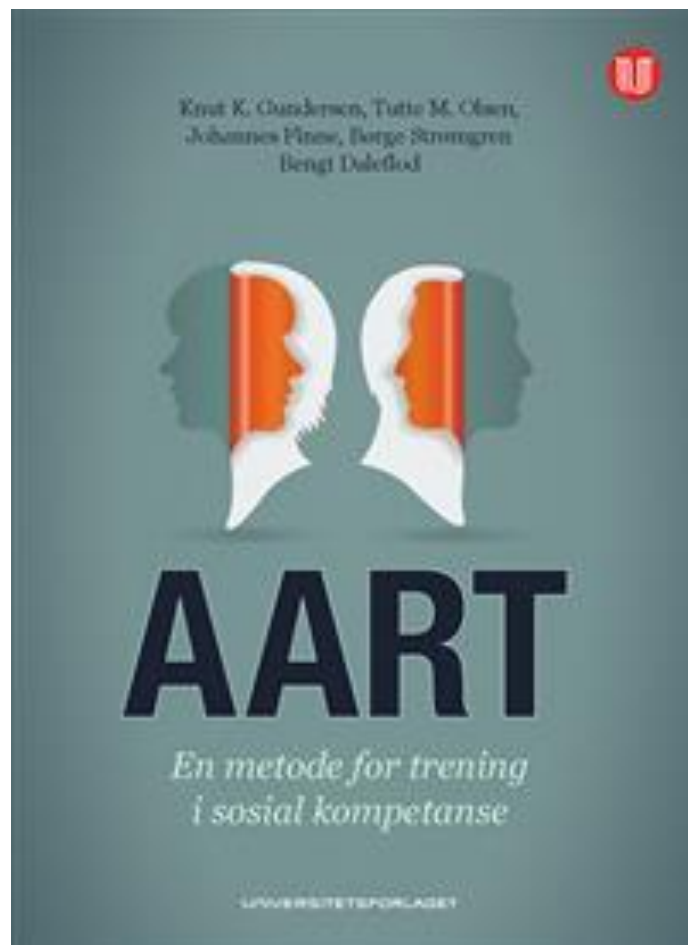


Implementation of ART/AART

"No methods, no matter how good they are, work if they are not well implemented"



Source: Gundersen, Olsen, Finne, Strömngren, Daleflod. (2015). *AART, A method for training in social competence*, Universitetsforlaget, Oslo. The chapter has been shortened and edited for Swedish conditions.

Introduction

Implementation of evidence-based methods is a major challenge. ART (and other similar programs) only work if it is well implemented. The majority of those who use ART do not do so correctly. Only when a program is well implemented can you expect an effect. Research shows that effective programs are characterized by high program fidelity. Program fidelity is about effectively delivering programs in the way they are intended.

| | | | |
|--|---------------|------------------------|---------------|
| When can you expect a positive effect from intervention? (Fixsen et al., 2005) | | IMPLEMENTATION | |
| | | efficient | Not effective |
| INTERVENTION | efficient | Positive effect | |
| | Not effective | | |

Treatment programs often suffer from a severe lack of program fidelity. In practice, something completely different is often done from what you say or think you are doing. Several meta-analyses have also shown the correlation between poorly implemented programs and lack of effect (Wilson & Lipsey, 2007; Payne, Gottfredson, & Gottfredson, 2006).

The most important factors for successful implementation are a good program manual with a clear theoretical framework, well-trained program managers, the organization's commitment to the program, the management's full support, practical arrangements, supervision and plans for implementation and evaluation (Cooke & Phillip, 2000).

Implementation can be understood as the entire process of realizing an idea. The programme is only successful and sustainable when it is fully integrated into the organisation's other work. This process can take anywhere from – two to four years (Wallace, Blase, Fixsen, & Naoom, 2008). In the ART context, the development of generalization and motivation systems is also part of a satisfactory implementation. In short, no method, regardless of the strength of evidence, will work if it is not well implemented.

There are a number of pitfalls that must be avoided in order to achieve good application integrity. It is easy for the program to change over time and become watered down and distorted. Some common dangers described in the literature are as follows:

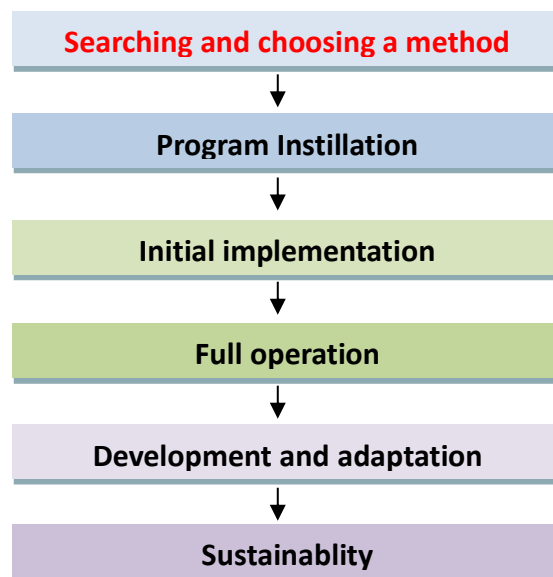
Threats to program fidelity:

1. The program gradually changes over time and becomes watered down.
2. The program is done contrary to what is prescribed. Some are working in a different direction and thus undermining the programme.
3. The program lacks compliance. You arbitrarily change or replace parts of the program

The ART programme, which is a free and non-licensed method, has no *formal* requirements for training, quality and implementation. However, we strongly recommend that organizations that wish to implement the program follow the guidelines in this chapter. PREPSEC International has also developed guidelines for quality assurance. <http://prepsec.org>

A research-based implementation model

In the model by Dean Fixsen and colleagues at the National Implementation Research Network, implementation is described as a process in the following six phases (Fixsen et al., 2005). In Swedish directives from e.g. The National Institute of Public Health has shortened the phases to four. But here we start from the six original phases.



In the first phase, an inventory is made of the needs of the target group and the organization and *a suitable method is found*. Information is collected about the method and whether it has the financial and human resources to implement the method, and whether it can be incorporated into the organisation's other activities. A decision on whether ART fits in and should be implemented concludes this phase.

Once you have determined that a particular program is suitable, you move on to phase 2, *program installation*. This phase includes evaluation of the quality of method training, necessary quality assurance procedures, selection of method manager and design of a long-term financial and implementation plan of relevant training. Not least, it is important to anchor the need for change throughout the organization and to involve all employees in the process.

During phase 3, *the first implementation*, the program should be tested in practice to get answers to whether the decision that was made was correct. *Full operation*, means that the program becomes an integral part of the entire organization and that the integrity of the program is maintained by following guidelines and procedures. In phase 5, *development and adaptation*, the program is further developed and adapted based on local conditions and the experiences that have been gained. When the program is characterized by a high degree of program integrity and alignment, it reaches phase 6, *sustainable* implementation. It is usually not enough to go through the phases once and for all. You need to go back and repeat the implementation procedure.

Phase 1. Search and method selection

Before introducing a new method, the organization must conduct a thorough mapping of the need and what changes are needed. Based on this, it is assessed whether the program is appropriate and whether the program can be incorporated into the institution's culture. One must decide which audience to target. Such clarification will be crucial for how extensive the implementation will be.

You can think of the following target groups for using the method:

- a) All young people's need for training in social competence as a preventive measure
- b) Young people who are at risk of developing behavioural problems
- c) Young people who have already developed serious behavioural problems

The method must also be integrated into other activities. The facility/school has a 24-hour assignment, and the method must therefore be well known to all employees to ensure the generalization. Note then, that the *operation phase's* work schedules are a vulnerable factor for continuity in the program. Here it is necessary to calculate how many trainers are required to ensure the continuity of the program. It is a good idea to start up in a unit/classroom or department where the conditions are most favourable in order to gradually expand the introduction (ie. The situation where it will be most receptive).

If you want a template about implementation and how to proceed, please refer to the accompanying *Plan for the implementation of ART*

Guidelines and procedures during this phase:

1. Get information about the method

You can get information by reading books and articles on the subject. You can also find information on internet sites such as PREPSEC (Sweden or International). It can also be helpful to get references from others who use the program. You can also make study visits to places where they work with the method.

When collecting information, one should consider whether the program is suitable with regard to:

- (a) The target group for which the method is intended
- b) Whether the method fits in terms of theory and practice
- c) Type of institution, school, treatment centre
- (d) Work schedules and organisation
- (e) Financial resources
- (f) Human resources

2. Meet with course leaders/national trainers

A meeting can be arranged with a national trainer or representative from Prepsec Sweden (or consult the Contacts tab at prepsec.org) During the meeting, ART and what is required to achieve a successful result are presented.

After gaining knowledge of the program and before finally making a decision, one should use *the Checklist for Assessment of Implementation (Gulbrandsen, 2007)* which is a useful tool in this process.

3. Have a Program Introduction for all employees prior to implementation

It is an advantage if the entire staff receives an introduction to the program before a decision is made. In this way, it is ensured that different opinions from the staff group are included in the assessment.

4. Make a decision to implement

Based on all the information obtained, and estimates in feedback from the staff, the organization decides on the implementation. The vision and goals for implementation are formulated and announced in the organization. The decision must also specify the scope of the program and how it will be adapted to the organisation's other frameworks. If the conditions are not sufficient, one should either wait or test on a smaller scale.

Phase 2. Program Installation

Before the program can be implemented, consideration must be given to the measures and associated costs needed to get off the ground. This includes, among other things, the costs of training, supervision and time for planning and implementing the program. It must also be decided who will be trained in this first round. At this stage, one or two program officers should also be appointed with specific responsibility for the actual implementation.

Guidelines and procedures during this phase:

1. Education

The quality of the training for ART program managers is one of the most important success factors for the method to produce results. PREPSEC in the Nordic region recommends at least eight days of training in combination with your own training. The training within SiS is 10 days including follow-up. 100% attendance is required. In addition to the training itself, participants must take a theoretical test, hold 15 lessons and take two practical tests before they are approved program leaders.

2. Assessment of how many people need to be trained

In order to get the best possible integration of the program, it is important that as many people as possible participate in the coached education. There are examples of treatment centers and institutions that have trained the entire staff group, which is optimal for achieving a strong implementation. It is not recommended to initially send a single or a few people to a training course. You need to be several to have a chance to start up.

Other staff members must have sufficient knowledge of the method to ensure that the program is integrated into the treatment environment. One can anticipate a shorter orientation training for those who are not going to hold the actual lessons but who have important roles as transfer coaches.

A large number of trainers enable a successful implementation. There is also a strong link between management participation in the course and the rate of successful completion. Management staff should at least take part in an orientation training.

3. Assessment of who will participate in the training

Knowledge of the treatment method is very important to achieve a good implementation (Fixen et al., 2005; Befring, 2010). Participants who are positive about learning the method and are interested in trying new things will usually succeed. It is important that those who take the training can then convey the content to others. Before starting the program, the expectations that the department management and program directors in ART should have of each other is clear. It is important that this is discussed before the training begins so that both parties know what conditions and expectations exist.

The staff group, no doubt, will include people who resist a change. It can, therefore, be important to include skeptics in the training as well, and it is especially important to also include informal managers in the organization. If they participate in the coached training, you can bring about a change in attitudes that strengthens the implementation. If the program is held exclusively by a small group of enthusiastic staff, but boycotted outside the ART room, the program will not succeed. The skills and characteristics that ART wants to impart to the participants must also be modeled by the employees.

4. Program Responsibility

To ensure implementation, one or two people must be appointed as program managers for the ART activities. This is among the most important factors for successful implementation. A Swedish survey within SiS showed that the institutions that had a program manager were also the institutions that had by far the best implementation of the program (Daleflod, 2013). The responsible person must have good practical and theoretical competence in ART and be familiar with the underlying theoretical foundation.

5. Plan for training of trainers

In order to benefit from the content of the training, it is important that the participants train and study between the course sessions. Those who attend the training must have time to plan, implement and evaluate the 15 lessons required. Before the training, an agreement must be drawn up between the department management and the course participant.

The trainers evaluate the lessons using *Checklists for the three components* (available under the Quality Assurance tab at prepsec.org) The checklists make it possible to assess whether the manuals for the three components of the method have been carried out correctly.

6. Drafting of supervision contracts

In a Norwegian implementation study (Olsen, 2010), external supervision was reported to be one of the four most important factors for successful implementation. At this stage, the organization must decide whether to implement the first implementation, and if so, apply for external supervision.

Supervision should be aimed at both management and program directors as well as all ART program directors. Internal supervision given by the program director and psychologist should also be established.

A study by Joyce & Showers (2002) examined the effect of different teaching methods. The result is shown in the following model (translated by Gundersen and Daleflod).

| Percentage of participants who demonstrate knowledge, current skills in the training situation, and who completed the program in the classroom depending on teaching methods. | | | |
|---|-----|---------------|-------------------|
| Teaching methods | | Actual skills | Use in classrooms |
| Theory + discussion | 10% | 5% | 0% |
| + modelling during training | 30% | 20% | 0% |
| + Self-training in groups | 60% | 60% | 5% |
| + Classroom Tutoring | 95% | 95% | 95% |

. Skills are developed through modelling, own exercises and "hands on guidance".

Tell me - and I forget,
 Show me - and I can remember
 Let me do it - and I'll learn!
 (Benjamin Franklin)

7. Design a long-term implementation plan

A structured implementation plan is a necessary tool for establishing a long-term implementation plan.

Please refer to the accompanying Appendix I: *Plan for the Implementation of ART* as a template for this.

Such a plan ensures continuity and progress at all stages of implementation. The plan provides a clear framework for the use of financial and human resources. A concrete plan will also make it possible to evaluate implementation along the way, thus detecting whether necessary adjustments need to be made along the way in the process. The plan should be drawn up by a group consisting of department management, program director, etc. who have the competence and mandate to make decisions (such as a steering group).

Phase 3. Initial implementation

In this phase, the program will be tested in practice in order to decide whether to implement the programme further. The first run-through provides useful knowledge about different parts of the program and the adjustments that need to be made for the target group. It is important to have external supervision so that any changes are in accordance with the program's theoretical foundations and guidelines. It is also advisable to network with program directors of other institutions.

Guidelines and procedures during this phase:

1. implementation of the program

The first run-through of the program should preferably be with the staff group, or alternatively with the target group. The advantage of testing the program on the staff group is that everyone gets a good knowledge of the program and can more easily establish a common ART environment outside the classroom as well. You should also have an information meeting with young people to tell them what ART is about.

2. Plan for training times and create a plan B for illness

Fixed days and preferably fixed times are recommended for the individual components. This creates predictability both for the ART group and for the program leaders while simplifying the organization of the program. An example might look like this: Monday at 10.30 Social Skills training, Wednesday at 10.30 Self-Control training and Thursday at 10.30 Moral Reasoning training. The important thing is that the participants receive thirty lessons, 10 of each component, and that the training is adapted to the other activities of the institutions and that it does not compete with other fun activities. At institutions where the young people go to school, it can be an advantage if the ART training is held during school hours. It is good to involve the school and use the teachers' planning time.

Work Schedules for ART Trainers

Depending on how many ART trainers are involved in the training, it is important to get an overview of the hours each ART trainer is responsible for.

- 1) Two ART program leaders are responsible for implementing the program with permanent substitutes in case of illness etc. This method is most commonly used in schools.
- 2) A larger number of ART program leaders are responsible for the implementation of the program, where the plan for all hours of the program is prepared. This method may be suitable for institutions.
- 3) A larger number of ART trainers, with permanent coaching pairs, are responsible for the individual components. ex. three ART program leaders are responsible for the Self-Control training. This ensures the continuity of that particular component, but to a lesser extent the connection between the three components.

Plan B in case of illness

A Plan B in case of illness ensures the operation of the program. Schools or institutions with a small number of ART trainers are particularly vulnerable. Experience shows that over time there is a risk of the program being watered down or discontinued. Within departments with rolling schedules, there are good results when employees, with fixed working hours, are able to step in as assistant trainers and thus maintain continuity in the event of illness.

3. Weekly information to key employees

Good implementation requires knowledge and ongoing information about the program both throughout the organization and in the participants' networks. The ART letter is a simple information letter that we recommend to be sent out (paper, e-mail) to e.g. parents or in places where the staff are present (staff rooms, etc.).

Motivation system

Motivating young people to participate is super important because you shouldn't expect them to be motivated to change their behavior by their own efforts alone. This is not special to the ART method, but to all change work. It is important to find different forms of motivation. It is one's own driving force that is the goal, but one should consider the use of extrinsic motivational strategies, especially in the initial stage. It is important to identify what are effective amplifiers for each one. Some departments have motivation systems in the form of token economy, step or level systems. It is important that ART training is integrated into such established systems. A special reinforcement arrangement can also be constructed specifically for ART training. The ART training can also be incorporated into a step system.

As part of the motivation work, we recommend that the staff receive training in Motivational Interviewing (MI). The challenge is to find their own desire for change. The MI techniques are also very useful in the various procedures of ART training.

5. Systems to ensure generalisation and maintenance

It is a prerequisite for behavioural change that skills practiced in the ART room are transferred to everyday situations. What you practice during lessons are things that will be used in everyday life. Homework assignments, workbooks, and reminders in the environment are things that contribute to the generalization. The other staff have an important role as models and transfer coaches. All staff must know what to do in special situations and take advantage of learning opportunities that arise.

6. Checklists for quality assurance of the methods

To ensure that lessons follow the manuals, it is recommended that the checklists for manual fidelity be used regularly. (see *Checklists for the three component*:. prepsec.org). Internal and external supervision should also be carried out regularly to ensure that all ART trainers follow the program's procedures. Such guidance should be based on the same checklists.

Lesson planning checklist

At departments where there are several ART program leaders, clear routines are needed for planning and evaluating the lessons. In the ART material that each certified program leader has access to, there are clear instructions on how to plan and prepare lessons in all three components.

7. Implementation guidance

Implementation guidance, preferably by an external national trainer, should be provided before each semester for different parts of the implementation plan. Method guidance for program leaders and more general guidance for everyone involved in the program are also necessary.

8. Documentation

All ART initiatives must be documented. Within SiS, this is done in the KIA documentation system. All institutions also have separate reports for each young person, and this must also be followed up in the ART training. Coordination of all measures around the individual is crucial to achieve an overview, continuity and good effect of the interventions.

9. Initial implementation evaluation

After the first implementation, program managers will sit down with management and evaluate how the first implementation has gone. What were the difficulties and what could be done in other ways. Instruments for assessing the prerequisites for the use of ART: *IF-ART*, is a good tool for this purpose. Please refer to the accompanying Appendix II.

This process should identify eight of the most important areas for the successful implementation of a program: A) Program B) Organization and Management C) Method Integration D) Personnel E) Clients F) External Partners G) Documentation and Evaluation and H) Implementation Process. This process is also useful to measure progress in the organization and more easily see which conditions need to be addressed and improved.

It is also helpful to interview both participants and staff to hear their impressions of the program and whether they think any adjustments should be made.

Phase 4. Full operation

At this stage, a decision has been made on the further implementation of ART. This stage means that the program becomes an integral part of the organization, and that the integrity of the program is maintained (Fixen et al., 2005). This requires that the entire staff group is familiar with the method and supports the program in its work with the target group. It is important to maintain all the procedures that were prepared during the initial implementation. In addition, the following guidelines and procedures are recommended for the further operation of the program:

Guidelines and procedures during this phase:

1. Development of a customized manual for ten-week program

Standard Program manual

A good program manual is required to define goals for treatment and provide a concrete and detailed description of the program, i.e. how the goals are to be achieved (Hollin, 1995).

Custom Program Manual

The programme manager is also responsible for developing a model of the ART program that is adapted to both the target group in question and the organisation itself. The approach will be based on a mapping of strengths and skill deficiencies in both the group and the individual participant. The manual should include an exhaustive plan with the number of hours, times, who will be the host, the goals and content of the individual lessons, current rules, instructions on how to handle difficult situations, suggestions for role plays, moral dilemmas, and games and exercises that support the training.

2. Mapping and treatment plan

Which mapping is to be done depends on where the program is to be carried out. In a school context, the program is often preventive in nature, while in institutions the training is part of a more comprehensive treatment plan. The institutions usually have their own investigative tools that also affect how ART is incorporated. In addition, the survey should include conversations with the participants to find out what they themselves are interested in working with. The coaches' initial observations also form an important piece of the puzzle in adapting the program.

It may be appropriate to use standardised assessment tools such as the Assessment Report. "*How I think*", *BIR*, *AQ*, and "*SSIS*" to measure progress on target behaviors for the program.

Perhaps the most important component of a treatment plan is to formulate concrete goals together with the individual participant. These goals must be consistent with the other goals included in the adolescent treatment plan in other areas. The work with a comprehensive treatment plan helps to ensure that different initiatives support each other.

3. Systems to maintain application integrity

Documentation for participation

It is a challenge to ensure that each child and youth participates in all individual lessons in the program. Documentation of participation for the individual is central to the program. One thing you can do if someone has missed a lesson is to offer the participant an individual lesson.

An important note is also whether the lesson is carried out in groups or individually. Experience shows that individual lessons are often used to facilitate youth completion of the program. ART is basically a group-based method where several of the theoretical principles require a group. It is therefore worrying if large parts of the program are carried out as individual lessons. Such an approach should be based on individual needs, where the goal is to get the young person to participate in a group. Sometimes, however, for various reasons, you are forced to conduct individual training. .

4. Flowchart or annual cycle

There are good experiences of organizing the program in an annual cycle or a flow chart so that you can plan an introduction to the ART program even before placement. The flowchart/annual cycle is a systematic way to plan the implementation of the ART training. In the flowchart, time should also be included for supervision of the program manager.

5. ART on the agenda in meetings

To ensure that the ART program is incorporated into the rest of the work with the young person in question, it is important that the content of the training is known and taken into account in various meeting forums such as staff meetings and briefings during staff exchange. It is crucial that the entire staff group is familiar with the content of the program and can support the individual's behavioural change. ART should therefore be a fixed point in all meeting structures that deal with staff and children/young people.

6. Generalization and maintenance training

It is important that generalization is also seen as part of the implementation. A plan should be designed for how the skills can be transferred and used outside of training. Gundersen (1999) describes in the model below a planned path for generalization of skills.

| | | | | | | | |
|-----------------|-------------------|-----------------|-------------------|-------------------|-------------------|-----------------|-------------------|
| By appointment | | | | Without agreement | | | |
| Familiar person | | Unknown person | | Familiar person | | Unknown person | |
| Known situation | Unknown situation | Known situation | Unknown situation | Known situation | Unknown situation | Known situation | Unknown situation |

The model is flexible and adapted to individual conditions and needs along the way until the skill is generalized. The model can be used when a young person needs training in specific skills outside the ART room. Examples of such skills can be: how to interact with peers, handle conversations with unknown people, asking for help when you have a trip home, etc.

One of the cornerstones of ART is transfer training. Learning new skills during a lesson often goes well. There you get a lot of support and encouragement. The difficulty is to transfer the new behavior to other situations and contexts. A failed transition to life outside the institution is unfortunately all too common. Homework is the first step in incorporating the new strategies into daily life outside of the classroom. When planning assignments or homework assignments, it is important to identify situations that should be practiced, reminded, and strengthened during the coming week. Here, it is especially important that the staff are alert as models. .

Home assignments must be announced during briefings between staff and can also be set up in the staff room.

7. Maintenance plan

It is important to establish a plan for maintenance for each participant in the group, especially in the institutions that are isolated from the rest of society.

8. Weekly plan and daily assignments related to goal behaviors

Weekly plans and daily tasks for young people should be linked to what is practiced in the lessons. The skills that the young person needs to cope with daily tasks can be practiced in advance so that the young person receives all the help they need to succeed.

9. ART as an environmental therapeutic tool - 24/7

ART is a round-the-clock program where all staff actively use social skills, are clear role models, use problem-solving and self-control to deal with anger and other emotions. The treatment culture should be permeated by the philosophy of ART. All meetings in everyday life should be used to stage and practice socially functioning.

Conflict situations can also be analysed afterwards with the help of concepts from the ART training and role-playing can be used to find new solutions. It is therefore important that all employees are familiar with the content of the ART training when home assignments are to be carried out and followed up on. Self-training in ART also gives the employee insight into how they themselves behave when they meet other people. Are you good at applying social skills and self-control? Are you a good role model for social behavior? Role-playing difficult issues at the staff meeting is a good way to improve the staff's behaviour in possible conflict situations. What could the staff have done differently? Are there alternative skills and solutions? .

Negative events with adolescents can also be analyzed using concepts and techniques from ART. The episodes can be role-played with an emphasis on: What were the initiators? What were the physical signals? How can I subdue myself to a level where I can think clearly? What dilemmas are there in the situation? What alternative skills can be chosen? What are the ART alternatives?

10. Plan for training new employees

To maintain good implementation, it is important to have a plan for training new employees and substitutes. There should also be a plan for the replacement of trainers who change jobs or tasks. Setting aside funds for this in a long-term financial plan contributes to continuity and makes the institution less vulnerable to interruptions and dropouts.

11. Motivation for using the method

Maintaining the motivation to run the program for several years requires a long-term commitment both in terms of personnel and finances. Essentially, it is about three things: the management's prioritization of the method, the results of the program and that the staff feel that they make a difference. Management and the program manager must constantly develop and reinforce key behaviours among the staff.

12. Time allocated for operation of the program

The program manager is responsible for maintaining procedures and guidelines and is a very important figure in the implementation process. An equally important task is to maintain motivation and provide support to the staff team. In order to be able to handle all the tasks that come with the responsibility of the program, it is necessary that there is sufficient time set aside. How much depends on the size of the organization, the extent of its use, and the number of employees.

13. Gathering for ART trainers

It is important to set aside meetings to maintain motivation and ensure that knowledge of the program is kept alive. It is natural that the person responsible for ART is also responsible for the planning and implementation of such ART days. Gatherings for all trainers and other staff can be combined with external supervision, especially those who actively work with the method need regular supervision. There will also be room for further development and adaptations.

In connection with ART collections, ART reminders can be handed out, which are available both in breast pocket size and as a poster to put up in staff rooms.

14. Evaluation of treatment

There are a whole range of instruments that can be used to evaluate treatment effects. In Norway, the central mapping system for ART has been the Social Skills Rating System (SSRS) (Gresham et al., 1990) or the new edition SSRI. (Elliot & Gresham, 1991). "How I Think" (Gibbs, Barriga, & Potter, 2001). BIR Goldstein et al., 1998), SMR, AQ, Eva Feindler's Mind Log and SDQ are examples of other suitable instruments. These can be used before and after the ART program by parents, teachers and the young person.

The extent to which ART affects adolescents can be difficult to know because ART is just one of the links in a treatment chain that also includes several other important components (Andreassen, 2003).

Of course, an important part of the follow-up is also to ask the young people and their significant others what they have learned and whether the new skills have helped them to better cope with difficult situations.

Phase 5. Development and adaptation

When the program has been fully operational for a number of months, there is often a gradual change in the program by establishing *local variations*. At this stage, it is a matter of preventing program drift and ensuring that the program continues to maintain a high degree of program integrity (Fixen et al., 2005). To ensure that *local variations* and changes are in line with its theoretical foundation and guidelines, several quality assurance procedures are recommended at this stage. During this period, the use of other complementary programs that can contribute to the further development of the treatment offer may also be considered.

Guidelines and procedures during this phase:

1. Adaptation and development of the program

Adjustment and development of the program in accordance with the theoretical foundation of the method requires external supervision by an ART/CBT competent supervisor. The checklists for program fidelity are a good starting point to see if deviations are made from the manual. You can also video record lessons and the program coordinators can attend lessons to ensure program fidelity.

2. Networking and cooperation with other similar organisations

ART managers and managers should participate in network gatherings for the same type of organisation and exchange experiences and be part of possible collaborative projects.

3. Extension with other complementary programs

Several ART institutions have included programs such as *Social Perception Training, Family TIES, Motivational Interviewing, Junior ART, Empathy Training, Social Problem Solving, Stress Management, MST, etc*

4. Upskilling of program directors and programme managers

It is important to maintain motivation by ensuring that program directors develop their skills by participating in courses, workshops and supervision. For this, the management has a special responsibility. Competence-enhancing initiatives make the work more stimulating and can make trained staff choose to stay in the organisation.

Phase 6 Sustainability

The road to this stage, as a rule, takes from two to four years. The sustainability stage includes systems for operation and maintenance of skills and experience. (Fixen et al., 2005). This requires continued prioritisation of the program, both in terms of personnel and finances. It is not enough to decide to implement a programme once and for all. Implementation is a process that should be regularly repeated and reflected in the management's priorities and in the staff's work with young people. To ensure the quality of continued use of the method, several measures are recommended. Success factors for the successful institutions are good leadership and a committed program manager who can motivate and further develop the organization. A prescription for success with ART as a treatment method may conclude this chapter. .

Guidelines and procedures during this phase:

1. Maintain systems and procedures from earlier stages
2. Participation in research projects - nationally and internationally
3. Participation in conferences nationally and internationally
4. Continued internal and external supervision
5. Update your implementation plan regularly
6. Conduct a review of the program's level of implementation, at least once every six months.

Be aware to not fall into the trap of misunderstandings about change management:

1. Effective methods spread themselves
2. Information is enough to bring about change
3. Education leads to use
4. Change happens quickly
5. It is enough that you believe in what you do for it to be good

If you wish to implement ART in your work environment, or want to review where your existing program stands, again take a look at the accompanying template:

A Plan for the implementation of ART

Good Luck!!

APPENDIX I

Plan for the implementation of ART

Establish an implementation plan

ART is a method to meet urgent needs. What are your objectives? Before you start a method, you must agree on what you want to achieve. To achieve the objectives you must then coordinate everyone's efforts and ensure that all pulling in the same direction. Some questions you should ask yourself before you decide to introduce a new method are:

What are the objectives? What needs do we meet? Is ART suitable for the clients and does it fit it into the organization?

Establish a plan for the implementation of ART at your institution, school or unit. To get maximum impact, it is important to "take ART out of the box" and make sure that all the pieces fall into place, in the correct order. When and at what pace to start-up? Which tasks must be completed in order to realize the program? Below are some check points that you should carefully think through. These are the areas that are reviewed:

- A) Needs and conditions
- B) Participation of the entire working site
- C) Training and motivation
- D) Practical arrangements
- E) Possible barriers and solutions
- F) Participation of parents and network
- G) Evaluation and quality assurance
- H) Factors affecting the acceptance of the method

A) Needs and conditions

1. Is there a need of the clients or problems in the institution that ART can respond to? *Describe*

2. Is there a decision and a long-term commitment from the management to introduce ART?

3. Is there a particular person with enough competence that is responsible for implementation and training of the staff during this time?

4. Are there sufficient resources allocated in the form of money, time and personnel to implement ART?

Remember that the implementation support must continue until personnel have the expertise to perform ART on their own (several years)!

B) Participation of the entire working site

1. What steps should be taken to obtain all relevant staff involved at the outset (ART literature conferences, lectures, study days, study visits, classroom observations, etc.)?
2. Consider how ART should be incorporated in the treatment environment.
3. What steps should be taken to keep all personnel involved and motivated over time?
4. Is there support and backing from all involved directors and managers?
5. Describe the potential benefits and drawbacks for management, client, staff, and the youth.

Draw up a detailed written plan for the implementation (a timetable for tasks). Make sure it is well-established in the workplace!

C) Training and motivation

1. Who is the head coach, who will be the trainers and who should participate? The Master Trainer has overall responsibility for planning and coordination. Begin the process in units with high stability and with the greatest
2. How should ART trainers be educated and supervised?
3. How will the other employees be informed and trained in the method?
4. How will clients be motivated to participate in the program?
5. How can ART trainers and other staff be motivated to perform the required tasks?

Arrange for positive reinforcement and generalization for both staff and students!

D) Practical arrangements

1. Where, when and how often will the training take place?
2. Are there appropriate locations available and material/equipment?

3. Are there work schedules suitable for ART?

4. Planning for logistics (transport and movements of students and staff).

5. Other requirements that must be met?

E) Possible barriers and solutions

1. Is the workplace ready to introduce the method? Are there barriers (practical or ideological) in your organization?

2. Is there resistance or reluctance of staff to use the method?

Time constraints or low priority are common obstacles. Ensure that there is sufficient time for planning and carrying through the lessons, mentoring and training.

F) Participation of parents and network

1. What actions are necessary to encourage the support and involvement of the family, parents, social services, peers and other important figures in the students' network?

G) Evaluation and quality assurance

1. How do you assess that the program meets your clients' needs?

2. How should one determine if the ART program is effective (i.e. reduce antisocial behaviour and increase the clients social skills)? What instruments and measures should be used?

3. How should both individual lessons and the program, as a whole, be documented and followed up?

4. How can the ART program be monitored and controlled?

5. How will the program gradually develop and improve?

6. What measures are necessary for the ART program to be maintained and made permanent?

H) Factors affecting the acceptance of the method

1. Method is designed to fit together with the institution and the clients ' needs.
2. Seriousness of the problems we are working with
3. Way or language used to describe the treatment.
4. Developed and introduced in cooperation with staff from the institution.
5. Expenses for its introduction.
6. Benefits (positive effects) of the introduction of the method
 - benefits for clients and families
 - benefits for staff and teachers
 - benefits for administration and management
 - benefits for directors
7. What alternative methods are available?
8. External pressure to use the method.
9. Organization is ready to introduce the method

APPENDIX II

Instrument for assessing conditions to engage in ART (If ART)

To introduce and pursue ART requires careful planning and adequate resources. If the method is introduced to loosely or incomplete, the effects may not be effective.

The questions in this form cover the areas that have proved to be the most important for a sustainable implementation. Inspiration has mainly been taken from **Successful Program Implementation: "Lessons from Blueprints"**.

The form is to be filled out by the responsible head manager and management team in consultation with program director/ ART master, roughly twice a year. It is an advantage if a third-party independent source also fills out the form.

Select whether the responses represent the entire department or a work unit:

Institution

Treatment unit

The form consists of questions in eight areas: A) Program, B) Organization and management, C) integration of method, D) Staff, E) Clients, F) External cooperation G) Documentation and evaluation, and H) implementation process.

Each question is answered on a four point scale as follows: **0 – 1 – 2 – 3**

Circle **0** if the allegation is not true, **1** if it is true to some extent, **2** if it is almost correct, and **3** if it is true.

A) Program

1. ART responds to clients' needs and problems 0 – 1 – 2 – 3

(social skill deficits, impulsiveness, externalizing behavior, anti-social values).

Comment: _____

2. The Institution offers full ART to all clients 0 – 1 – 2 – 3

(minimum 30 sessions: 10 sessions/component).

Comment: _____

3. Checklists are used regularly to ensure program fidelity. 0 – 1 – 2 – 3

Comment: _____

4. The Institution has a program director (ART master or equivalent). 0 – 1 – 2 – 3

Comment: _____

5. The practical arrangements work (timetables, logistics, facilities, etc.). 0 – 1 – 2 – 3

Comment: _____

B) Organization and management

1. The institution may be regarded as stable and well-functioning (low employee turnover, sound leadership, ability to handle conflicts). 0 – 1 – 2 – 3

Comment: _____

2. Directors and leadership has a clear vision and commitment to the development of ART. 0 – 1 – 2 – 3

Comment: _____

3. There is full support from managers, staff and trade unions to engage in ART 0 – 1 – 2 – 3

Comment: _____

4. Resources are sufficient to operate the ART program (access to ART trainers, finances, time, materials, etc.). 0 – 1 – 2 – 3

Comment: _____

C) Integration of the method

1. The ART program is integrated into the institution's therapeutic culture, i.e. runs as a thread for other activities. 0 – 1 – 2 – 3

Comment: _____

2. ART is reflected in staff behaviour as role models and transfer coaches. 0 – 1 – 2 – 3

Comment: _____

3. In the environment there are clear elements in the form of photos, posters and language, which promotes learning ART skills. 0 – 1 – 2 – 3

Comment: _____

4. There is an explicit collaboration between different departments or units with regard to ART. 0 – 1 – 2 – 3

Comment: _____

D) Personnel

1. All staff has been actively committed to working with ART. 0 – 1 – 2 – 3

Comment: _____

2. The number of educated ART trainers is enough. 0 – 1 – 2 – 3

Comment: _____

3. All other staff has sufficient knowledge of the method. 0 – 1 – 2 – 3

Comment: _____

4. All staff have a basic knowledge of learning theories that are the basis of ART 0 – 1 – 2 – 3

Comment: _____

5. ART training possess is sufficient to provide clinical skills to deliver the program (ability to create working alliance and motivation). 0 – 1 – 2 – 3

Comment: _____

6. There are procedures in place to maintain and develop ART skills after training (e.g. meetings for ART-trainers, participation in conferences, video reviews, etc.). 0 – 1 – 2 – 3

Comment: _____

7. ART trainers and other staff receive regular mentoring and feedback in the ART. 0 – 1 – 2 – 3

Comment: _____

E) Clients

1. ART training is linked to your clients' individual goals and treatment plans. 0 – 1 – 2 – 3

Comment: _____

2. There are procedures for motivation and reinforcement related to ART. 0 – 1 – 2 – 3

Comment: _____

3. There is a plan for generalization of skills (ART is practiced in other contexts). 0 – 1 – 2 – 3

Comment: _____

4. Parents, family, and network are involved. 0 – 1 – 2 – 3

Comment: _____

F) External Cooperation

1. Social Services are involved in a long-term plan (where ART is included). 0 – 1 – 2 – 3

Comment: _____

2. Important people in the network are offered family-ART or parental training. 0 – 1 – 2 – 3

Comment: _____

3. There is cooperation with other relevant authorities and organizations when it comes to ART. 0 – 1 – 2 – 3

Comment: _____

4. ART program is open for transparency and review. 0 – 1 – 2 – 3

Comment: _____

G) Documentation and evaluation

1. All ART sessions are documented. 0 – 1 – 2 – 3

Comment: _____

2. Regular monitoring of the quality and conditions of ART is done. 0 – 1 – 2 – 3

Comment: _____

3. Relevant measurement instruments are used to demonstrate the effects of the ART training. 0 – 1 – 2 – 3

Comments: _____

4. There is follow up with clients that have received ART.

0 – 1 – 2 – 3

Comment: _____

5. Experiences are evaluated and used to gradually improve the program.

0 – 1 – 2 – 3

Comment: _____

H) Implementation process (most importantly to assess in the initial phase of implementation)

1. There is special staff with sufficient skills (ART-master or CBT psychologist) whose task it is to be responsible for the implementation of ART as well as mentoring and training of personnel.

Yes No

2. There is a detailed plan for implementation that is well-established in the Department or facility.

Yes No

3. There are resources earmarked for the establishment and continued operation of the program.

Yes No

Total number of points (max 99): _ _ _

Areas to improve:

Concrete steps towards improving the conditions for running the program

Time for the next review of the form: