how youth in MST settings are able to exercise their agency and the successive effect it has is therefore part of this research. James and James (2008: 9) describe agency as “[...] the capacity of individuals to act independently [...]”.

According to the United Nations Convention on the Rights of the Child (UNCRC) a child is defined as a person under the age of 18. In different countries the age a child can be legally held accountable varies from ten to 15 years. However in terms of welfare systems legal guardians can still make decisions up to the age of 18 what is in the best interest or not. So in one way others can decide over you and your life until you are 18 years old but if you get in legal trouble and you are over 15 years for example you are self – responsible. That dilemma and contradiction is been represented in literature when it comes to defining age. The UNCRC is trying to avoid that dilemma by stating that the child always has to be included in decisions affecting their life (Kassem, Murphy & Taylor, 2010).

In studies many varying definitions, ideas and concepts about childhood, adolescents and young adults were found. The definitions vary according to age group or specifications and competences assigned by authors. Based on these different inputs the decision was made to call the age group of focus (15 to 17 years old) youth\* or young adults. This expression was chosen because it represents more the transition from being a child to being an adult and having to deal with life changing problems and decisions. It also reflects the definition made by the United Nations (2003) that youth are people between the age of 15 to 24 years old as well as the definition made by James & James (2008). They base their definition on western industrialised nations which socially construct youth according to the chronological period of 13 to 18 years old as well as physical and social development. Being 15 years old in Rwanda or Vietnam is different than being 15 in Sweden or Germany. These two definitions were applied as justification for using the word youth for the targeted age group of this research. In my opinion they both best explain and unite the mentioned above reasons of social development as well as transition into adulthood in an industrialised nation like Sweden.

#### 3.1 Origin and different forms of the theoretical concept social construction

The literature search on ‘Social Construction’ revealed that the concept had been very popular around the 1970's to 1990's in psychology and not so much in social work. Just over the past twenty years an increase in articles that relate their analysis in social science to social construction can be found in two databases – IBSS and ProQuest. When narrowing down the search result to Social Construction\* / Social work / Youth\* mainly articles with topics of youth's construction of gender, sexuality or for example ethnicity came up. When looking at the combination Social Construction\* / Youth\* / Identity a prevalence for construction of identity in psychiatric settings or ethnicity was noted. Investigating the correlation of Social Construction\* / Youth\* and Power wasn't as fruitful as anticipated. From all three search

combinations only scholarly articles were picked not older than ten years to allow an insight in recent development in the field of social work.

The most influential and biggest contribution in the emergence of social constructionism had been by Peter L. Berger and Thomas Luckmann in their book 'The Social Construction of Reality' 1967 in New York, U.S. Their basic argument is that "[...] reality is socially constructed and that the sociology of knowledge must analyse the process in which this occurs." (Berger & Luckmann, 1967: 13). The everyday life of individuals is a reality in itself that is subjectively interpreted by them as a harmonious world and adhered to through their own ideas and human activity in it. They reflect the fourth theme (iv.) of Burr's key assumptions that individuals create together in daily interactions social phenomena and then continuously sustain them through social practice. At the same time as people are constructing the world around them and their identity in it they perceive it as pre-given and static (Burr, 2003; Berger & Luckmann, 1967).

"The social processes involved in both the formation and the maintenance of identity are determined by the social structure" (Berger & Luckmann, 1967: 173). Based on that statement identities are shaped by interplay of social structure, individual consciousness and an interdependency of various indicators such as family, cultural or ethnic background etc. In relation and reaction to the existing social structure an identity is being maintained, changed or assimilated (Berger & Luckmann, 1967: 173). Identity can therefore be seen as a phenomenon which emerges out of the interaction between and individual person and the society he or she lives in. Theories about identity always have to be seen in the theoretical framework, specifically theories about reality they are created in since they might have a different effect on them. Berger and Luckmann describe theories about identity as a social phenomenon specific to a certain context.

A more current view on the concept of social construction can be obtained by the SAGE Encyclopaedia of Social Science Research methods by Lewis-Beck, Bryman and Liao (2004). They state that it cannot be seen as a defined set of principles but rather as a continuous conversation on the nature of knowledge and how individuals and societies understand the world around them. This view is reflected in Burr's (2003) book on Social Constructionism that no single definition or description of the concept exists and that it is mainly used in psychology. Since social work is influenced and builds on theories of psychology, as mentioned before, it is relevant for this research. Over the last years the theory had been further developed and been used in different contexts. It is seen as an important description of how knowledge is being generated in a scientific way as well as in society. As a theory of how individuals 'function' it offers an alternative to traditional ways of seeing psychological and individual processes. The way people understand the world depends on the interactions with other people and the sense they make out of them. Precisely because of that this theory is so important to analyse the elicited data of this research and how youth do understand or construct the world around them.

Burr (2003: 2-5) identifies four recurrent features and key assumptions that occurred in different approaches and concepts of social constructionism over the years. These key assumptions will be essential for the analysis since a broader view of social construction will be applied for the analysis.

- i. All writings are critical towards what we take the world around us to be. They represent an opposition to empiricism that the characteristics of the world can be revealed through observations.
- ii. Different authors of a social constructionist view agree on the fact that concepts and categories used are culturally and historically dependent and specific to the context.
- iii. Another common characteristic is the belief that the knowledge of the world is constructed by people in daily conversations. Because of that social interaction

and language is especially interesting to authors of social construction. Language is then seen as a form of social action because the world, concepts and ideas get constructed by individuals through the use of language.

- iv. Because human beings use language to construct the world around them, certain constructions preserve certain patterns of social action and vice versa exclude others. This selection is influenced by power relations since they in the end determine what is wanted in a society and what is not allowed or wanted by it.

The last theme (iv.) is influenced by Foucault and his work on power and knowledge discourse. The way we think and talk about people determines how we treat them which always entail power relations and power imbalance. Foucault describes this as discourse then because it is constituted by language and symbolic systems (Burr, 2003).

The following questions and findings arise in regards to the research objectives and research questions when reading about these four key assumptions:

- i. One has to be critical of one's own assumptions who these 'antisocial' and 'deviant' youth are, what they need and what they are capable of in their development.
- ii. Are these youth then aware of the categories they're placed in; do they resist against it; do they adhere to it?
- iii. If language is important in social construction what words do social workers or others use to describe them?
- iv. Can the difference in findings in effectiveness studies in the U.S. and Europe be explained by a different construction of the target group?

The answers to these questions can in an ideal case be found through analysis of the elicited data.

What can be learned from this account then for social work practice? In a way a connection can be drawn to the research of Tighe et al (2012). They touched on that by concluding that through MST youth was able to see the implications of their actions and effect they have on others. This insight can be seen as an important step towards changing and creating behaviour by them which are not accepted in their society, context or personal environment.

### **3.2 Construction of 'clienthood' in social work**

In line with the search for literature and relevant articles in the field of social construction and social work, the expression of constructing clients in social sciences arose. When however searching for the terms 'clientization' / 'client hood' in different databases to find out its origins not enough valuable hits were found to define the concepts properly. There are many different ways how social work professional name, label or call the people they work with. A detailed discussion about the formation of different concepts in social work history will however not be of further interest for this research since the focus is on how the ones being labelled experience or perceive this name-giving. Applying the angle of social construction offers different views and ideas on how the subjects of social work practice are being constructed in different settings. In the process of social reality varying concepts of client hood or clientization are being constructed (Hall, 2003; Gubrium et al, 2013; Witkin, 2012, Baruch, 2007). Especially the construction of deviant youth or the construction of youth as risky business is becoming more and more apparent in social research when doing a key word search in social science databases available at the University of Göteborg for 'social construction\*' and 'youth'.

Hall et al (2003) identify terminological pressure when it comes to different concepts of 'clients' and clienthood throughout the history of social work practice. The authors state

that the multiplicity of concepts, especially of the concept 'client' has mainly attracted negative connotations and is mostly regarded in literature as a stigma which is denying the clients' autonomy. As a solution of the debate in social work, on how to name or label the 'clients', they offer a way out of this discussion for social workers. Social work professionals have to be made aware of their participation in governmentality (this concept will later be explained within the theoretical framework) and of issues that are related to their social work and personal identity (Hall et al, 2003; Gilbert & Powell, 2010; Foucault, 2008). Interestingly enough when asking 'clients' directly about the term which should be used to label them, 40 % of the participants in a focus group in the UK preferred to be called 'client' (Heffernan, 2009). The other 60 % had different and varying preferences. These findings contrast sharply with findings in the literature mentioned by the authors above. The discourse on language and labelling clients is of the opinion that the term should not be used whereas clients themselves don't mind to be called 'client'. These findings can also be supported by findings in this research.

How much this discussion on how to correctly name your clients and use the language associated with it is 'just' a discourse in social work professionals mind or is truly based on clients demand for a different term needs to be investigated. What is worthy to note is that social reality is something people negotiate when they meet, interact, fight or talk and through that construct different interpretations of it. The language used by them to do so can then be seen as an action to produce reality in and by itself and not the other way around. One can therefore conclude with a reference from Hall et al (2003: 19): "It matters how client categories are constructed in social work interaction: categories have real consequences for people's lives." The construction of categories and identity by youth in MST treatment is therefore important to be looked upon since only when social workers are aware of the construction of different realities from a client's perspective can they really involve them into the construction of 'their' service.

When it comes to service user's involvement in social work practice the discussion centres on different meanings and impacts of involvement and that the concept cannot be monopolised on one way of thinking (Evers, 2006; Beresford & Croft, 2004). Based on these authors the combination of concepts is needed that includes different roles of users as citizens with entitlements, consumers and co-producers. Heffernan (2009) connects and reflects this idea in her demand to respect citizenship rights of people and the fact that they have the right to be informed and included in services targeted towards them. She demands that involvement always has to be from the point of view of people categorized as service users since in her findings the discrepancy on what name to use to label people between the people themselves and the social work professional is apparent. The 'service users' perceived the term 'user' as too broad, anonym and as a reflection of an act which is voluntary and where they can chose. These are almost exactly terms being used in social science in favour of calling people 'users' because the voluntariness of participation should be highlighted as well as the avoidance of marginalisation. This scrutinizes the fact if any 'service user' was ever included in constructing this term? For social work to be more emancipatory the profession itself has to connect more and develop closer links with its service users and their organizations and movements. Beresford & Croft (2004: 65-66) demand a form of 'community control' because "[...] without the control of service users, workers and other local people, social work will be an essentially controlling rather than liberating activity."

### **3.3 Construction of 'deviant' identities in social science discourse**

The leading question for this paragraph was to find out how youth is portrayed in current social work practice or social science literature and how they can or are involved in the construction of practice then. As already mentioned a keyword search revealed headlines of

articles or books such as “Social construction of deviant identities [...]” (Robinson, 2010), “Young people, risk taking and risk making [...]” (Sharland, 2006) or “[...] deproblematization of troubled lives” (Vitus, 2014). Different articles showed that youth have been identified in western society as a social problem throughout history. Youth have been constructed as a problem and as risky not only to themselves but to society (Clarke, 2008; Sharland, 2006; Smith, 2003). Some of these youth then become the centre of selective attention by the state and get a distinctive social character assigned which marks them as troublesome by social policy and therefore in need of control. Clarke (2008) calls this a construction of “double dynamic” (Clarke, 2008: 307) – youth problem and problem youth. This can be connected to Foucault’s concept of governmentality that particular groups are identified as being ‘at risk’ and have to be managed, observed and disciplined. Where they fail to meet standards by the respective society more coercive disciplinary techniques are being used (Sharland, 2006; Smith, 2003). Even though youth seems to be labelled ‘being at risk’ there is according to Sharland (2006) a shortage of work done on youth and risk or even of youth as an own category. In the growing separation of service for children from services for adults the category youth falls in between. This has been noted by the researcher as well when trying to find a coherent term for the age group 15 to 17 years old used in this research. There seems to be no specific definition how to call the group of people between twelve and 17 years old which are labelled as children by the UNCRC but have however such different attributes than the age group one to six for example. Especially since adolescence is an intense period in a person’s live where major changes in the internal self are negotiated with expectations of the external world (Sharland, 2006). Other authors have researched recently how youth is experiencing social services or the stereotyping from outside and came to the conclusion that youth tries to take over their given external identities by talking in “system – language” (Vitus, 2014: 97; McPhail, 2010). System – language refers to the language and concepts used in the welfare system to label or categorize people. Since a combination of narrative and thematic analysis will be used in this research it will be interesting to see if this phenomenon can be found in the data of semi-structured interviews.

## 4. Theoretical framework

Reflecting and investigating about the nature and the purpose of a theoretical framework brings a set of highly varying definitions about what a theory even is (Bryman, 2012; Gilbert 2008; Payne, 2005). However what seems to be consistent is that it is a tool to understand the social world around us that can be best summed up in the following quote: “A theory is an organised statement of ideas about the world.” (Payne, 2005: 5). Applying theory therefore is needed to understand the data elicited in research process in relation to the context it exists in. Theories to better understand data collected through semi-structured interviews were chosen based on their link to the research questions and objectives.

The concept of power defined by authors such as Steven Lukes (2005), Nikolas Rose (1999) or Michel Foucault (1991, 2008) will be used to investigate the relationship between social work professionals and service users in an intensive treatment method like MST. The concept of power will further be applied when it comes to the use of language and categorization in social work and the society it is practiced in. Theories of social construction and clientization are then applied to better understand the construction of social work practice and its clients. Not part of this research will be the discussion whether to use the term client, service user or patient even though it might have an important indirect influence on how youth sees themselves in the treatment process.

### 4.1 Theories of power relevant in social work

*“Power, of various kinds, exercised and available in different ways, is one of the factors in understanding how social work meets its claim.” (Payne, 2006: 139)*

To begin with this statement by Payne (2006) is summing up the importance of considering the concept of power in analysing social work practice and how interventions by social work practice affect service users.

Smith (2008) concludes that power is conceptualized in three different modes: the personal aspect of power that affects our quest for identity; the positional aspect which is affecting our social position or interactions with others and the relational aspect of power which depends on the situation and the nature of exchange. The relationship between a social worker and their client is thus influenced by all three modes. Because power is experienced and exercised on a different number of levels which are interconnected the use of an ecological model in the MST approach seems to be useful to be able to address power imbalance on various levels. The clients or service users play a key role in determining and shaping power relations which affect social work interventions. The power service users hold are strategies such as compliance, non-cooperation, resistance or cooperation they can apply, which in turn can determine the effectiveness of an intervention. The role of the social worker then is to provide the service user with the tools to make decisions and start negotiating the role they play in creating successful interventions (Smith, 2008). Not only can these internal influences like strategies of service users shape practice also external influences such as the media in a country or the law play a key role. Unfortunately the media in most European countries can be responsible for a negative picture of social work and can draw a falsified picture of deviant youth for example (Robinson, 2010).

The search for information on power in social work setting was started by looking up the word ‘power’ in the online edition of the Oxford Dictionary of English (ODE). Seven definitions can be found under the term ‘power’ from “the ability or capacity to do something or act in a particular way”; “the capacity or ability to direct or influence the behaviour of others or the course of events” to “physical strength and force exerted by something or someone” (Stevenson, 2010). The three mentioned definitions mainly reflect a liberal conception – an individual’s self-determined conflict and interests – as well as a radical

conception of power where the wants and desires of individuals are manipulated and power is being exercised. The most prominent author of a radical approach to power by Steven Lukes (2005) will be explained in the following chapter 4.1.1.

Throughout the historical debate on power in social sciences three themes emerged about the derivation of power according to Payne (2006: 136): power deriving from professional role and personal influence, power from social authority and power from law. Social work practice incorporates all three derivations and therefore has to be kept in mind when analysing power relations. Further on in this chapter the work of Lukes (1975, 2005) as a representative of radical power conceptions will be used as a base to investigate the importance of Foucault's and Rose's ideas on power and identity to this research. All three authors give valuable incitements to analyse the collected data in regards to youth's construction of identity within relationship that are shaped by power imbalance.

#### *4.1.1 The work of Steven Lukes and the influence on radical social work*

Power as a concept had always been around in the history of social sciences. It first became apparent in the history of debate as an authority problem, then as a power problem and later as the empowerment problem (Payne, 2006). The radical view of Lukes can be classified within the second phase – power problem. Digeser (1992) describes four faces of power in his article 'The Fourth Face of Power'. He situates Lukes within the third face since he describes it as a form of power where desires and wants are manipulated and power is therefore being exercised. The first and second face are described as a liberal conception of power by Digeser (1992) whereas Foucault is then mentioned as the fourth face since it is significantly different from the first three faces.

Lukes sees power as a capacity to influence and achieve others compliance with one's own wants and wishes. The capacity to influence others can then come from a variety of sources like personal qualities or resources to apply coercion (Lukes, 2005; Payne, 2006). Radical social work relies on a Marxist analysis of class power where social control is being exercised on behalf of capitalism to be able to fulfil the needs for production. Social work in the radical conception of power is then part of the capitalist system to maintain power and clients are left in a less powerful position to be able to achieve capitalist power. The work of Lukes (1974; 2005) had been an important foundation for the emergence of anti-oppressive practice, anti-discrimination practice, feminist analysis and empowerment practice. Lukes relates the exercise of power to a concept of interests because the power relations depend on the individuals involved in it, how they serve their purpose and how they perceive them. An important part in his idea is that the power relationships heavily depend on identities the involved actors hold and how these are constructed and changed (Smith, 2008). This personalized aspect of power is crucial in understanding his ideas because it raises the question whether an individual or a group's identity is constructed by themselves or if it is defined by others? Can individuals define their identity truly self or is it ascribed by others? Lukes further on argues that in society a particular image of a group or an individual is promoted by a dominant group conveying a preferred norm of assigned characteristics and properties to that group / individual. Result of this is that some groups are being devalued whereas others become more influential. By that certain forms of identity become rejected or not recognized creating a feeling of 'otherness'. These processes can significantly influence individuals' negotiation of their own identities. How do youth who are assigned the attributes of 'antisocial', 'deviant behaviour' or 'in need of treatment' then create their identities and how does it influence relationships they have outside of family and therapy? When looking at the definition of the word 'deviant' it becomes apparent that already the word itself includes the notion of 'otherness' and not normal since it says in the online edition of the Oxford Dictionary of English (Stevenson, 2010) under the word deviant "departing from usual or

accepted standards, especially in social or sexual behaviour”. It becomes even more drastic when reading the definition of a deviant person – a person whose actions are beyond most human comprehension! How can such a word be used in context with youth under the age of 18? And what does usual standards even mean? These definitions make however also clear how important it is to acknowledge the context of research and therapy processes since the commonly accepted standards and morals are differing according to the context they exist in. Since the word antisocial is used by MST itself it is worth a look how antisocial is defined in the ODE. The definition doesn’t include as strong words as the one for deviant – whereas it is defined as something that is contrary to the customs and law of a given society and because of that can cause disapproval and annoyance with others (Stevenson, 2010). Again the divergence from the given society is in the centre, labelling certain behaviour as not congruent with norms and beliefs with the dominant discourse.

For further importance in this research are after considering the historical debate, the work of Michel Foucault and Nikolas Rose. As already mentioned earlier Foucault’s work on the concept of power can be described as a fourth face of power since it greatly differs from the liberal and radical conception in terms of dealing with individuals and the social construction of subjects (Digeser, 1992). The work of Nicholas Rose is important because it builds on and is influenced by Foucault in a sense that it is concerned with the construction of identity. Both theories are therefore important when looking at youth’s perception and experience on being in an intensive treatment method because they give valuable insights on the social construction of their identity in connection with being in a therapist – client relationship that is influenced by issues of power imbalance.

#### *4.1.2 Michel Foucault’s ideas on power and their application in current literature*

Michel Foucault (1926-1984) was a French philosopher, historian and sociologist who shaped the discourse on power and knowledge as well as social control through society in a European context. He developed concepts such as ‘governmentality’, the power-knowledge debate or the idea of disciplinary institutions. The focus of his extensive literature and lectures is mainly power and the production of knowledge. To Foucault the principle of development and integration within society is power and therefore he concludes that power has to be the principle for a theoretical system of knowledge. Together they form the fundamental principle of will (Fink-Eitel, 1992). In his book ‘Discipline and Punishment: The Birth of Prison’ (1991) Foucault identifies three different types of power:

- The first type of power is exclusion through physical destruction or imprisonment / internment. This represents the strongest form of power in Foucault’s book.
- The second type of power is represented in the normative integration of those who are confined. Idea behind this is that one can control the integration of those who had to be disciplined before and that these individuals can be changed through education and treatment.
- A third form of power then represents what Foucault calls productive discipline. He sees this as a combination of the first two types of power in the shape of prisons for example. Disciplinary techniques are then used with the purpose of creating normalization. Something that before had been identified as ‘abnormal’ had to be pushed back into the norm of society.

In his opinion power is not necessarily connected to the identity one has, such as professional social worker but power is rather omnipresent in a way that it operates within practices and conveyed knowledge which are specific to the context they emerge in. It additionally makes apparent that there are limitations to the ideal and equal social worker – client relationship

envisioned by some practitioners since the nature of their encounter in the first place is not natural (Healy, 2000).

#### *4.1.3 Foucault's concept of governmentality and implications for practice*

With the concept of governmentality Foucault subsequently developed a new understanding of power which mainly emerged through his University lectures in France. It describes the way a government tries to produce the citizens which are best suited to fulfil the policies set up by it through disciplining strategies (Foucault, 2008; Gilbert and Powell, 2010). This approach can be compared to a Marxist class analysis where power in form of social control is used by the capitalist system to satisfy the need of production. Foucault's concept of governmentality portrays power as a new form of social control and discipline through institutions such as schools, hospitals or prisons. Because of that social work professionals are problematized by Foucault "[...] as an instrument of governmentality, an agent that reproduces dominant state discourse." (Gilbert & Powell, 2010: 4). Through ruling practices and moral commands by the dominant state discourse individuals are made into service users and become objectified. By documenting and classifying individuals behaviour the comparison between different individuals is possible which leads to normalizing judgement and the production of a classification system. Gilbert and Powell (2010) describe evidence-based practice as a way of disciplining and regulating professional activity to be able to regulate the decisions of individuals better to conform to current social policy. The application of Foucault's ideas can be seen as an important tool for critical practice because they allow a very different view on social work practices that are used self-evidently because they are modern at the time. The Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association (APA) then becomes a 'book' or as they call it a 'manual' where all the abnormalities of human behaviour is listed – what is normal, what isn't and how can one identify it. They not only have implications for practice or interventions but also and probably most importantly for professionals own assessment of theories and knowledge used in daily work.

#### **4.2 Nikolas Rose and the construction of identity**

Nikolas Rose was born 1947 in London, UK and is currently a Professor of Sociology in London. His work is influenced by Michel Foucault and focuses mainly on issues in psychology and psychiatry. Since social work relies and builds on theories from psychology his work for example on constructing identity in his book 'Inventing our selves: Psychology, Power and Personhood' will be of special importance for this research (Rose, 1996) because it touches on construction of identity and power issues in social sciences. Rose is using a broader definition of governmentality than Foucault. He sees the existence of a government as a way of conceptualizing programmes and strategy tactics to be able to influence the actions of individuals to achieve certain outcomes. Social work is because of that seen as part of the government, working to lead individuals in a certain way so that they can fulfil the demands by the government and 'work' the way they are supposed to (Rose, 1996). The power a social worker has is in this critical view based on the professional training they hold, specific codes of knowledge social workers share and the claim to possess the needed truth to work with 'not-working' individuals. The government confirms these acclaimed characteristics through institutions and assigns power to the social worker.

Rose describes the process of constructing one's own identity with the beginning of engaging in therapeutic processes where we speak about ourselves as 'I'. By doing this an individual becomes the subject of his or her own narrative and through that starts constructing an identity. Even though this can be seen as an initial process starting with small children discovering language and speaking about themselves as 'I', it is a process that continuously

happens throughout the life of an individual. Rose's perspective facilitates discovering what people take themselves to be and by what standards and criteria they judge their own actions and behavioural patterns. It additionally allows an insight into the interpretation of their own problems and in what way they problematize their existence (Rose, 1996).

The article by Tighe et al (2012) highlights exactly this phenomena and process. They conclude that by asking youth about their experience of therapeutic processes in MST, the youth were able to speak about the implication of their own actions on others around them. Through 'I' messages they created a new identity and found a connection between their identity and their actions. What was also noted in that article and what matches with Rose's idea about constructing identity is that in the therapeutic processes the youth uttered an increased awareness of personal failure. This increased awareness can be seen as an important step into the direction of change. One has to first see oneself in relation to others to be able to change. Even though some studies on MST in a European context might have not showed a decrease in recidivism rates, parents and youth still reported a change in communication with each other. Therefore facilitating 'real' change might just need more time in the long run and should be supported by the construction of a new identity. If youth through MST therapy are able to become aware of who they are and begin constructing their identity because of that, therapy has to put an extra focus on facilitating the construction of a 'new' identity.

Another interesting aspect of Rose's perspective on a so called new role of psychology can be applied to a new role of social work as well since both professions are interconnected in a way that they share common theoretical approaches and are interconnected in their practice. Even though the book referred to is written almost twenty years ago the claim that new social authorities are being created to manage individuals and claim social power over them because of the possession of certain knowledge or the creation of a range of new problems is still up-to-date. Rose claims that these processes exist so that social authority can be exercised over individuals because of knowledge, objectivity and a scientific basis by psychology in the name of social security (Rose, 1996). In a way this can be seen as an early critique on EBP because the claims he mentions are all attributes specific to EBP. It also raises the question whether social work in response to an article called 'The Social Construction of Deviant Identities' by Robinson (2010) creates problematic population groups to justify its own existence? Or are they created by the prominent discourse in a society and are then labelled and put into a group to exercise authority over them? It can be noted that psychology as well as social work is being integrated more and more into systems of authority like schools or psychiatric hospitals, which is without a doubt a very positive development since it allows on-site support for people who are struggling with norms of society or are suffering from a psychological impairment that cannot be integrated or isn't accepted in society. One has to however also keep in mind the authority and power issues that underlie and influence the practice in these settings to be able to critically reflect on one's own professional identity.

### *Concepts related to the construction of identity*

Concepts important to the construction of identity are according to Rose the *notion of social world and peer groups* as well as the idea of *social constructionism*. The idea of a social world describes the correlation of children's and youth's life as a social group or peer group in relation to the adult world. They structure their identities based on the demands of their peer groups, adults and relationships with friends through games or interactions. Vital to the social world of youth and children is the socialisation process where they 'learn' to comply with the demands of the adult world (James & James, 2008). Socialisation describes a process first mentioned by the sociologist Talcott Parsons in 1951 whereby children of a certain society learn how to meet and fit into the teaching society. Through identification with the

social norms present in that society individuals commit to the social system and with that sustain the community and general society. It is a long life process which is however mainly connected to the development of children where they get taught what is expected from them and what not. Socialisation is an on-going process which happens mostly from adult to child / youth but also happens within equal social groups or within peer groups (Kassem et al, 2010). Because of that the construction of relationships with friends and the value the youth gives to them is vital to get an idea on how this influences their development and self-view.

This brings to attention one of the key issues of studies on perspectives of youth (and children) since one has always to remember when acknowledging and weighing their opinions, that they live their lives in a world of adults that is mainly constructed and dominated by them. Therefore it is important to note that the data gathered on youth's perception is always coloured by the influence of the social worlds around them and especially by the different ways of treating these so called antisocial youth in society. In what way does the prominent discourse in one society have an impact on how youth construct their identity and relationships outside treatment then? Notable is also that differences probably exist between youth's perception of intensive treatment methods in different contexts since one can assume that the prominent discourse as noted by Foucault and Rose impacts the construction of identity. If for example youth with deviant or antisocial behaviour in the U.S. are treated within the juvenile justice system compared to a Swedish context where they are treated within the youth welfare services, the way they construct their identity in relation to the prominent society differs presumably greatly.

## 5. Methodology

The research objectives are to explore youth perception and experience on the intensive treatment method MST. Qualitative research is about the expression of words and emphasizes on ways individuals construct the social world around them (Bryman, 2012). A qualitative design will therefore be applied for this research since it is most suitable to the research objectives. Applying this design to the research allows the participants to phrase their own perceptions, experiences and opinions. A qualitative research design additionally allows describing a scene and gathering data through interviews as well as the advantage to consequently follow cause and effect (Gilbert, 2008). What characterize qualitative research are strategies associated with it. In regards to epistemology, interpretivism is mostly connected with qualitative research because the researcher tries to grasp the subjective meaning of social action. Ontological orientation wise it is assumed that social phenomena and the meaning given to it are achieved by social actors and social reality is created by individuals (Bryman, 2012; Gilbert, 2008).

The research will likewise have a cross – sectional design since data will be collected on more than one case and to greater or lesser extent at the same time. The method of interviewing will be applied with the help of Kvale's (1996, 2009) seven stages of an interview investigation. These seven stages proposed by Kvale (1996, 2009) consist of thematizing, designing, interviewing, transcribing, analysing, verifying and reporting. A qualitative research interview can be understood as an attempt, similar to the description of a qualitative research design, to comprehend the world from a participant's point of view by revealing meaning of their experience and to show the participant's lived world (Kvale & Brinkmann, 2009). Of special interest is also that an interview is never a conversation on an equal level but biased since the researcher is defining and controlling the interview situation, whereas the participant has limited power by not being honest, not cooperating or withdrawing from the interview. The method of using interviews to elicit data for this research is also crucial, since it will allow describing the youth's life world from their point of view and interpreting the meaning of that to further integrate into developing social work practice. Nevertheless one can round up with a statement from Kvale & Brinkmann (2009: 17) that interviewing has to be seen as a craft, which is resting on the interviewees' personal judgements as well as practical skills when interviewing. It will therefore be up to the researchers own skills and judgements to conduct a creative, non – judgemental and at the same time professional interview and later use as well as analyse the data in the most efficient way.

Service users in Sweden, who are currently enrolled in MST, are interviewed through semi-structured interviews with open-ended questions. The design of a semi – structured interview will allow the researcher to be flexible in responding to the direction given by participant's answers. There are different forms of questions like probing questions, direct questions or interpreting questions as pointed out by Bryman (2012). Mentioning open – ended questions serves as an overall term for the different types of questions because they all should be structured in a way that they allow the participant to answer more elaborately.

### 5.1 Interviews

The overall interview guide had been designed in accordance to Kvale's and Brinkmann's (2009) strategies for a semi – structured interview. Designing an interview guide is important to structure the interview to a certain extent. During the interview it is however up to the interviewee whether the guide and outlined questions are strictly binding or a more flexible and creative approach can be applied. The more spontaneous an interview is the more likely it is to obtain unexpected answers and insights. It however also bears a greater risk of not being

able to compare and analyse different interviews as well as reproducing the research. Since the research questions are usually formulated in a theoretical language they have to be 'translated' into everyday language of a simple and short format. Usually one research question translates into more interview questions which were tried to organize under different headings. According to Kvale and Brinkmann (2009) and Bryman (2012) 'why' and 'what' questions should be asked first before putting 'how' questions.

The interview guide was created by formulating questions that might answer or fit the different research questions (Appendix 2). This formulation of questions was then grouped into five themes: MST, Power, Treatment method, Relationships and Stereotypes and Self-perception. In total 29 questions were asked. Adhering to the interview guide while also listening carefully to respondents to follow up their answers and finding possible new directions of questions and answers was tried to be followed. It however remained a challenge to the interviewer to not focus too much on asking all the questions. The data had been transcribed, anonymized and stored securely afterwards so that only the researcher had access to it. Within the transcript the participants were given a random numbers from 1 to 3 to identify them in the analysis later.

## 5.2 Sampling and participants

In an ideal case by the researcher the sample of participants would look like the following: a number of eight to ten participants with a gender rate of 50 / 50; the age group being 15 to 17 years old; the participant had been in MST treatment for at least two months to be able to connect his or her experiences to the method and is in a stable position at the time of interviewing to allow gathering relatively clear, structured and understandable answers. Question of ethnicity or family background had not been important since the aim of the study is to elicit experiences and perception regardless of a cultural background. The reason for this is not to underestimate the relevance and power of culture and family background within the treatment process since it plays a crucial role. It is however a too broad thematic field that is not the focus of this study. To investigate youth perception and experience in intensive treatment methods can be seen as a first step and needed foundation to further investigate and connect to other factors like ethnicity, culture or religion for example.

However due to issues of access explained later three interviews were conducted based on recommendation by the respective MST team supervisor. Because of the precarious target group a first contact with MST Sweden was made through a personal contact in one of the teams in Sweden. This person then referred the request to the research coordinator for MST in Sweden which served as a gate keeper in contacting further MST teams in Sweden. A request for interviews was sent to the different teams in the beginning of February 2014 explaining the purpose of research, ethical issues, informed consent and requirements for participants as mentioned above (Appendix 3). Added to that was a modified request for possible participants which included a shorter description of the purpose, ethical considerations and the informed consent.

Based on the requirements three participants were recommended to the researcher who were between 15 and 17 years old, more than two months in treatment and in a stable position. Contact with participants was mainly over text messages since these were the contact details provided by the MST team supervisor. All three of them agreed to meet in person at a chosen time. The place of interview was suggested by the interviewer to be able to meet at a neutral place to allow them answering more freely.

In total three interviews were conducted in person with only male participants. The gender imbalance is due to the fact that MST in Sweden at this stage is mainly treating male youth. Between the years 2008 and 2014 MST Sweden is stating that they are / were treating 62% male and 38% female youth (MST Sverige, 2014). It wasn't investigated why that is. Two of the participants were 15 years old and one almost 17 years old. Only one was living in

a smaller city in Sweden, Vänersborg and the other two were living in Sweden's major cities Malmö and Stockholm. The interviews were conducted in public libraries in March 2014 where a quiet and private area or room to interview the participants was found. At the meeting the request for interviews for participants was handed to them in paper followed by an explanation of the purpose. All three participants signed and understood the informed consent after enquiry. The interviews were recorded and lasted between 40 minutes and one hour and six minutes. All youth were able to answer questions in fluent English even though it was offered to them to switch to Swedish if they face difficulties in finding words or expressions.

Guest et al (2006) and Crouch & McKenzie (2006) propose that in qualitative research a small sample size allows the researcher to get close involvement with the interviewee and because of that generate more fine-grained data (in Bryman, 2012: 426). The number of interviews is however at the same time a limitation of the study design.

### 5.3 Issues of access to participants

As already mentioned the request for interviews was sent at the beginning of February 2014 through a gate keeper to the different MST teams in Gothenburg, Halmstad and Vänersborg due to the closeness to location of the university. After two weeks there was no reply from these teams and the request for interviews was expanded to all teams in Sweden. Via telephone and through the gate keeper the first three teams were asked for information why no participants were found or suggested. Either the team just had a major change of staff, wasn't able to find participants who fit the requirements or anticipated that the language might be a problem for youth. To the writers knowledge this was an assumption by the therapists or social workers involved since they felt like the youth couldn't be asked at the moment. When expanding to other cities it took another two weeks since different teams had a busy schedule or didn't reply to emails sent. At this stage contact via phone was made additionally to allow a more personal contact. Around 75% of the teams answered and returned the phone calls. Because most teams reported that the language might be difficult or that the youth was difficult to get in contact with and might not want to talk about their experience a cinema voucher was offered in return. None of the anticipated issues by the social workers and therapist about language issues or difficulties to get in contact with was experienced in this research later on.

Therefore the question arises whether the issues of access were a result of the youth not wanting to participate or if the responsible social workers were unknowingly protecting and withholding them from participation?

The power imbalance between the social worker and possible participants as well as between interviewee and researcher had been considered and kept in mind when analysing data.

### 5.4 Limitations and ethical issues

Trying to obtain participant's views always carries a risk that is related to bias and reliability of answers, a researcher has to be aware of. When choosing young adults to participate in a research the possibility exists, that findings are biased because an overrepresentation of those who have a good relationship and experience with service providers and agencies are participating. Additional methodological issues that can occur are that research participants tend to give socially desirable responses when asked about their opinion and experience of services (Freymond & Cameron, 2007). This was specifically noted with all participants since the researcher was asked by two of them if they gave the right answers. They were however reassured not only in the beginning but also after asking this question that there is no right and wrong in this interview. Even though all interviewees had no apparent issue with speaking about their experience it was noted that they reacted differently to the researcher. This effect

is also noted by Wertz (2011) that the interviewer's personality can have an implication on how respondents react and answer questions. Limitations that exist within this frame are that, when recruiting young adults from service providers who are using a method connected to a strong brand identity, the researcher has to be sensible to the possible effect of the provider's power over the respondent's attendance to speak freely. To avoid that somehow or other is to carefully explain confidentiality and independence of the research. Kvale's (1996, 2009) suggestions on ethical issues in interview settings will be considered in the research process as well as the code of conduct and ethical guidelines by the UNESCO (2014).

Three major **ethical guidelines** that are important in qualitative research and for this study design are the informed consent, confidentiality and consequences of the research. The informed consent has to inform the participant about the common purpose of the investigation and about possible risks as well as benefits when participating in the investigation (Gilbert, 2008; Bryman 2012). It was designed in accordance to the given form by the University of Göteborg in the handbook of the course Social Work and Human Rights (University of Göteborg, 2012/2013). The informed consent has to include that the participant has to be able to take part in the research voluntary and the right to withdraw from the study at any time. It has been explained by the researcher orally as well before the interview was conducted. This aspect is especially important when accessing young adults through a service provider. They have to be able to participate on their own terms and not because their social worker asked them to. Further on the nineteen ethical guidelines by the UNESCO (2014) have been applied carefully to the research process. The researcher has been aware of the potential effect of the research for both sides – participants and researcher, a freely given informed consent has been obtained by all participants or full confidentiality and anonymity of the participants has been maintained. Interviews were recorded on a Dictaphone and saved on an external hard drive which is stored safely. The files were named with random initial and date of interview. These initials were used in the transcription of the interview and analysis. Names or places mentioned in the interviews were made unrecognisable.

As already mentioned confidentiality has to be carefully considered since a power bias will always consist between social worker and client but also between researcher and young adult. The independence and consequence of the research was made crystal clear to the participants to allow them to become comfortable with the researcher and speak more or less freely. It was made apparent that whatever they say will not have any negative effect on their future relationship with their social worker / therapist or treatment outcome.

**Limitations in the study design** naturally exist. Since the chosen target group can be seen as protected and sometimes difficult to reach, a selection by the responsible social worker had been made on who can participate and who can't. That way possible respondents all had a good and solid relationship and contact with their therapist since only then were they able to ask them to participate. Because of that pre-selection by the social worker more problematic or difficult cases were not reachable by the researcher and cases were picked were they felt like they could ask participants to participate and which according to them were pleased with the treatment or MST. Even though the language has not been an issue as anticipated by different teams one can assume that only the once who felt comfortable with English agreed to participate in the first place. Cases were the therapists reported difficulties in accessing youth in the first place probably would have given very valuable and differing views on the treatment experience since they obviously did not have a very communicative relationship in the first place.

Another limitation can be found in not including gender, ethnicity, educational level or familiar background into consideration when sampling participants. Due to the issues of access it was however not possible to integrate this aspect into consideration. Additionally the experience of youth in MST treatment was in focus disregarding the mentioned factors that can have an influence on experience, construction of identity and self-perception.

## 5.5 Validity, reliability, generalization or how to evaluate qualitative work

Even though criteria to assess the quality of research such as validity, reliability and generalization had been mainly developed within quantitative research it is important to assess qualitative research (Bryman, 2012). The aim of the study is to allow richer and deeper understanding of how youth in Sweden experience MST and how it affects them in their construction of identity. It therefore does not aim to be and is not generalizable since it is looking at a very distinct group in a specific environment that cannot be generalized to any other youth in any other intensive treatment method. The question of reliability can be however debated since even though the research methods, used methodology and theories applied are described in detail it does not mean that the findings are reproducible by other researchers or at any other time (Kvale, 2009). This is only possible in the unlikely event that the same participants, same questions and same social settings or same interviewer are used. Especially for MST treatment literature and research has shown that treatment adherence and site difference play a crucial role in the outcome of treatment. The concept of validity “[...] refers in ordinary language to the truth, the correctness, and the strength of a statement.” (Kvale, 2009: 246). Different ideas of validity exist in quantitative and qualitative research. Since these previously mentioned concepts were developed inside a quantitative framework it is inalienable to look at challenging criteria for evaluating qualitative research and make them respectable in front of power holders such as governments and policy makers. Not only numbers and facts should determine the scope of social science or social welfare services but also perceptions and experience (qualitative data) from service users directly.

Authors such as Guba & Lincoln (1994 in Bryman, 2012: 390-392) have developed criteria to assess specifically qualitative data such as trustworthiness and authenticity. Tracy (2010) developed eight key markers for quality in qualitative research that will serve as a tool to better evaluate and understand qualitative work. These eight criteria for quality are: a *worthy topic* that is relevant, timely, significant and interesting. As already shown in the introduction and research objectives the topic is relevant since participant’s view on social work practice is needed to allow the development of new and challenging forms of practice. Second, the study is *rich and rigor* meaning that for example theoretical concepts used are sufficient and complex. The concepts used in this study will give a very distinct view and analysis of the data from the view point of social construction and/ or theories of power. Despite the small sample size the data collection had been fairly rich and analysis processes intensive in a way they could not have been with a larger sample size. Third, the research is characterized by self-reflexivity and transparency of methods (*sincerity*). The researcher has clearly stated in this chapter that the analysis process or even the study in general is influenced by her own subjective values, the educational background or cultural and situational settings. Methods and challenges met such as access to participants had been part of this methodological chapter and made transparent to the audience. The knowledge produced within this study is therefore a reflection of the researcher’s location in time and social space (Bryman, 2012). Fourth, the study is *credible* meaning that for example concrete details of the data are included to allow the reader making its own assumptions. Explanations given within the analysis are tried to be supported by indirect statements of the participants and interpretations given by the researcher are her own. Fifth, the study has *resonance* and an effect on the reader. Even if the aim is to present the data in an evocative and creative way it is up to the audience if an interest in the topic and theories used had been sparked. Sixth, the study can provide *significant contribution* for example practically or methodologically. Within the concluding discussion the contribution for social work practice will be shown. Seventh, the overall research is *ethical* not only in its methodological design but also in a situational context. Ethical concerns had been considered not only in chapter 5.4 but also

during the interview situation by for example reassuring the participants of anonymity and independence from their therapists and/or parents. Eighth, the study has a *meaningful coherence* (Tracy, 2010: 840). In the analysis part it will become visible to the reader that the researcher for example had been able to engage with the participants on their own personal experience of MST.

## 5.6 Method of analysis

To analyse the elicited data a combination of narrative and thematic analysis had been applied. As already mentioned qualitative research and especially qualitative research interviews are used to retrieve sensitive data and stories which interviewees identify in their lives as crucial and use to construct their life worlds. Narrative analysis shifts its focus away from *what* happens in peoples' lives to *how* it affects them and especially *how* they make sense of it. Consequentially narrative analysis is an approach to analyse data but also to facilitate storytelling. It is a form of understanding how and why participants talk about their lives in form of a story and tries to relate episodes of a life span to presentations and to elicit the interconnection between them. People use the stories they tell to make sense of the world around them and narrative analysis attempts to analyse these stories (Bryman, 2012; Gilbert, 2008; Kvale & Brinkmann, 2009; Riessman, 1993). Narrative analysis has its source in literary theory and has a diversity of different approaches. Narrative is a tale or story as well as "a form of talk or writing that aims to tell a story" (Gilbert, 2008:423). The ideas of Riessman (1993) had been predominant in the field of narrative analysis. The author states that this method of analysis is suitable for studies on subjectivity and identity because the approach itself values human agency and imagination. It is about interpreting interpretations, about personal experience in time and place and practices of power can be revealed by it. The researcher however has to be constantly aware of the fact that his or her own location, training and theoretical ideas shape the analysis and findings out of that. A different combination of these factors might have created different outcomes.

Main issues in narratives or narrative analysis evolve around the 'truth' of what a person says. Challenging that is the question if it is really important to know if what somebody narrates and constructs a story from is true or not? Who has the power to evaluate or decide that? If one person tells a story in a certain way doesn't that mean that this is true to her or him at that moment of time? The discussion should not be around whether something is true or not but to find out *why* or *for what reasons* a person is telling a story in a certain way others consider to not be true. Whatever had been said by the interviewees therefore has to be interpreted as a social phenomenon that is specific to context and situation it occurred in. To facilitate the telling of a narrative certain expression had been used in the interview and interview guide such as "...tell me in your own words...how did that feel...imagine you are...how would you paint your future...can you tell me a little bit more...there is no right and wrong...". Pauses, hesitation and confusion by the interviewee were marked in the transcript to be able to consider different intonation of respondents in the analysis.

The general sample size in narrative research studies is small and narrative methods can be combined with other forms of qualitative analysis (Riessman, 1993; Bryman, 2012). Thematic analysis was chosen because it allows identifying and analysing patterns in qualitative data relevant to the research questions. The importance of coding in narrative and thematic analysis is emphasised by Clarke & Braun (2013) to be able to engage systemically and deep with the data so that a complex and rich presentation of apparent meanings in the data can be developed. Last but not least the researcher has to keep in mind to tell the reader a coherent and persuasive story about the data and contextualize it in relation to existing literature (Clarke & Braun, 2013).

The analysis was started out by looking for themes to organize data which is demanded by Riessman (1993) to reduce the amount of data to be analysed. Following this

the organisation of responses, the local context, the current social discourse in connection to issues of power and the construction of identity was investigated within the previously identified themes. The analysis was organized with the help of the Computer Assisted Qualitative Data Analysis Software (CAQDAS) NVivo 10.

To begin the process of analysis within CAQDAS different nodes can be, but don't have to be, defined before. A node in NVivo 10 is defined as a connecting point to organize and classify data. Based on the research questions and on the themes in the interview guide four nodes were created that can possibly create the data needed to answer the research questions: treatment method, power, relationships, and self-perception. The coding is further on a construction by the researcher and with another background or in another context the data might have been coded differently. To be able to know what is meant by each node a code schema was created for each node that reflects a theme within the research as following:

- The theme self-perception was defined as: how the participant thinks his friends/teachers/parents see him; how he self sees him; his dreams/ideas/plans for the future and how he presents himself in the interview situation.
- The treatment method theme was defined as: explanations of what treatment is and how it affects them/how they describe their experience; what they do in meetings with the therapist; frustration with the treatment method; in what way do they present reasons for being in MST; what would they change within the method.
- The power theme was defined as: are they included in decisions; how and in what way do they describe their position in the process; do they see themselves inferior.
- The relationships theme was defined as: how do they talk about others; how they explain to them what MST is; who is most important and supportive; relationship to the therapist; what kind of relationships do they have and what value do they assign them.

After reading and re-reading print outs of all three transcripts three more themes were created to accumulate important and relevant data to the research questions. Theme schema:

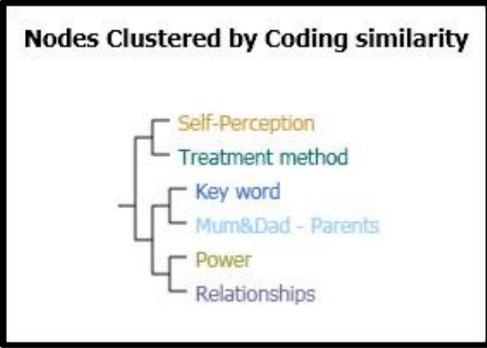
- Mum and Dad/Parents theme: talking about Mum and Dad as a unit; not listening to them or following the rules; what kind of relationship they have with their parents; how they think they see/describe them.
- Terms/definitions/stereotype theme: definition/explanation of MST, treatment; antisocial; client. This theme had been created to gather the different definitions made by all three interviewees in the interviews.
- Key word theme: whenever they talked about 'I' versus 'they' or gave an explanation beginning with 'because' this theme was used.

The theme self-perception (124 references), relationships (102 references) and the theme power (89 references) had the most references from all three data sources – transcribed interviews. When clustering the themes / nodes by coding similarity it is visible that there seems to be a connection between the power theme and relationship theme, the key word theme and Mum & Dad theme as well as the self-perception and treatment method theme. The closer the nodes are to each other the more similarities they share (Edhlund, 2012). Since the last four nodes / themes are even divided into an extra branch a pattern in not only coding, but also in the respondents' replies can be seen. This connection seems to be reasonable since whenever the participants made a distinction between 'I' and 'they', they also tended to talk about their parents and how they see them for example. Interesting is the connection between power and relationships since it indicates that a power issue had been involved whenever the three youth talked about relationships (or vice versa) they have and how these look like. The definition of the treatment method theme and the self-perception theme shows a similarity of coding because both themes collect references in respect to the reasons for being in treatment and how they construct their identity in this current situation. Both themes are separated

anyhow because the self-perception theme is defined as how the participants see themselves and in what way they expressed how others see them. It nevertheless seems to be the case that when talking about who they are or who they want to be all three of them were talking about why they are in MST. This can indicate that the participants' self-perception is strongly connected to being in treatment at the moment.

The terms/definitions/stereotypes theme / node had been consequently left out of this coding similarity analysis since it was only used to collect different definitions for MST, treatment or antisocial used by the participants.

The nodes represent the themes found within the analysis and will from now on be referred to as themes.



## 6. Analysis and Findings

Within this chapter every theme will be presented and sub headlines consisting of different subthemes will structure the analysis of each theme. Direct and indirect quotes by the participants are being used to allow the reader to get an idea of what had been used to analyse and support statements.

### 6.1 Terms, definitions and stereotypes

When asked how the participants would describe what **MST** is to the researcher different descriptions were used. One described it as something with psychologist and doctors which clearly indicates that he had a different perception or he had mistaken it for something else. It contradicts the demand by different authors like Heffernan (2009) to respect citizenship rights of people and inform as well as include them in services targeted towards them. Like the other two participants he wasn't aware of what the abbreviation MST stands for and didn't seem to be very interested in finding out either. The definition of the other participants resembled around 'help for families that are struggling with relationships, families who have problems with their children who do stupid things and fight a lot' (participant 1-3, 2014). It was also seen as something that helps them to not start with conflicts or stupid things in the future. The definition for MST used by the participants can be seen as a very simplified version of how MST portrays itself – as a tool to help families communicate better.

The definition of what **treatment** is was very much connected to a medical or psychological understanding: 'helping someone to be better or to feel better, help in some kind of way with different things (medical or psychological)' or that you need treatment when you have a sickness and get medicine. Again it is not clear whether the respondents were not informed correctly what treatment means in their context, they weren't interested in what it means or whether they constructed it around something medical and psychological. The last assumption seems to be most reasonable since throughout daily interaction with other people, mainly their parents or therapist, the participants constructed their very own meaning what treatment is and how they are connected to it. In a way they gave personalised answers to what treatment means to them, even mentioning within their definition that this is why they are being treated.

Answers varied greatly when they were asked if being treated is ok with them. From being just ok with it to overly debating why they don't need to be treated or by contrast why they specifically need it. Especially one participant had been very eager to explain why he didn't think that he needed treatment, why going to treatment doesn't make one more popular or that it indicated that he has problems. Most outstanding from the view point of social construction is the fact that the participant stated that "[...] you can't exactly say that you are going to treatment every week [...]" (participant 1). This shows that he is aware of the stigma that is associated with being treated or availing one's self of such services. Talking about MST or other services represents a taboo which places a person outside of the social norm. He therefore learned to construct his talk around that, in insisting to the researcher that he would never tell others that he is being treated. This will later be of importance when looking at the self-perception of the participants in this situation. The other extreme had been that another participant already had internalized the concept of needing professional help and treatment by stating that he wants to be treated because he needs it and his family can't do it on their own. It is positive that he and his family have accepted the fact that they need professional help because only if the process of denying helplessness is overcome, can an intervention be successful. Interestingly enough the participant on the other hand then connects this need of

help with the fact that he had been warned by the police that next time he will end up in prison. He already got the official warning by the government (in form of the police) that if he won't comply to social norms expectations in the future more rigour tools of control will be applied. Foucault (1991) describes this as the strongest form of power, where the former disciplining strategies applied, like social welfare office or instructing treatment, didn't show the desired effect and therefore exclusion in form of imprisonment has to be exercised. When asked how it feels to be treated then, the participants said that he thinks it is good. This enquiring answer shows that the forms of power, such as the assumption by Foucault that individuals can be changed through treatment and education, has shown some impact. He is surprised to be asked about his opinion since he is not supposed to question it. Again this can be seen as positive and negative, meaning that the family or the participant uncritically accepted the fact that they need treatment. They internalized the whole process of needing help by the state and being incapable of activating their own resources. This attitude is also reflected in the second participant voicing that he doesn't question why he is in treatment. One form of power social workers hold is the fact that they claim to process the needed truth to work with the 'not-working' (Rose, 1996) and is reflected in the statement by one participant that 'MST has the people to help families who have problems' (participant 3). Through that a power imbalance is created between the therapist or social worker and client that can be found in the previous statement – 'we don't know how to fix it but they know and can help us'. To that family it became normal through nearly daily interactions with the social welfare services or MST to get help and accept that help as well as access when they need it (Mother calling the therapist right away every time something is happening). The only way for the parents to regain control and some power for example is to decide what rules suggested by the social worker they will truly use in the end.

The word **antisocial** is being used by MST to describe the target group of the method – youth with antisocial behaviour. In Swedish it is translated more into youth with behaving problems which isn't as strong in meaning as antisocial. All three participants were not aware of the fact that they were labelled as having antisocial behaviour nor did they know what it meant. Language might have been an issue here since English was only the mother tongue for one of them but even after explaining it in Swedish they didn't connect it to who they are or misunderstood it for unsocial. It is important for social work practice therefore that professionals are aware of the concept and words they use for their clients because they can have real consequences (Hall et al, 2003) even when in this case the youth were not aware of being labelled as antisocial.

## 6.2 Mum & Dad – parents

The parent theme had been created because it occurred to be a very important theme and topic for one of the participants. After creating it as a node it appeared to be part of the other participants' narratives as well. All three participants lived with their biological parents within a family setting and therefore referred to them almost exclusively as 'Mum and Dad'. Throughout the theme four subthemes had been identified.

### *Interconnection between the situation at home / with the parents and the situation at school*

The first subtheme describes the interconnection between the situations at home / with the parents and the situation at school. In one case the participant reports that his parents were never aware of the situation at school until the teachers informed them. It proves that especially youth in the crucial time of puberty can easily take on different identities in these

different worlds. Throughout time they will have to negotiate between these two worlds and balance the different demands placed on them by others (Sharland, 2006). For this participant the main problems existed outside the family and his parents basically agreed instantly to participate in MST because ‘they love and care about’ him as the participant stated. There might be different reasons why his parents were not aware of the situation at school but it shows how easily youth can construct and live in different worlds and peer groups. The identity he obtained in his peer group clashed with expectations at school and only then where the parents informed to kind of discipline their child since it is not meeting behavioural standards in school. In contrast to that is the situation of the other two study participants where the most problems are within the family and within the child – parent hierarchy. Both of them state that fights with parents at home have an effect on the situation at home and vice versa. That supports the need to apply a systemic approach since the different social worlds they interact in are connected. This can be supported that the interviewees reported if the situation at home improved it was easier for example to concentrate at school or do their homework.

### *Parents are not following the rules consistently*

The second subtheme found within the parents theme is that the parents are not following the rules set up together with MST in the first meetings. This theme had been voiced very clearly by the participants as a major issue and reason for fights. For one of them it went up to a point where he wanted to stop doing MST since “[...] they were not listening to me and weren’t following the choices [...] we had made with MST about how to sort problems [...]” (participant 1, 2014: 3). Another participant stated that “[...] Mum and Dad don’t follow [...]” (participant 3, 2014: 2) the rules. Further on it became apparent that they want clear boundaries, parents who know what they want and that they make clear decisions which they communicate with their children. It mostly irritated or even made them angry if the parents didn’t adapt to the rules coming from outside. What happens in a situation where parents try to maintain some power and independence in deciding themselves what rules they follow, is that they create further conflict with their children. Even though they accept help from outside they seem to not be willing to do the work for it as well. Problems in the family are seen as caused by an individual and therefore that individual (the youth or child who is acting out) needs to fix it and do the work for it. Lukes (1974) argues that the power individuals have depends on the identities they hold and therefore being a parent gives you power over your children. If the parents deny the fact that they play a role in the appearance of fights in the family they tend to place the reason for them on the individual child. Parents have to acknowledge in the whole treatment process that problems do not exist within one individual but are caused in the surroundings of that individual and in daily interactions he or she has with others. The youth used this fact as a reason to not follow through with the responsibilities placed on them – ‘if they are not following what they are supposed to do, I will not do it either’. Within interactions with their parents, they get the feedback that it is ok to not follow what was formerly decided with a therapist and create their own reality based on that experience. What needs to happen then is that the parents realize their importance in the whole process which leads to the third subtheme – the parents’ role in the process in relation to power.

### *Parent’s role in the treatment process from a youth point of view*

The power parents hold in the treatment process according to the interviewees is that they for example decide on time and place to meet, they decide what will be discussed in meetings with the whole family and they decide on what rules will be followed. Even though this is labelled as frustrating for the youth it is important to allow the parents to ‘play’ their role as

the parent who has all knowledge and authority expected from her or him by the surrounding society. What parent likes to say that they need help from outside in raising their children when it is expected that they know what they are doing? What happens quite often then is that all the responsibility for problems or fights is placed on one individual in the family by them and almost never on the parents. All three interviewees said that their parents needed treatment as well, that it helped them in the end also and therefore made family life calmer. In one case the parents put the personal responsibility very clearly on the youth in blaming him for financial constraints due to work hours missed because of treatment meetings. He voiced that as hurtful and unfair and puts the responsibility back to the parents in saying that they wanted it in and therefore cannot put the blame on him. By that the youth is trying to not let the assigned characteristics by the dominant group (=parents) affect his construction of identity or self-understanding (Lukes, 1974). Assigned characteristics and properties can influence the youth's negotiation of their own identity where certain forms of identity become rejected and therefore create a feeling of otherness. This phenomenon could be found within the participant's answers when mentioning that parents preferred siblings more or a fear existed to disappoint parents even more and make them unhappy (participant 1-3). Even though the youth was of the opinion that the parents weren't following the rules properly, they stated that the parents *needed* them as well and that 'they have *learned* to be calmer' for example. One can conclude that the parents seemed to voluntarily accept help and support from outside but they also still want to have power to decide by themselves ('We are only following some of the rules' (participant 3)).

### *Parents vs. children*

The fourth subtheme found is called parents vs. children. All three participants presented their parents as a unit in their talk and almost always referred to them as Mum *and* Dad. Only in one case the Mum seemed to be more present in the decision making for example because she was named by the youth as the person who decides everything and the Dad follows her decisions because 'they are married, so he has to' according to the youth. One youth positioned himself against his parents in his way of talking which can be seen as a 'normal' behaviour for a boy his age. It can also be seen as a way to distance himself from his parents to create his own identity – 'Mum and Dad say I need to but I think ..., they want me to do this but I didn't think it was a good way..., it is always two against one...' (participant 1). The only way for him in his opinion, to make sense of his parents disinterest in him, blaming him for financial constraints or ignorance towards him was to be constantly against whatever they were saying. In a way he learned to position himself sharply against his parents will to be able to stay self-efficient and construct his own identity in negotiation with his parent's expectations of him (Rose 1996). Even when looking at the study by Tighe et al (2012) and the process of realizing the effect of one's own actions on others it becomes clear that the only way out of his parents perceived negative feedback is to position himself against them. Through that self-fulfilling prophecy he is constructing his own identity and makes even clearer how important it is to always include the parents in treatment processes to raise their awareness on the effect their own behaviour has on their children. Adding to that effect is the stereotype within some societies to make your parents proud and not disappoint them which had been voiced by another participant. Trying to balance one's own internal changes of self-awareness and the expectations from the outside world is critical during this period of life (Sharland, 2006). Even though the interviewee never stated in the interview that his parents have any specific expectations on him that he fails to meet, the participant continuously came back to the fact that he can't tell his parents everything because he is afraid of disappointing them.

### 6.3 Key words

The key word theme was created because it was detected that the youth at points in their language explicitly took position or gave an explanation for certain behaviour when they were not even asked to. This process reflects an act of constructing identity in their narratives according to Rose (1996). They unconsciously state who they take themselves to be and by what criteria they judge their own actions on. A strong link to the theme about ‘self – perception’ and ‘Mum & Dad’ can be found. The theme is connected with the former because the youth take a strong position who they take themselves to be as well as showing an awareness of the perception of others. It is connected to the Mum & Dad theme because whenever they took a position like ‘They say...but I think...’ it referred to a conflict with their parents.

#### *Position against the societal norms and/or their parents*

Four subthemes were subsequently identified in this node. The first subtheme describes their position against the societal norms and/or their parents. It takes the ‘Mum & Dad’ theme one step further in looking at the language and way of expression used to make their position clearer. A very clear statement from participant 2 indicates his own resistance against society when he says that “[...] it’s like the society we live in [...] they don’t care [...]” (participant 2, 2014: 6). He referred to the fact that people don’t care what he does, who he is or if he has changed anyhow because he lives in a very individualistic society. From a social constructionist point of view the way he understands and makes sense of the world around him is based on his experience and interconnection with others in it (Lewis-Beck et al, 2004). To conclude as a result of this interaction with the world and society as not caring or not being interested might have caused him to not care either on the effect his actions might have on him or others. The way the Swedish welfare State is organized puts a lot of emphasis on supporting the individuals in it equally. So for him to feel like people in this society don’t care about what he is doing anyhow is a reflection of that policy or governmentality. If the government puts a focus on supporting the individuals in it and seeing every person as an individual human being certainly has many advantages. One could be that people don’t care what he does because they will treat him the same anyhow. The perceived disadvantage by this youth then can be that people are so focused on their own identity that a sense of community and caring can be lost. In another quote by this participant it can be seen that he is resisting against norms and standards placed on him by society when he states that “They don’t want you to do it because it is bad for you but if you want to do it and think it is fun you should do it because you like it.” (participant 2, 2014: 5). Maybe this is a reason why youth so often are characterized as problematic because they show their own resistance against norms and expectations placed on them more open than adults would do. This is one form of power a service user can hold in social welfare services: resistance or non-cooperation (Smith, 2008).

General disagreement with parents was voiced in all three cases through expressions such as: ‘...they said they had done it but I didn’t agree...;...they don’t want me to but I still do it...; ...they want to control me even more but I get even more angry then...’ (participant 1;2;3). This is probably a general teenager – parent conflict when youth starts to express their own will and starts to construct their own personalities. Within daily interactions with their parents they test their boundaries and try to be as different as possible from their parents. They establish their own way of thinking in connection to their surroundings and position themselves in these interactions – ‘they have their way of thinking and I have mine’ (participant 1). It becomes more and more important how the specific peer group perceives them and therefore two of them would say that they are in treatment but one would not say it at all. Reason for this is the fact that he does not want to use this word in connection to him

since it would indicate that he (as an individual) as problems and the effect that can have on his position within his group cannot be positive. By the use of language they are trying to create a picture about themselves that should not be connected to negative words in their opinion. They want to have the power to at least guide the direction others can perceive them.

### *Awareness of others opinion*

The second subtheme is therefore connected to a rising awareness of others opinion in the reoccurrence of repetition of how others react to them in their talking. A good example for this is the following quote: “[...] they said that I was – they called it on one of my trips [...]” (participant 1, 2014: 5). They are aware of the fact that others in their surroundings might describe them differently and to a certain extent they showed a reaction or had internalized these expectations and statements in their talk about themselves. This phenomenon of talking in ‘system-language’ as Vitus (2014) would refer to it will later be of importance when looking at the self-perception theme. The language and concepts used to label or categorize them can be found in their talk: ‘I have done stupid things...when I’m with my bad friends...They say I’m on one of my trips which I think is not even true – they don’t even know that’. The categories of what is stupid and what kinds of friends are bad are taking over from other people’s concept of good and bad. They become internalized and then included in their construction and talk about who they are. This is especially visible for participant 1 who always refers to himself as ‘They will say that I’m the most annoying kid, the one who sleeps...my parents would describe me as annoying...my friends will probably say that I’m annoying...’. Including others description of himself as annoying shows to what extent he had internalized ‘being annoying’ as part of his identity in other areas of his life. Using the concept of ‘annoying’ applied by others to his identity then becomes a self-fulfilling prophecy as in the fact that he sees that as part of being himself.

Becoming aware of the effect they have on others had been part of Tighe et al’s (2012) research has an important factor for change. To still get positive feedback from others, they have to make sense of why they did what they did and find an explanation that will establish an understanding. Because their behaviour is labelled deviant or antisocial which is defined as beyond human comprehension or contrary to the customs of a society (Stevenson, 2010) they offered an explanation for their behaviour automatically without being asked by the researcher. For example: “[...] this is because [...] and that is why I’m [...]“ (participant 2, 2014: 1-15). This last quote fades into the third subtheme of creating normality and compliance within their narratives.

### *Creating normality and compliance within narratives*

Constructing and relearning to tell their story becomes visible when looking at the statements such as ‘I got injured so I got depressed and that is why I started to hang out with bad friends’ (participant 3). This was especially visible for two participants who also had received BUP in the past. They had an explanation for every behavioural pattern ready to tell whenever asked about themselves or how others perceived them. The second participant wasn’t as linguistically firm (and hadn’t been in BUP) in giving explanations and quite often stopped at a point in his narrative when others would have explained in sometimes medical language why they reacted in a certain way. Normality was trying to be created by the first two in delivering comprehensible explanations and stating how important it is that the therapist explains to others how to react to them or that they are still ‘normal’ and just have to get better. By providing explanations for their behaviour they are also pushing the responsibility for it away from themselves since it is not their fault that certain things happened because there was a good reason for it. To regain control in their biography in a way the only option is to make sense of events and tell it in a way that others will definitely understand it. The power

the youth holds here is to comply with stereotypes and concepts placed on them and cooperate with social services. Compliance and/or cooperation is described as a strategy of power service users hold by Smith (2008). It is ok to be treated since they have done ‘stupid’ things so society has learned them that you will be punished for that. The influence of categories on the construction of identity and the consequence they can therefore have document the findings by Hall et al (2003) in chapter 3.2. They show that they have understood what is wanted from them and will now do whatever to get out of this increased control mechanisms or as one interviewees said: “[...] when you got them (social welfare services) on you, you can’t do anything [...] I have to finish it.” (participant 3, 2014: 2). This description should not be understood as a critique or something negative since it is very important and crucial that clients understand the full scope of their behaviour because only then can change happen. It however also shows how control from society and/or the State has an influence on a person’s identity and the way they perceive certain State mechanisms.

### *Own importance in the treatment process*

The fourth subtheme which can be found in this node is their own importance in the treatment process or the power they hold: resistance, cooperation, compliance or non-cooperation (Smith, 2008). Three different forms can be found within the interviewees. Resistance within participant 1 – ‘I don’t care, I do what I want; compliance within participant 3 – ‘They are the professionals and they can help us, we couldn’t have done it ourselves’ and cooperation within participant 2 – ‘I had to find out that I’m the main problem for it to work’. Especially with the last statement the interviewees unconsciously states that even though he didn’t had a choice in doing or not doing MST it was still dependent on his compliance. Which he is properly right but it is also as much the parent’s responsibility as it is his to make an intervention work. That was later on in the interview recognized by him. Understanding how to ‘play’ one’s role becomes important because parents for example always win fights or are most of the time right (participant 1 & 2). Again in a process where it seems that the parents are having the power in their hands, the youth is of the opinion that the only way they can have this power is because they are one step ahead and know how to play along.

## **6.4 Treatment method**

Within the treatment node / theme originally six subthemes were identified. It later on turned out that three of the six subthemes were either covered within other themes or didn’t have enough data to make a valid statement for all participants. One of the subthemes left out was how they described or defined to others what MST is. Since this subtheme was already covered within the ‘Terms, definitions and stereotypes’ theme and similar references were used it will be left out. Another subtheme with not enough data was how they see their role in the treatment. Even though it did not proof to be important for the treatment theme it was however covered within the key word theme. Three additional subthemes which came up during the analysis process reflect the primary topics decided for coding the data in the first place.

### *Advantages and disadvantages within the method from the youth’s perspective*

The first subtheme shows the reasons why the youth were of the opinion that MST as a method helped and what they voiced as good / bad with the method. This subtheme is by far the most extensive one within the node since most follow-up questions were concerned with finding out how an initial statement/answer was meant. The basic view within all participants was that MST helped mainly with school and the fights at home. Improvement for the

situation in school was placed as the most important change that happened followed by a calmer family life. Additionally the connection between an improved situation at home and having it easier in school, being able to concentrate better was made. Since two of the interviewees had been in BUP as well, one of them stated that he can't allocate the success only to MST as a method because "[...] at the same time I was doing BUP as well [...]" (participant 1, 2014: 6). Both then subsequently distinguished that MST helped them with solving problems, helped them to calm down and control themselves better as well as reducing the amount of fighting with parents. Highlighted was also the fact that the situation within the family calmed down and that the communication between family members improved to varying extents. In almost all of the studies and research on MST in different countries, improved family relations were named as a positive outcome and a factor for change (see chapter 2). On one hand setting up rules was named as the main reason for reduced family fights and on the other hand the adherence to the rules by parents was also named as the main reason for frustration with MST and fights. Focus of most therapy meetings was school, family situation, rules, feelings and medication (participant 1-3). Noted can be the fact that all three participants additionally were taking medication against either depression or Attention Deficit Hyperactivity Disorder (ADHD). It was not of further interest for the researcher to investigate the connection of being medicated and the construction of identity or relationships. Interesting findings can properly be made in the fact that these 'antisocial' / 'deviant' youth were all medicated to control their behaviour in the first place.

Differing from that was however how they described the reaction the participants got from teachers. 'They either didn't care that they were doing MST, they didn't think it will help at all or they told them that it made a big difference'. What can be seen then is that the one who described a positive reaction also stated an improvement of the school situation as the most important change since starting MST. Whereas the ones who depicted a more negative or less caring feedback also were still having troubles in school. This shows the effect positive reinforcement can have on the construction of a new 'school identity'. Because one of them got positive verbal feedback from the teachers, that the way he is behaving now is within the norm how he should be as a pupil, he was able to implement this in developing and constructing his identity. A certain surprise can be determined in their answers about MST helping within the school setting. Throughout the method it was asserted by the youth that certain ways or certain rules helped them but that there were also rules which made their life harder. The method itself also seemed to have the function of social control and discipline as mentioned in Foucault's concept of governmentality (Gilbert & Powell, 2010) with varying success. Participant 1 asserted that MST helped him to realize what is really important in life – not to talk to friends during lessons but to get the grades and learn something. Of course society or social policy has a certain interest in 'functioning' citizens that have a good education than in having to invest money into measures to get people ready for the labour market. In contrast to that participant 2 was more resisting in a way that he seemed to be aware of the fact that his parents or therapist do not want him to fall behind in school or engage in risky activities but he clearly voiced that he is not interested in that at the moment, doesn't want to change and just wants to do whatever is fun to him. Answers to certain questions by participant 3 indicated that the method had the purpose of exercising governmentality since he was of the opinion that his family needs the professional help because they can't improve without MST.

Another interesting finding within the subtheme was that even though the youth said that treatment or MST started because of them, it helped parents as well and they learned something from it. Concluding of that last subtheme is that throughout their narratives youth described a process of coming to terms with accepting treatment or MST. First they didn't want to do it in the beginning / had no real option / had to do it' to then resisting against it by saying that 'it is not fair that they are the one being treated / it's not only them, others need it

as well'. Followed by that was a form of regaining power when they demand that 'if they are the centre of attention they want more power or freedom to decide and be included'. Subsequently they arrive at the decision that they can 'see a reason why it was good and helpful in the end' (participant 1-3).

### *Suggestions for change by the participants*

The second subtheme consists of suggestions for change within the method from the youth's perspective. When asked what they would change if they would be the therapist in their case, all three had clear ideas what they would change: they wanted to be more included in decisions and taken more seriously by parents, teachers or therapist. These findings resonate with the claim by UNCRC article 12 that "Every child has the right to say what they think in all matters affecting them, and to have their views taken seriously". It however also gives a hint into the direction that the UNCRC isn't maybe always fully applied or that it has to be followed even more rigours since article 12 seems to be important from a youth's point of view. One of the participants also demanded to have more options and chances to try out different ideas to solve a problem that he has. As a way of regaining power and being more demanding he wants to have more power to decide when it is decisions made about his life. Interestingly enough even though all three did not agree in the beginning that they needed treatment, two of them voiced that if they could change something they would have more meetings with the person it is about or focus more on only that person. Causes for that were that it felt like they could be more open if they were with the therapist themselves, they could decide more and didn't had to negotiate with parents or that they have felt more listened to. A strong relationship with the therapist was found to be positive for relationships within the family and a source of support in earlier studies by Tighe et al (2012) or Asscher et al (2013). This can be proven by the fact that the mother of one of the participants always called the therapist whenever something was happening in the family to get on time advice on how to react for example. Even though this was experienced as annoying in the first place, the youth later on explained it as a source of relief knowing that his Mom called the therapist and wouldn't overreact. For that special case the researcher got the expression that the whole family seemed to have internalized the fact that they need professional way to an extent that they didn't had the resources to solve problems alone. This can create a dependence on professional advice that might be negative for the future or possibly hinder self-help forces.

When talking about attributes the therapist should have, it was mentioned that he should talk more like a teenager or 'talk more understanding'. Achieving understanding by others had been a topic of importance in the previous theme. Within the study by McPhail (2010: 111) on youth's experience with social workers it is stated that the youth wants "[...] to be respected [...] treated with honesty and not spoken to in social work jargon." These findings by McPhail have been reflected within almost all the themes within this data set and have a crucial impact on social work practice and how to construct a client – social worker relation.

### *Therapist as a person who voices the youth's wants and needs in discussions with parents*

The third subtheme highlights the importance of the social worker or therapist as a person who voices the youth's wants and needs in discussions with parents – an advocate for their wants and needs. Throughout the interview it was mentioned occasionally that it was important that somebody from outside had the most power to negotiate between parents and youth. The therapist was experienced as a person who mediated between the parents' expectations and the youths' ideas which helped them to get a stand in what they want out of being treated. Another person making the final decisions within the treatment process and that

they were able to say more often how they want things to be done was experienced as empowering on one side. On the other side it took pressure away from the parent – child relationship in being able to rely on the expertise of an external factor. Experienced positive was also by one of the participants the fact that the therapist told parents or others what to do, had the most power and always had ideas on what to do in therapy meetings. This resonates with an earlier theme within the ‘key word’ node that the youth wanted to have clear boundaries and parents who knew what to do. This is especially then important when considering that the youth gets the feedback from society that they don’t fit in the norm and therefore need to be treated. Through the dominance of a certain group in society certain forms of identity become rejected (Lukes, 1974), leaving the youth with the feeling of ‘otherness’. To have a stable factor in life that gives guidance and support unconditionally is then crucial in negotiating their own identity in society. A stable relationship with the therapist as proposed by Asscher et al (2013) is therefore even more important for a positive outcome in treatment.

## 6.5 Power

Mentioned before in the theoretical framework as well as in the ‘key word’ theme are different modes of power and power strategies service users hold. Power can have a personal aspect that effects the construction of identity, a positional aspect which determines the social position or interactions and a relational aspect which is dependent on the nature of exchange (Smith, 2008). Throughout the theme three subthemes emerged which were difficult to distinguish and therefore cannot be seen separately from the other subthemes in this theme. All three themes however reflect to a certain extent the different modes of power proposed by Smith (2008). The first theme describes the *process of regaining power* through interaction; the second theme describes the *feeling of powerlessness* and the third theme describes the *power struggle between parents and youth*. Corresponding with the first theme is the personal aspect of power because in trying to regain power through certain action or interaction with others the youth were constructing an important part of their identity – taking initiative and resisting others taking control over their lives. The second themes reflects the positional aspect of power and is strongly linked with the first mode because by constructing ones’ own identity a person is also determining his or her social position in society and establishing interactions with others. Power struggles with parents in the third theme can be seen as a relational aspect of power. The nature of relationship they have with their parents or their therapist is influenced by power imbalances and has an effect on relationships they have inside the family but also outside the family. Limitations to an ideal social worker – client relationship occur because the nature of their encounter is not natural in the first place as stated by Healy (2000) and conditions the relational mode of power. In a study by McPhail (2010) an important observation had been made by the participants of that study: students of social work had listened more to them, were more interested in their opinion and included them more in intervention processes. The participants of that study further on stated that this had changed after these students had finished their studies and became professionals. Before the relationship between them and the social work students had been experienced as more equal and therefore they felt more included. After receiving a diploma on paper saying that they are professionals now changed their construction of their social work identity. This issue of power, authority and professionalism is picked up by the interviewees of this study and can be seen as an affirmation of McPhail’s findings. The interviewees voice that phenomenon when they state that they want their therapist to listen to them more, include them more in the process and talk to them like a teenager. What can be found additionally is the process of governmentality mentioned by Rose (1996) and Foucault (2008) which sees the claim of the

profession social work to possess the knowledge to work with not-working individuals as critical.

### *Process of regaining power*

The first subtheme gathers data that had been analysed as a way to regain power in certain situations. Mostly this had been found through looking at the construction of language or the youth describing a certain way of reacting to mechanisms of power. In patterns of language and certain patterns of answering the youth revealed that they were aware of certain ideas, norms or expectations placed on them but chose to do something else: ‘...they want that I do this but I still do it that way..., ...I know they don’t want me to – I do it anyhow because I like it, ...I know they love me and stuff but I don’t want to change and I will still do it...’ (participant 1-3). Another critical incident described by one of the participants in an earlier node (Mum & Dad) about parents blaming him for financial constraints and not meeting the demands by the labour market, the parents reveal on one hand the power structures they experience and are inferior to. On the other hand the youth is actively trying to keep this away from affecting his identity construction (‘I’m the fault for no money in the family’) in expressing that they cannot blame him since they have applied for treatment in the first place. In a way he is asking them to take responsibility for their own actions and not blame it on him. This can be seen as a process of constructing identity and how people judge their own actions in relation to others in their social network (Rose, 1996). Even though the parents make him responsible for problems, fights and money constraints they don’t give him the possibility and power to be fully involved in the changing process as he claims. A possible explanation might be that the parents don’t want to admit to the fact that they are part of the problems they have.

What can be found in this subtheme is that in various cases the youth is using the therapist as a ‘tool’ to regain power and independence from parents. The fact that they describe the therapist as taken them more serious than their parents and because of that being able to contribute more to conversations about how to create better communication patterns in the family for example, shows the importance of a positive relationship with the therapist. Nevertheless a contradiction can be found in the matter of fact that even though they describe having the therapist on their side situations arise where the therapist would choose the parents side or believe them more according to the interviewees. Trying to regain power and normalisation can be found in wanting to be more included in decisions, even though they all three answered if they were included with a clear yes, and wanting to have more options. Corresponding with these demands placed by the youth Heffernan (2009) claims to respect citizenship rights of people and include them in the services targeted towards them. The social worker or therapist was described by all three youth as the one who has the most power in the process. Affected by this is additionally the struggle of parents to comply with the decisions or rules the therapist is suggesting. Youth naming the therapist as the most powerful person within the treatment process can be due to the fact that they felt more included because of him and by that were putting their parents’ power inferior. Which they tried in turn to get back when following only some of the rules as pointed out by the interviewees.

### *Feeling of powerlessness*

Within the second subtheme mainly incidents described by the interviewees were gathered where they felt powerless. For all of them this happened when the initial process was started because they did not have an option and had to do it or “[...] when you got it on you, you can’t do anything you just have it.” (participant 3, 2014: 2). The dilemma of voluntariness was also mentioned in connection to starting MST. Feeling of not being able to have the freedom to choose but rather having to comply with disciplining mechanisms was connected

to frustration. The feeling of powerlessness was in various cases connected to an internal conflict of having to accept that disciplining and controlling mechanisms as Foucault (2008) would say are being applied and the request to be able to have more possibilities when it comes to decision making. Two of the participants on top of that named certain peer group structures that made them realize that they have no control over them. In one case the demands of the peer group left the youth with a sense of not being able to escape these social structures without having to accept professional help from outside – “[...] you need help to get out of there [...]” (participant 3, 2014: 12). The conflict between the demands from the peer group and differing demands from parents had an effect on the way he constructed his identity (James & James, 2008). In the course of the interview the participant constructed his story on incidents of coincidence where he had no other choice and that everything happened for a reason he couldn’t control or had power over. By constructing his story in this way he also is disclaiming having any responsibility for his actions but rather being a victim of social structure and society. In contrast to that the others were constructing their story based on inequality and unfairness or on consciously choosing to be and behave in a certain fashion. The way individuals learn to tell their story will be further developed within the following subtheme.

### *Power struggle between parents and youth*

The third subtheme of power struggle with parents will repeat findings from the ‘key word’ and ‘Mum & Dad’ theme. Described by the participants as the most divergent issue was the concept of introducing rules in the families as means of creating a code of conduct and tool that all family members could follow in precarious situations. As already mentioned did the interviewees depict multiple times situations through the interview where the parents decided to not follow some parts of previously agreed on or fights evolved around how to interpret the rules. The youth obviously expressed through the interview that they were willing to follow the rules and methods suggested by MST (however only when they agreed on them and were included in the construction of these rules) but felt like parents didn’t adhere to them one hundred per cent. Looking at these situations from a social constructionist point of view one can interpret the parents’ behaviour as a strategy to still uphold the construction of how a parent-child relationship should be suggested by society. The parents inconsistency in accepting help from outside or not being able themselves to follow the rules resulted in frustration, anger and disappointment by the youth. When trying to voice these issues parents were denying that they didn’t use the rules and instead blamed their children’s behaviour as a reason for them not being able to follow. Reasons for conflict also resulted out of experiencing an unequal relationship between parent and child where the youth stated that they did not agree with the parents because they did not agree with them either. This sullen reaction displays how some of the youth were handling the power imbalance between them and their parents. Further disciplining mechanism like electronically devices to monitor children’s whereabouts parents can use nowadays, also undermine youths’ independency and leave them with a continuous power struggle for their parents’ trust.

## **6.6 Relationships**

The ‘power’ and ‘relationship’ theme showed a similarity in coding when analysed with NVivo. This gave an important hint to a possible connection of these different themes in respect to the research questions. A possible reason might be that whenever the youth talked about relationships they have, an issue of power had been within these relationships. Therefore a lot of quotes used in the power theme were also used to look at relationships and if these are affected by the treatment method. A connection will be drawn to the treatment

method node to detect similarities in coding. It also might be the case that the construction of relationships is not connected with MST as a method but with the fact that these youth are treated for behaviour that is not conform to societal expectations. Then a connection with societal norms and expectations should be made which would exceed the scope of this study.

Five subthemes were found in the relationship node mainly relating to relationships with friends, teachers, within the family or with the therapist. It was also found that all three interviewees named one important person who supports them the most, with whom they had an intimate friendship. Within the data one interviewee named the importance of his and his families' wider social network as a means of 'mental' support for his parents, where it was ok to say that they have family issues and get professional help for it. The other interviewees did not mention that and therefore it wasn't considered to be a general theme but however still considerable to mention. Generally within all four subthemes the influence of previous negative experiences or negative relationships on the variety of reactions to certain problems and conflicts was found. Previous experience where one had been bullied for example had an effect on the way the interviewee would react to somebody who is teasing him. Similar to the previous themes a connection was made between relationships in school and relationships at home.

### *Relationship with the therapist*

The first reaction of participant 1 to the question whether he feels included in decisions by his therapist was answered with a 'yes', that the therapist is listening to his ideas and that he gets along with him. Throughout the interview it was however found that the participant was biased when it came to describing the relationship with his therapist: He described that he felt like 'the therapist looked down on him and thought that he was just stupid' (participant 1). This reaction might have different personal reasons, when looking at it from a more general point of view however it might be that he is included in decision making but still gets the feeling of being looked down upon. On the other hand it might be a social construction of the participant to generally feel looked down on by people from outside because he might get the feedback that his behaviour is not wanted in that way from his parents, teachers or his therapist. A slightly biased attitude towards the therapist was only found within one other participant who described being integrated and listened to and at the same time stated that the therapist always took the parents side in discussions. It was named to be very important throughout their answers that they want to have an equal relationship with the therapist. This might be hard to achieve since the encounter of these two parties will never be truly voluntary or natural as Healy (2000) states and because of that always include a power imbalance. The role they assigned the therapist out of that was that a neutral person had been needed to balance out the power relations within the family and to give them a saying in decision making processes. Generally the relationship with the therapist was not as influenced by issues of power as the relationship described with parents for example. It was easier for them to accept the fact that the therapist would first agree to the parents and then agree with them. It can be seen that the youth had come to terms with a certain hierarchy in decision making and a power difference between youth, parent and therapist. Wanting to have more time alone with the therapist can then be seen as an act of trying to gain some more power since they didn't have to consider their parents ideas or wants in meetings with only the therapist. The age of the therapist was mentioned by all three as an important fact for a more equal and understanding relationship with each other.

Critically can be seen the fact that in one case the therapist was telling others how to react to the participant, how to deal with his behaviour and what kind of relationship to have with him. For once it is described as a relief by the participant because it takes of pressure from difficult relationships and then one can create more opportunities to develop and change the pattern of relationship. On the other hand the way the therapist expresses how the

relationship should be is a social construction of his own on how a positive relationship looks like when the participant and his counterpart might find a different way to construct a new form of relationship with each other.

### *Relationship with friends*

Relationships with friends were described very differently by all the interviewees. This started already when asked whether they would tell their friends about being in MST treatment. Answers varied from ‘I would tell them but they don’t care’, ‘I would tell them but not in detail’ or ‘No way I would tell them’ (participant 1-3). The answers given by the participants can be interpreted as a reaction to their social position within their peer group and what demands are placed on them by the group. It also can be seen as the value they give these friendships and peer groups and to what extent they influence the construction of identity as pointed out by (James & James, 2008; Kassem et al, 2010). The participant who wouldn’t tell his friends kept on insisting to react that way even when asked if he would tell if he is forced to. It seems to be the case that he absolutely wants to keep the connection of treatment / therapy to him as a person away from him. Since identity is formed through daily interaction and use of language the name-labelling whether one is a client or service user seemed to be less important than how to call the ‘activity’ treatment in front of friends. Having to adhere to the identity formed through demands from the peer group is even more important when looking at the statement of participant 1 that “[...] I can’t just stop doing that – my friends would think that is weird [...]” (participant 1). The identity he had acquired through his social world cannot be just changed since it served a certain purpose at that time. When starting an intervention with a person where behavioural patterns should to be changed the professionals always have to keep in mind the purpose that identity had fulfilled before. To all participants it was important how their friends perceive them and how they would react. How much the peer group can manipulate (or stimulate) the construction of identity had been proofed through this subtheme and authors like Landolt (2013) or Kassem et al (2010).

### *Relationships within the family*

As in the previous subtheme the described relationship with siblings had been very different for all participants and therefore no general pattern could be found within this subtheme. The interviewees either had a good relationship with siblings or they were one of the reasons for conflict in the family or they didn’t even mention them in their talk. In contrast to that the relationship with parents was almost by all of them described as difficult and unhealthy. However an enhancement of relationships within the family and with parents had been noted because of MST. The communication between parents and youth had improved and had been calmer. Improved family relations had been found by all effectiveness studies on MST in chapter two. The relationship with parents had experienced most pressure from following up with rules and both parties had to relearn how to construct a positive and appreciative child-parent relationship again. For example the coming-home situation had to be reconstructed by both sides and tools needed to be learned on how to react differently to certain situations when a previous reaction scheme was described as wearing to the relationship. One youth constructed the parent-child relationship as very hierarchical and conflictive up to a point where he would not even be able to acknowledge that his parents had changed as well without saying something negative. Breaking up such strongly internalized patterns of relationship and identity construction remains a challenge that might not be able to be solved in an intensive treatment method like MST.

### *Relationship with teachers*

The relationship with different teachers was very much influenced by whether the teachers expressed to the interviewees that in their opinion it was useful that they had MST or not. They were described as positive if the teacher gave them positive feedback and communicated that change within behaviour had occurred. It was described as difficult whenever they weren't able to communicate with the teacher because they didn't like for example the subject or had learning difficulties with it. For one of the participants it was very important that the teacher knew him personally and was empathetic, trying to understand his story. Especially in an institution that is mainly dominated by discipline and achievement it seems to be significant to have a person who 'understands' your circumstances and can relate to your problems.

### *Importance of an intimate relationship*

As already mentioned in the beginning of this subtheme all three participants named one certain friend as being the most supportive and most accepting person in their life. Only one of them named his mother as most supportive. That might be due to the fact that according to his story he just had a big fight with his best friend. The importance of being part of a social group or having a supportive peer group where they can find social structure and position is highlighted once again. Quite often these intimate friendships were described as important because 'he understands me; doesn't question what I do; is most supportive of me as a person; we are quite alike; she can read me and knows me very well; I can absolutely trust her' (participant 1-3). Having an equal relationship where one can get understanding and support no matter what others think is crucial in constructing an identity and negotiating between different demands (Rose, 1996). It additionally proves that a multisystemic approach is useful when working with teenagers going through an intensive period in their life because all kinds of resources they have can be activated.

## **6.7 Self - perception**

The theme on self-perception had been proven to be the theme with the most references in it from all three interviewees. A possible explanation is that all the data in the other themes influences the participant's self-perception. However they make sense of power structures, what kind of relationships they have or in what way they talk about their parents can be seen as a reflection of who they take themselves to be and how they position themselves within their wider social network. Even within the theme different subthemes were found that are intertwined closely and therefore the following four subthemes were more or less created to give a better overview about different perspectives in it.

### *How they believe the therapist would describe them*

The description the participants used to describe themselves from their therapist points of view were depending on the relationship they had with their therapist. If they had a good relationship with their therapist they used words to describe themselves like 'nice guy, smart, intelligent, kind' (participant 1 &3) and that they didn't feel judged by him because they understand their actions (participant 3). Having a positive relationship with their therapist or their friends had an effect on their self-perception. They internalized the idea of being kind or nice for example because that reflected the feedback they got from interactions with their therapist. The construction of identity happens within interactions or relationships and helps to discover what individuals take themselves to be (Rose, 1996). If the relationship with the

therapist was however described as neutral or at points as negative, words used to describe himself from his therapist's anticipated point of view were biased: 'He thinks I'm a problematic kid, that I'm stupid, likes to break the rules or he looks down on me' (participant 2). When asked at a later stage in the interview the picture had been slightly different. In his opinion his therapist thinks that "[...] I'm smart but that I chose stupid things." (participant 2, 2014: 7). It can be clearly seen that he constructs his behaviour as his own responsibility and as a choice he had made. Therefore he can be the only one to change it. The kind relationship he has with his therapist has an influence on the way he sees himself as someone who has the responsibility and choices but decides to go the other way.

### *How they believe the teachers describe them*

Similar to the first subtheme on how their therapist describes them, the description they anticipated from their teachers about them intertwined with the relationship they had with their teachers. One of the participants even voiced that he can't give the researcher a description from his teachers because there would be different once since he gets along with some of the teachers and with some he doesn't. Therefore the descriptions would vary depending on the relationship he has with a teacher. Others described themselves as 'most annoying, problematic, difficult, disturbs lessons, complicated' which they took as a description.

### *How they believe their friends describe them*

The description they expected their friends to have were at points influenced by descriptions from their therapist or teachers but generally more positive adjectives and words were used. When words used by teachers for example were adapted within their friend's point of view they had a different meaning. For example participant 2 used the word 'annoying' for his therapist and teachers view of him but also for the description by his friends about him. Within the friend subtheme the meaning was however different since annoying indicated that he's breaking rules, is not caring what others think about him and that he is resisting rules within society. In his peer group being annoying serves a different purpose and is valued as a positive characteristic. It also became clear with the other interviewees that each of them had a certain role within their group of friends that they wouldn't want to give up that easily since it served them an important purpose even though that might have evoked disapproval with teachers or parents (James & James, 2008). The interdependence between the relationships they described to have with their friends and stated descriptions used by their friends resonated how they would describe themselves to the researcher. Participant 1 for example earlier in the interview pointed out that 'at the moment he had a discrepancy with his best friend because he insulted him'. When then asked later how his friends would describe him he wasn't sure how they would describe him and voiced a concern that he 'cannot know that since they might talk behind his back'. He however hopes that they would describe him as a good friend who helps others. The uncertainty about his social position at the moment within his group of friends is shown by that and how relationships have an effect on the negotiation of identity. The third participant had different kinds of friends which he called good friends and bad friends. Valuing what friends are good or bad is a construct he internalized resulting from interactions with his therapist, parents and society. His old and good friends would describe him as 'taking care of everyone, nice guy, fun to be with and proud of his earlier sports achievements'(participant 3). Wanting to have this 'old' identity and his good friends back had been described by the interviewee as challenging, disappointing and hard on him. The feeling of being stuck with the attributes his bad friends would use ('criminal, does small stupid things, you should not mess with him') creates a vicious cycle according to the interviewee. Because his good friends do not want to be associated with him because of what

he has done and even though he is trying his best they avoid him, he hangs out with his bad friends again to compensate. Further on it becomes apparent that the participant thinks that he just has to learn how to talk about it (his stupid things) so they can understand him better and can be his friends again (participant 3). The struggle of helping the youth to associate with positive peers and to what extent this is successful in MST treatment is ambiguous in effectiveness studies on MST (Andrée-Löfholm et al, 2013). Since only one participant described this struggle of ‘good’ and ‘bad’ friends’ it can be noted that in his case the association with positive friends had not been successful yet.

### *How they talk about themselves and how they describe themselves to the researcher*

This subtheme had been created out of indirect descriptions of the participants themselves throughout the interview in contrast to when they were asked explicitly how they would describe themselves to the researcher. What can be found when looking at the way the different interviewees talk about themselves is that each of them has a different way of presenting their story. Participant 1 describes a lot of inequality in his life, unfair decisions and treatment by his parents or teachers as well as him being the victim of circumstances around him. Because of that he is not of the opinion that he needs to be treated it is more other people who need to be treated as well. He constructs his social position as being part of a bigger picture where the responsibility in his actions cannot be placed with only him since they were caused by others. When asked about his future plans he stated of wanting to be a prosecutor which is an interesting choice since it is an occupation where the prosecutor doesn’t take sides, detects inequalities and wants to find the objective truth as the participant explained it.

Participant 2 on the contrary constructs his story around the fact that whatever he has done was his own choice and the responsibility of his actions lie strictly within his own actions. The best solution to his problems (which he would not describe as problems) is that he could do whatever he wants and others have to deal with that. When talking about his future he wants to be a police officer because of the danger and because he thinks he will be good at that since he has “[...] lived like them so it is easier to talk to them if you are experienced [...]” (participant 2, 2014:8). These findings correspond with the study by McPhail (2010) on youth reflecting on their experience with social worker’s where they stated that it was important to the youth to see that their feedback has an impact and is understood. Like participant 1 he chooses a profession where a lot of power is anticipated by having this position in society. It however also might be the case that both of them are influenced by the current genre of TV series and current movies in Sweden. The way he wants to be seen by the researcher is as funny and charming which can be a result of gender and age since it is also different to earlier description of him.

Participant 3 tells his story as a coincidence where he did certain things because something has happened to him that he could not control or influence. A discrepancy can be found in his internalized picture and how he wants to be seen by others. The participants use different words when talking about himself as an ‘angry person, got a lot of aggression, sad, depressed, does stupid things, lazy and scared’ (participant 3). When asked to describe himself to the researcher these words are not used since he wants to be seen as a nice and loyal person stressing importance on the fact that “[...] he is not a bad guy but he has done stupid things because of his knee [...]” (participant 3, 2014: 14). An internal struggle between the expectations of his parents, his friends and his own constructions of identity can be discovered. To a certain extent this is a normal development within youth as Sharland (2006) states where it is even more important to have consistent guidance and support.

## 7. Concluding discussion

The aim of this research has been to investigate how youth experiences being in a treatment method like MST and how they describe being treated from their own point of view. The strongest statement resulting from the analysis is that the interviewee's construction of identity revolves around the fact that they are currently being treated. One of the central themes which became apparent throughout the interviews was the conflict between internal and external views of self. How they expect others to categorize them, the fact that they are being treated is in centre. This was also reflected through the recognition of power imbalances within personal and professional relationships. In order to remedy this, they have developed coping mechanisms which aid in reestablishing their own sense of power. The findings in this study can be understood in different ways depending on many factors. When using the theoretical framework and concepts such as social construction or governmentality the findings can be interpreted more critical. Using the proposed theories and concepts had therefore been useful to develop a critical analysis. Applying the mentioned theories leads to general relevant findings in relation to the research question from all the seven different themes / nodes that are listed as following:

*The power of rules within the treatment method and the influence they have on the participants:* setting up rules as something positive that is structuring daily family life. Issues about rules arouse when coming to the fact who is following them and who isn't. The participants also mentioned the rules as one of the main reasons for fights. Parent's adherence to rules was complaint by the participants and also mentioned as a tool to voice one's needs and wants. When applying the concept of power and governmentality by Foucault one can interpret the setting up of rules as a form of trying to discipline not only the youth but also the parents. What was described by the participants is that the parents show a stronger form of resistance against these discipline mechanisms by self-choosing the rules they want to adhere or not than their children. By a social worker trying to impose a method of treatment on a family could be seen as an attempt to reconstruct the State's currently accepted construction of „family“. Resulting from this analysis is that social work professionals should to be aware of the current state discourse and how youth is portrayed in recent debates, media and literature. Only then can a change in social work practice occur that is able to facilitate emancipatory and equal practice.

*Strategies to cope with power the youth have as well as modes of power in the intervention process:* they are revealed through the construction of language and the way of talking about themselves. Even though the youth are developing their own mechanisms to regain power in the treatment situation it can be also seen as an act of distancing oneself from parents or the therapist expectations and developing one's own identity. The question is whether they are really regaining power in that situation or if this can also be seen as a way of rebellion? In any way it is an important insight to be kept in mind since it has an effect on the client-social worker relationship. It also highlights the effect of governmentality that particular groups are identified as 'at risk' within a given society and because of that are being observed, managed and disciplined to create normality. Where they fail to meet normative standards more coercive disciplinary techniques such as imprisonment or hospitalization are being applied. The creation of a positive and emancipatory relationship between social worker and client is then limited by an impending state authority.

*Adjectives and words they use to describe themselves and how their friends would describe them contrast with the words they use to describe themselves from their teachers or parents point of view.* The notion of what deviant youth or youth work for example is has changed over time. Language as a form of social action where by talking concepts or ideas get constructed. Through the use of language the social phenomenon of deviant or antisocial youth is created by professionals and the society. Over time the construction of youth has

changed and with it the way social work professionals relate to them. How dominant social discourse influences societal opinion is another source of power addressed by Foucault. A discourse is constituted by language and symbolic systems which in turn influences our thinking and talking about people. The difference in effectiveness findings of MST within the U.S. and European countries has to be seen from a social constructionist point of view since this allows a more critical perspective. It can give an explanation for the differences because youth is constructed differently in different countries and contexts. Applying a social constructionist view can have disadvantages as well. Seeing or interpreting certain social phenomena as a social construct can be experienced as pre-given and therefore can prevent change and empowerment of citizens. Therefore social work professionals should have in mind their own mandate and responsibility when practicing.

*Different ways of constructing and telling their story, who they are and why they are who they are.* It seems like that the youth has learnt to tell their story in a certain way to obtain approval by others / society. When using the concept of power or social construction presented here one can interpret that they are applying systems' language within their construction of identity to regain power or control in their life. By applying system's language they are also reproducing language and concepts used in the welfare system to categorize individuals. From a social constructionist point of view social work professionals have to be critical of assumptions made who these 'antisocial' youth are or what they need and can do. Within the issues of access to participants in the beginning of the research process it became clear that the social workers had a different assessment of the youth's ability to talk in a foreign language or to even talk to a stranger in the first place. It also becomes clear that categories or concepts used by professionals within practice have an impact on clients since they incorporate them in their talk and by that reproduce them within society. The construction of identity as Rose (1996) describes it is a part of therapeutic process where individuals start speaking about themselves as 'I' and with that starts creating their identity. How much is this construction of identity however truly their own? What became apparent when analysing the data is that the youth quite often referred to what others said about them and included that in their 'I'- messages. Through the use of language they reproduced concepts and words used to describe them from an outside perspective of society. What can be done then in social work practice is to work together with the youth in finding a way to construct their own identity in a different and more challenging way that allows them to operate within the given norms of society.

*It's not about how to be named or referred to by the therapist but rather how to name the 'activity' (treatment) involved in and explain to others what it is they are doing in treatment.* All participants had shown a rather realistic view on the fact that they are in treatment at the moment and that they have no influence on it. It demonstrates the need to include participants when it comes to development of services since their view can be quite different from professional or the dominant discourse. For that reason the discussion within social work has to focus in future research more on concepts and categories that matter to the 'clients', such as how to name treatment or intervention meetings in a way that others don't focus on the negative connotation of the words which professionals use.

*The importance of at least one close and intimate friendship to support and understand them unconditionally became apparent.* This is where the concept of resilience would be useful to interpret the effect of a close relationship on their further being. Even though the choices they make are their own, they are guided by life experience, culture and the context they were made in. The issue of agency and how to include that into practice has to be on social workers mind when working with that age group since "Young people are social actors in a social landscape" (Evans, 2002: 265). Their future depends on how well they are equipped and what kind of support they experience on their way. Evans (2002) further on demands that for social policies or interventions to be effective, the interdependency of

structural forces and the attempt to regain control over their life has to be constantly kept in mind. The question is what is meant by effective? From what standpoint – policy makers or youth? It also shows that further research on relationships within friends or school needs to be done and on how these can have an effect on treatment outcomes.

*What can be learnt for social work practice from the participants' wishes for change:* The youth want to be more included in decisions and in the treatment process. Language used within the treatment should be more 'teenager-friendly' so that they can relate to it better. It is very important to have a therapist who understands (they don't want to have to justify their behaviour) them and has empathy.

The findings of this study suggest that further research needs to be done within the field of youth participation in the construction and development of services. As the analysis of data and the application of a social constructionist view have shown it is crucial to include service users (youth) in this process. To be able to be truly emancipatory as Beresford & Croft (2004) demand, the social work profession has to open up its professional understanding and allow the target groups to join in on the development of new forms of practice. Only then can claims made by Foucault (in Gilbert & Powell, 2010) be disproved that for example social work is just reproducing prominent state discourse and is perceived as a controlling practice.

Specific to the field of MST is the notion that even though it can be allocated within the field of EBP, mainly quantitative research exists on the effectiveness of the method. As mentioned in the beginning little had been done to investigate clients' perspective in an EBP method like MST proving that qualitative research is needed here. A possible explanation of that had not been the aim of this thesis it is however noteworthy that EBP practice and methods should be critically looked upon. Whose view is displayed as 'evidence'? Are only the professionals view reflected in EBP or where the participants or the target group of that particular practice included in the evaluation of the practice? What had become visible within this study is how important it is to gain in-depth understanding of complex intervention process with individual human beings through qualitative interviews for example. This understanding could not have been obtained through quantitative research methods.

Since the study sample had been relatively small and only one person (researcher) with a specific background has done the analysis all findings can be seen as subjective and only specific to this study. Implications that result out of the analysis are that a different form of social work practice has to be developed to be able to meet the client's expectations better. It additionally proves why further research on service user's views and children's views is needed to create a more emancipatory social work. Beresford & Croft (2004) mention that for social work to be truly emancipatory professionals have to be more involved in the construction of it and develop closer link and alliances with service users. How are social work professionals supposed to include client's in constructing more emancipatory practice if they don't even know how they want to be called, what they are capable of doing or don't even ask them in the first place about decisions regarding their life? Especially when working with this age group of 15 to 17 years old it becomes obvious that they want to be more included in the intervention process to be able to create their life together with the social worker or therapist.

To understand youth's 'risk-taking' professionals have to see them as agents of their lives situated within their social, material, cultural and relational world. Risk-taking is part of youth's identity that should not be taken away completely from them since that is where one can learn the implications of one's own actions on others and create an identity. The construction of different, challenging and new forms of service user involvement should guide future social work practice. During the literature review process the most striking finding in respect to social work practice had been that a study by McPhail (2010) had shown that social

work students were experienced as more empathetic, including and equal in their relationship with clients compared to once they became professionals. This also proves Rose's (1996) critical view on the power social workers hold, stating that it is justified by professional training and the claim to possess the needed knowledge to work with 'not-normal' citizens of a society. This effect of a changing power hierarchy should be included in social work education to show that despite probably good intentions social work professionals reproduce a certain power hierarchy within our society. This fact is especially important when connecting the findings to the human rights framework. Implementing the CRC into daily social work practice with not only youth but also children opens up new forms of practice where inclusion, participation in decision-making and equality are guiding principles.

The title of this thesis 'Regaining Power through Construction of Identity?' had been chosen with a question mark since even though mechanisms of regaining power over their own life had been found within the youth's talk and construction of identity it will however never be truly successful. Power hierarchies that influence and structure our society serve a specific reason and will not be able to be banished completely. This applies for social work practice and profession as well. No matter how hard we try to be equal and empowering power imbalances will occur in one way or another. This is not meant to paint a negative or hopeless picture of society, power hierarchies or social work but to rather demand for a more realistic assessment of practice, society and interventions to be able to work on a creative, developmental and different level for change.

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# Appendix 1 – Summary of randomised studies on MST

Table 1. Summary of randomised studies of multisystemic therapy (MST).

Study, Year	Research context	Country	Population (N)	Follow-up (m)	Type	Comparison intervention as described in studies
Borduin, Henggeler, Blasko and Stein, 1990	Efficacy	USA	Juvenile sexual offenders (16)	37	Defined	<i>Individual therapy/counselling to the youth</i> with a theoretical blend of psychodynamic, humanistic and behavioural approaches.
Henggeler, Melton and Smith, 1992; Henggeler, Melton, Smith, Schoenwald and Hanley, 1993	Efficacy/Effectiveness	USA	Juvenile offenders (84)	29	Mix	<i>Treatment-as-usual within juvenile justice system</i> – court orders including one or more stipulations (e.g., curfew, school attendance, and participation with other agencies). If the youth did not follow the stipulations or terms of probation, (s)he will be returned to court for a review and could be referred for out-of-home placement.
Borduin et al., 1995; Schaeffer and Borduin, 2005; Schoenwald, Borduin and Henggeler, 1998	Efficacy	USA	Juvenile offenders (176)	156	Defined	<i>Individual therapy/counselling to the youth</i> with a theoretical blend of psychodynamic, humanistic and behavioural approaches.
Henggeler et al., 1997; Huey, Henggeler, Brondino and Pickrel, 2000	Efficacy/Effectiveness	USA	Juvenile offenders (155)	20	Mix	<i>Treatment-as-usual within juvenile justice system</i> – court orders including one or more stipulations (e.g., curfew, school attendance, and participation with other agencies). If the youth did not follow the stipulations or terms of probation, (s)he will be returned to court for a review and could be referred for out-of-home placement.
Henggeler, Pickrel and Brondino, 1999; Henggeler, Clingempeel, Brondino and Pickrel, 2002	Efficacy/Effectiveness	USA	Substance abusing juvenile offenders (118)	48	Mix	<i>Treatment-as-usual within juvenile justice system</i> – the youth was referred to outpatient substance abuse treatment by a probation officer, usually weekly attendance at adolescent group meetings that followed a 12-step program. Additional substance abuse services available in the community included inpatient and residential programs.
Borduin and Schaeffer, 2001; Borduin, Schaeffer and Heblum, 2009	Efficacy	USA	Juvenile sexual offenders (48)	96	Defined	<i>Cognitive behavioural therapy</i> group and individual outpatient treatment through juvenile court with an emphasis on relapse prevention. The interventions were not manual driven; the therapist had discretion in the selection of material and in deciding when youths had completed treatment.
Cunningham, 2002; Leschied and Cunningham, 2002	Effectiveness	Canada	Juvenile offenders (409)	36	Mix	<i>Treatment-as-usual within juvenile justice system</i> – carried on with the intervention plan devised by probation officer. If an outside referral was felt necessary by the probation officer, the list of possible services was lengthy and diverse, for example, individual or family counselling, parent-to-parent support groups, family preservation programs, out-of-home placements, school programs and school placements, anger management, wilderness programs, in- and outpatient services in children's mental health care.
Ogden and Hagen, 2006; Ogden and Halliday-Boykins, 2004	Effectiveness	Norway	Youths with severe behaviour problem (100)	24	Mix	<i>Treatment-as-usual within the child welfare system</i> – e.g., out-of-home placements at institutions or at home-based treatments.
Rowland et al., 2005	Efficacy/Effectiveness	USA	Youths with severe behaviour problem (31)	6	Mix	<i>Treatment-as-usual within Child and Adolescent Mental Health Division</i> – with care coordinators serving as case managers for the youths and families and could authorise a wide array of services, for example, including individual and family therapy, intensive home services, day treatment, medication management therapeutic foster care, therapeutic aid service, and hospital-based residential treatment.
Henggeler et al., 2006	Efficacy/Effectiveness	USA	Substance abusing juvenile offenders (161)	12	Mix	<i>Treatment-as-usual within juvenile justice system</i> – the youths were all supervised via probation or parole and referred to outpatient alcohol and drug abuse services. Usually group treatment during 12 weeks along with individual therapy or family therapy. If the youth did not follow the stipulations or terms of probation, (s)he will be returned to court for a review and could be referred for out-of-home placement.
Timmons-Mitchell, Bender, Kishna and Mitchell, 2006	Effectiveness	USA	Juvenile offenders (93)	18	Mix	<i>Treatment-as-usual within juvenile justice system</i> – probation officer referred the youth to drug and alcohol counsellors, anger management groups, individual and family therapies both in public and private settings.
Andrée Löfholm, Olsson, Sundell and Hansson, 2009; Sundell et al., 2008	Effectiveness	Sweden	Youths with severe behaviour problem (156)	24	Mix	<i>Treatment-as-usual within the child welfare system</i> – e.g., individual counselling, family therapy, mentorship for the youth, aggression treatment, addiction treatment, special education services and out-of-home placements, primarily residential care.
Henggeler et al., 2009; Letourneau et al., 2009	Efficacy/Effectiveness	USA	Juvenile sexual offenders (127)	12	Mix	<i>Treatment-as-usual within juvenile justice system</i> – sexual offenders-specific group treatment, often under supervision by probation officers. The group treatment contained among other things family counselling and cognitive distortions. Youth with other specific needs (e.g., substance abuse) could be referred for additional services.

Source: Andrée-Löfholm et al (2013: 29)

## Appendix 2 – Interview guide

### MST

- Can you explain to me what MST is?
- Can you tell me a little bit more why you are in MST?
- Were you included in the decision of starting MST?

### POWER

- Who would you say has the most power in this process and the decision making?
- Do you feel like you are included in decisions during meetings with your therapist?
- When are you and when are you not in your opinion?
  - Who has the last word and why?*
  - What role or part do you play in the process?*
- Are there times when you feel like nobody is listening to you? Can you tell me about a situation when you felt like that?

### TREATMENT METHOD

- What is treatment in your opinion and in your words?
- How does it feel being treated?
- What do you learn or talk about in therapy? Can you describe a typical meeting?
  - How do you feel after meeting your therapist or social worker?*
  - Do you think about it afterwards?*
  - Do you think the method is useful for you? Why or why not?*
  - Are there certain things you like about it or dislike?*
- Imagine you are the therapist in your case – what would you do or change?
- What does antisocial mean? Can you explain that to me?

### RELATIONSHIPS & STEREOTYPES

- What do you think other people (friends, teachers etc.) know about MST? How do you explain to them what and why you are doing this?
- Can you tell me a little bit about if you feel like your teachers or friends treat you differently now compared to one year ago?
  - Who would you say is most supportive of you and who you are?*
- What do you think about your therapist?
- How do you think he / she sees you?
- Does your social worker sometimes say things you don't want to hear or like? Can you give me an example?

Where do you see yourself in ten years?

How do you think others describe you?

*How would you describe yourself to an outsider?*

Can think back a little bit and tell me if you see a change in your life now compared to one year ago?

What do you think could be a solution to your problem?

## Intervjuguide Swedish

Kan du förklara för mig vad MST är?

Kan du berätta lite mer varför du deltar i MST?

Var du delaktig i beslutet att börja i MST?

Känns det som du får vara med och bestämma om din behandling?

När får du vara med och när får du inte vara med och bestämma?

Vem tycker du bestämmer mest?

Vem har sista ordet och varför?

Vilken roll spelar du i processen?

Känns det ibland som att ingen lyssnar på dig? Kan du ge ett exempel?

Vad är ”behandling” enligt dig och med dina egna ord?

Hur känns det att bli behandlad?

Vad lär du dig eller vad pratar ni om i terapin?

Hur känns det efter att ha träffat din terapeut eller socialarbetare?

Tänker du på det efteråt?

Tycker du metoden är bra för dig? Varför eller varför inte?

Är det något annat du tycker om eller inte tycker om det?

Tänk dig att du är terapeuten – hur skulle du göra eller vad skulle du ändra på?

Vad betyder antisocial/asocial? Vad tycker du det betyder?

Vad tror du andra (vänner, lärare etc) vet om MST?

Hur förklarar du för dem, vad och varför du gör detta?

Kan du berätta lite om du tycker att lärare eller kompisar behandlar dig annorlunda nu jämfört med för ett år sedan?

Vem / vilka skulle du säga accepterar dig och ditt sätt bäst?

Vad tycker du om din terapeut?

Vad tror du hon/han tycker om dig?

Säger din terapeut ibland saker du inte gillar eller vill höra? Kan du ge ett exempel?

Vad tror du att du göra om 10 år?

Hur tror du att andra ser på dig?

Hur skulle du beskriva dig själv för någon som inte känner dig?

Kan du tänka tillbaka lite grand och berätta om du ser någon förändring i ditt liv jämfört med för ett år sedan?

Är det någon skillnad i ditt liv nu enligt dig själv?

Vad tror du skulle vara lösningen på ditt ”problem”?

## Appendix 3 – Interview request MST team

### Request for interviews regarding youth's perception and experience on an intensive treatment method like MST (Multisystemic therapy) in Sweden

Dear MST Team,

My name is Annika Ekenja and I'm currently living and studying in Göteborg.

In line with writing my master thesis in Social work and Human Rights at the Göteborg Universitet, I'm conducting interviews with youth age 15 to 17 years old in MST treatment in Sweden.

The overall aim is to find out how youth experiences being in an intensive treatment, how they deal with the treatment situation and implications that has for social work practice.

This will be done through interviews in English (or if absolutely necessary in Swedish since my native language is German).

Attached you will find a short version of my research objectives, research questions, methodology and the informed consent I will be using.

It would be of great help to me if you can support me in finding youth to participate and interview for my research. The ideal participants would look like the following:

*a number of **six to ten participants** with a gender rate of 50 / 50; the **age group is 15 to 17 years old**; the participant had been in MST treatment for around four weeks (to be able to connect his or her experiences to the method – but not necessarily) and wants to participate **voluntarily**.*

Since this is an ideal expectation of me, the words in bold are the only set requirements.

If you think that there are ideal participants part of your clients please contact me ([AnnikaE@gmx.net](mailto:AnnikaE@gmx.net)) as soon as possible to start the process of interviewing.

Please feel free to contact me or my supervisor if you have any questions regarding the study.

Thank you for your time and help,

**Annika Ekenja**

[AnnikaE@gmx.net](mailto:AnnikaE@gmx.net) or [gusekenjan@student.gu.se](mailto:gusekenjan@student.gu.se)  
070 3266583

Supervisor

Helena Johansson    [helena.johansson@socwork.gu.se](mailto:helena.johansson@socwork.gu.se)

## **Research objectives**

There is a considerable amount of literature and research regarding how social work professionals perceive the implementation of intensive treatment methods like Multisystemic Therapy (MST) in Sweden. However, little has been done to investigate how service users who are receiving MST perceive these intervention methods and how they construct and describe relationships outside and inside the treatment

To this point, research in the field of MST is focussing mainly on how social workers evaluate the method or if it is cost effective. Investigating how youth who are the target subject of these methods experience them is rarely done. This might be due to the fact that children or youth in these interventions are often underage, in precarious and traumatizing situations and difficult to access for research. Due to these ethical concerns I will focus on the age group 15 to 17 years of age since it allows me to access them without formal consent from parents or guardians. Hopefully the advantage of this age group will be to get insights and information from the youth directly instead of going through others.

## **Research questions**

3. How do youth age 15 to 17 years old experience an intensive treatment method like Multisystemic Therapy (MST) in Sweden?
  - How does it feel being treated / being a client / being ‘antisocial’ from a client’s perspective?
4. How do they construct and describe relationships outside and inside the treatment?
  - How do they describe the treatment method and how do they position themselves in it?
  - How can service users’ involvement be understood in this context and how does it have an influence on social work practice?

## **Methodology**

The research design will be qualitative and cross – sectional. Service users throughout the Gothenburg region in Sweden, who are currently enrolled in MST, are interviewed through semi-structured interviews with open-ended questions. To analyse the elicited data a narrative analysis approach will be applied.

## **Informed consent**

This research project is a part of my education and master thesis in the International Master’s program in Social Work and Human Rights at the University of Gothenburg, Sweden. In

order to insure that my project meets the ethical requirements for good research I promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether he or she will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or access it.

The interview will be recorded as this makes it easier for me to document what is said during the interview and also helps me in the continuing work with the project. In my analysis some data may be changed so that no interviewee will be recognized. After finishing the project the data will be destroyed. The data I collect will only be used in this project.

You have the right to decline answering any questions, being recorded or terminate the interview without giving an explanation at any time.

You are welcome to contact me or my supervisor in case you have any questions.

Student name & e-mail

Annika Ekenja                      gusekenjan@student.gu.se

Supervisor name & e-mail

Helena Johansson                helena.johansson@socwork.gu.se

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I wish to participate in the interview study and I have acknowledged my above mentioned rights.

I agree to be recorded for the purpose of this interview and I acknowledge that the recorded data and transcript will be destroyed after the study is completed.

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Name and Signature

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Place and date

## Interview request participants

### **Request for interviews regarding youth's perception and experience on an intensive treatment method like MST (Multisystemic therapy) in Sweden**

Dear respondent,

My name is Annika and I'm currently living and studying in Göteborg.

In line with writing my master thesis in Social work and Human Rights at the Göteborg Universitet, I'm conducting interviews with youth age 15 to 17 years old in MST treatment in Sweden.

The overall aim is to find out how youth experiences being in an intensive treatment and how they deal with the treatment situation.

This will be done through interviews in English (or if absolutely necessary in Swedish).

Attached you will find further information regarding ethical and privacy issues as well as anonymity. Your identity will be kept strictly anonymous and your answers will not be recognizable to others!

Please feel free to contact me directly if you have any questions.

Thank you in advance for your cooperation.

Annika Ekenja

[AnnikaE@gmx.net](mailto:AnnikaE@gmx.net)

070 3266583

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### Student name & e-mail

Annika, Ekenja                      gusekenjan@student.gu.se

### Supervisor name & e-mail

Helena Johansson                helena.johansson@socwork.gu.se

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