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The perception of TrT among its implementers

-Evaluating the implementation process of Teaching Recovery Techniques among implementers in an intervention targeting unaccompanied refugee minors in Uppsala, Sweden.

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Master thesis in Public health, 30 hp

Advanced level

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Abstract

This thesis looks at how involved implementers of the Teaching Recovery Techniques-project in Uppsala, Sweden have experienced the project. Teaching Recovery Techniques is originally a group-based intervention created for use in disaster areas. This intervention has the aim to give self-help to unaccompanied refugee minors with post-traumatic stress symptoms in Uppsala and two neighbouring municipalities, by using non-psychiatric personnel to teach stress-mitigation. This is a pilot project as Teaching Recovery techniques have never been used in this type of setting before. To investigate the opinions of the involved personnel, qualitative interviews with roughly half of the group leader have been made. These have been analysed using manifest content analysis.

The thesis found that while many are happy with the project, it has required unexpectedly high workload as well as suffered from unclear responsibility delegations and lacking communication, primarily in the start of the project. However, due to strong motivation from involved implementers and adaptability from employers, these issues have been overcome to a great degree. Lesson for further TrT-projects targeting unaccompanied minors should put extra effort in planning and defining the roles of involved actors as well as include arenas for horizontal communication between group leaders.

Keywords: *Project implementation, Mental Health, Unaccompanied Refugee Minors*

Sammanfattning

Denna uppsats undersöker hur personal involverad i Teaching Recovery Techniques-projektet i Uppsala, Sverige har upplevt att arbete inom projektet. Teaching Recovery Techniques är ursprungligen en grupp-baserad intervention ämnad att användas i katastrofzoner. Syftet med Teaching Recovery Techniques är att ge hjälp till själv-hjälp till ensamkommande flyktingbarn med posttraumatisk stress symptom i Uppsala kommun samt två grannkommuner. Projektets mål är att använda icke-psykiatrisk personal för att lära ut stresshantering. Detta är ett pilotprojekt då metoden inte använts i denna kontext tidigare. För att undersöka personalens åsikter så har kvalitativa intervjuer utförts med hälften av gruppledarna. Dessa har sedan analyserats utifrån manifest innehållsanalys.

Denna uppsats visar att även om många är nöjda med projektet, så har det krävts mycket mer arbetstid än väntat samt att det har varit oklar ansvarsfördelning och kommunikation, framförallt i början av projektet. Dock har stark motivation från personal och hög flexibilitet från arbetsgivare, motverkat dessa problem i de flesta fall. Lärdomar till framtida likande projekt för ensamkommande flyktingbarn är att ha ett ökat fokus på planeringsstadiet, samt att definiera roller och ansvar bättre från start. Det rekommenderas även att skapa forum för horisontell kommunikation mellan gruppledare.

Nyckelord: *Projekt implementering, Mental Hälsa, Ensamkommande Flyktingbarn*

Acknowledgments:

The author wishes to thank Professor Anna Sarkadi for supervising this thesis as well as providing invaluable advice and support during its creation. Thanks go to Emma Stenvall as well for her generous sharing of insights gained during her time with the TrT-project in Uppsala.

Others that also deserve mentioning are Martin Gode for proofreading, as well as my family and friends for the support they have given me during this project.

Uppsala, Sweden, May 2017

Contents

Background	2
Migration situation in Sweden	2
Unaccompanied Refugee Minors	2
Mental health and URM's	3
TrT-project in Uppsala	3
Implementation	4
Øvretveit et al.'s lessons from collaborative implementations	6
Problem Statement	9
Purpose	9
Research questions	9
Method	10
Design	10
Sampling	10
Interviews	12
Development of interview guide	13
Structuring of material	14
Delimitations	15
Ethical Considerations	15
Results	16
Participants clear on project goals.	16
Topic is strategically important to participants	17
Facilitators must provide a supportive structure and climate	18
Facilitators must provide support outside of learning events	20
Teams must work efficiently together	21
Real and visible support from employers	23
Real examples of improvement	24
Facilitators must encourage networking	25
Discussion	26
Interpersonal support and resources	26
Communication	27
Variations in practice	29
Lessons for potential new TrT-projects	30
Method discussion	31
Conclusions	33
References	34
Appendix I	37
Appendix II	38

Table of figures

Figure 1. Variation in phases among models. By Erik Åhlin.....	6
Figure 2. Øvretveit et al.'s bullet point list as formulated by Greenhalgh.....	7
Figure 3. Organisational structure of the project during Sept 2016-Jan 2017. By Erik Åhlin	10
Figure 4. Flowchart of respondent recruitment. By: Erik Åhlin	12
Figure 5. Summarized bullet points of Øvretveit J et al.s Factors associated with health care quality collaborations.	13
Figure 6. Main themes based on Øvretveits compressed bullet points. By: Erik Åhlin	14

Abbreviations

Child and Youth mental healthcare.....	BUP
Child Health and Parenting.....	CHAP
Consolidation framework for advancing implementation sciences.....	CFIR
Teaching Recovery Techniques.....	TrT
Unaccompanied Refugee Minors.....	URMs
United Nation.....	UN
United Nations High Commissioner on Refugees.....	UNHCR
United Nations Fund for Children's Fund.....	UNICEF

Definitions

Foster home – *In this thesis, the term “Foster home” refers to publicly and privately run homes for unaccompanied minors. These might be either residential care homes for children and youths or asylum housings. The term is not to be confused with foster family homes, which often consist of placing a minor within a volunteering family.*

Background

Migration situation in Sweden

Sweden has since the year 2000 had a steady increase in the number of refugees. In 2000, the number of annual number asylum seekers was 16 303. This number has then fluctuated during the first decade of the new millennium, with an average of 26 142 asylum seekers a year. During the last six years, this number has increased greatly, with a large proportion of people fleeing from Iraq, Afghanistan and Syria due, but not limited, to civil war, militant uprisings and geopolitical unrest in the region (Migrationsverket, 2016a). To illustrate, the number of asylum seekers in 2013 was 54 259, but by the end of 2014 it had risen to 81 301. The peak was reached in 2015, where the Swedish migration agency received 162 877 new applications for asylum. Of these 162 877 refugees, 70 384 were children. Around half of these children were defined as unaccompanied refugee minors, from now on referred to as URM's (ibid).

This sharp increase in refugees during 2015 led to the Swedish government applying temporary restrictions to the asylum regulations during the end of that year. The restrictions included the introduction of temporary residence permits which only allow the holder legal residence in Sweden for 13 months (Stenvall & Tornell, 2017). They have been standardised and to a substantial extent replaced the old, permanent permits. In addition, the new regulation removed several earlier grounds for asylum, including asylum due to Imminent circumstances and the possibility to perform family reunification for all refugees not recognized by the United Nations Convention Relating to the Status of Refugees. In July 2016, these temporary regulations were extended to a temporary law, which has legal binding until 2019 (Migrationsverket, 2016b).

The temporary regulations have been heavily criticised by human rights groups, the United Nations High Commissioner on Refugees [UNHCR] and the Swedish Ombudsperson for Children. In addition, the Swedish Union for Psychologists issued a referral to the law, condemning it on the grounds that the extended asylum process in combination with the general uncertainty involved in temporary residence permit would risk re-traumatising asylum seekers. The referral also emphasises the mental duress URM's risk following the laws restriction for children to apply for family reunification (Psykologförbundet, 2016).

Unaccompanied Refugee Minors

URM's are children under 18 years who are asylum seekers or have been given refugee-status and are currently physically separated from their parents or other adult close family. The precise definition issued by the United Nations High Commissioner for Refugees [UNHCR] is as follows:

“An unaccompanied child is a person who is under the age of eighteen, unless, under the law applicable to the child, majority is, attained earlier and who is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so.” (UNHCR, 1997).

The number of URM applying for asylum globally is currently expanding. In a report from The United Nations Children’s Fund [UNICEF], it was found that more than 100 000 URMs applying for asylum in 78 countries worldwide in 2015, which is three times the number from 2014 (UNICEF, 2016).

Mental health and URMs

Leaving one's home and traveling to a new context can be stressful and taxing on an individual. It is therefore reasonable that migrants are more susceptible to mental health issues (Ramel et al., 2015). This risk also exists for refugees’ children. A Swedish study of URMs within inpatient psychiatric care highlight an overrepresentation of URM compared to the majority population (Ibid). There is also a connection between the length of the asylum process and mental health among refugee children. A study performed in the Netherlands show that the length of the asylum process is a strong risk factor for mental health issues among refugee children (Laban et al., 2004).

High occurrence of mental health issues also seems to exist with URMs in Sweden. A study from 2012 based in Gothenburg show that 51 % of all URMs suffered from mental health issues and that 24 % had been in contact with psychiatric institutions (Stretmo & Melander., 2013). If these figures were representative of the national situation, around 17 700 children would be suffering from mental health issues.

TrT-project in Uppsala

Teaching recovery techniques [TrT] is a method developed by the Children and War Foundation to help children in war- and disaster settings cope with symptoms of post-traumatic stress (Yule et al., 2013). It focuses on reaching out to large numbers of people with similar experiences in low resource-settings. The main goal of TrT is to teach strategies to cope with stress and mitigate stress-related reactions using personnel without extensive psychological training (Ibid). It can be delivered within social structures, such as schools, and is based around five meetings concerning five different aspects of coping with and mitigating post-traumatic stress.

The method has been tested on multiple sites and situations since its creation with positive effect. It has been used in a randomized control study in Palestine (Barron, Abdallah & Smith, 2013), in the aftermath of the earthquake in Athens 1999 (Berkowitz et al., 2013) and in the UK in a non-emergency/disaster-setting (Ehnholt et al., 2005). These studies showed a significant decrease PTSD-symptoms in the target group at initial evaluation. This decrease was still significant at follow-up in the Palestinian and Greek study (Barron, Abdallah & Smith, 2013; Berkowitz et al., 2013).

In 2016, the research group Child Health and Parenting [CHAP] at Uppsala University began a pilot study on TrT as a first line-intervention towards URM's showing signs of post-traumatic stress. As the current mental health-system in Uppsala County was struggling with the high number of URM's seeking care, the concept of a resource-efficient group-based intervention seemed attractive (Anna Sarkadi, personal communication, 2016-11-28). This study in Uppsala is the first known use of TrT within Scandinavia as well as primarily targeted towards URM's (Stenvall & Tornell, 2017).

The intervention has had ten different intervention groups in three different municipalities during the time frame between August 2016 to January 2017. The distribution of the groups has been as follows; eight groups in Uppsala municipality; one group in Knivsta municipality and one in Tierp municipality. In Uppsala four groups have been held by municipal employees, two have been held by members of the CHAP-group at Uppsala University, one group was located at the Red Cross but had the same group leaders as one of the CHAP-groups and one group by two nurses at COSMOS. COSMOS is the county's primary health centre for asylum seekers. In Tierp and Knivsta, the groups have been led by municipal employees (Anna Sarkadi, personal communication, 27-01-2017). Each group has had two group leaders, with the exception of three groups that had three group leaders (Stenvall & Tornell, 2017).

Implementation

Implementation is the process that occurs when an individual or group puts a new method or innovation to use. This process can vary in degrees of success depending on several factors and can be as important for an innovations' results as the innovation itself (Rogers, 2003). The field of implementation has received an elevated level of attention during the last decades, as the growing body of knowledge and science have not always led to enhanced results in practice (Aarons et al.,

2011). Some estimate that up to two thirds of all implementation efforts within health services fail (Damschroder et al., 2009). How to successfully implement a new intervention or method depends on a variety of factors and there are today many different models that tries to and conceptualize these processes (Mendel et al., 2008). To specify all these factors and their dynamics is not feasible for any one model, even within the limited field of health care (ibid). Today the international research community use over 60 different models for observing and measuring implementation (Birken et al., 2017). These differ in various ways, for instance, in the level of analysis. (Yetton et al., 1999). Models of analysis can focus on individual impact in end-users or process-performance on group level, which might give dissimilar results of implementation success when looking at the same intervention (ibid). To simplify the discourse, it is necessary to both look at how the project has affected the recipients and why the project reached those conclusions (Mendel et al., 2008).

As implementation is a process, it is also important to include the chronologic steps that are inevitable in the changes of practice. Depending on phase, the weight of each component may vary. Stronger leadership or personal characteristics might be crucial in the explorative phase but might be less important, or even counterproductive in later stages. For example, during the long-term sustainment of the project (Aarons et al., 2009). For instance, Rogers and Everett have since the 1960s created and evolved a theory called Diffusion of innovations, which points out five different chronological phases or stages: Knowledge, Persuasion, decision, Implementation and Confirmation (Rogers 2003 p168). Another well-established theory within the literature is a Consolidation framework for advancing implementation sciences [CFIR], created by Damschroder et al. in 2009 as a conceptual framework for guide valuations of multilevel implementations (Damschroder et al. 2009). In CFIR, the chronological aspects of innovation are divided into four phases, Planning, Engaging, Executing and Reflecting & Evaluation (ibid). Another theory specifically created to be used within the field of public health is Aarons et al.'s model of Conceptual model of evidence-based practice implementation in Public service. This theory also divides the phases of change into four similar constructs, namely exploration, adoption, implementation and sustainment (Aarons et al. 2011). The chart below visualises the variations and similarities that the models share and illustrates how different models might look different at first glance, but that there is a common core regarding major themes in the process of innovation.

Diffusion of Innovation	Consolidation framework for advancing implementation sciences [CFIR]	Conceptual model of evidence-based practice implementations in public service sectors
Knowledge	Planning	Exploration
Persuasion	Engaging	Adoption
Decision	Executing	Implementation
Implementation	Reflecting and evaluating	Sustainment
Confirmation		

Figure 1. Variation in phases among models. By: Erik Åhlin

While the three models include the same processes, they emphasize the aspects to different degrees. Similar variations are common within the literature, as theoretical models are constructed from highly contextually sensitive practical processes. There are however some issues on which there is consensus (Aarons et al. 2011). For instance, there are fundamental differences in how successful implementation is done in human services sectors, such as health care and other sectors, such as agriculture (Damanpour, 1991).

Within the healthcare sectors, it is important to remember that while many implementation models focus on interactions of care recipients and care providers, these groups exist within a social context that in many ways enable or restrain their behaviour towards each other. These exist within social structures such as schools and social services, that have direct and indirect routine and collective norms that modify outcomes of interactions between various parts (Mendel et al., 2008). Outside of these settings, other structures and systems of support exist with different contexts, such as friend and family networks (ibid). In public health sectors, implementers often come from different agencies and have varying education, workloads and employment structures that could give asymmetrical results (Aarons et al., 2011). It is therefore not surprising that studies have highlighted the importance of organisational context, motivation and time-allocation (Øvretveit et al., 2002). Furthermore, despite the best efforts of the research community to organise the implementation process, most organisations act in an organic, iterative and untidy fashion even when trying to follow rational process-models (Greenhalgh, 2005).

Øvretveit et al.'s lessons from collaborative implementations

Given the large pool of literature and implementation models within the field, finding which model to best fit a context and include all relevant factors is bound to be time consuming and difficult (Birken et al., 2017). One way to handle this cornucopia of knowledge has been formulated by

Øvretveit, who have published an overview of lessons from research on collaboratives. Based on experiences from researchers in USA, United Kingdom and Sweden, they have comprised an easily accessible overview of lessons learned by field experiences of change agents and researchers (Øvretveit et al., 2002). The conclusions of Øvretveit et al. have been concisely formulated by Greenhalgh into 20-point bullet list based around four categories (Greenhalgh, 2005).

Topic chosen for improvement	Participants	Facilitators & expert advisors	Maximising the spread of ideas
Focused and clearly demarcated area of interest	Participants are motivated to attend (those who volunteer do better than those who are sent)	Facilitators must have time to plan and organise the work	Facilitators should encourage networking between teams in the action periods between learning days
Robust evidence base with clear gaps between best and current practice	Participants are clear about their individual and corporate goals	Facilitators must resist didactic presentations and encourage horizontal networking between participants	Facilitators should encourage the spread of both specific ideas and process methods that can be used in the implementation of other innovations
Real examples of how improvements have been made in practice	Teams must work effectively together (teambuilding initiatives may be necessary as a precursor)	Experts must have credibility with participants	
Topic is strategically important to participating organisations	There should be a continuity of team leadership	Organisers must provide opportunities for discussion on the practicalities of implementation	
Participants can exchange ideas and suggestions, which can be adapted and applied in different settings.	Organisations must have a supportive culture and climate and be sophisticated in the use of process analysis and data collection tools	Facilitators must provide adequate support outside the learning events for the teams attempting implementation of innovations in their organisations	
Professionals feel that the proposed improvement is important	Organisations must provide visible and real support for the initiative; their goals align closely with those of the teams who attend the learning days.	Organisers must provide a toolkit of basic change skills	

Figure 2. Øvretveit et al.'s bullet point list as formulated by Greenhalgh. By: Greenhalgh (2005).

Many of Øvretveit et al.'s positions are mirrored in other implementation literature. One example of this, Greenhalgh points out, is that each aspect regarding the topic chosen for improvement corresponds to similar attributes of innovation formulated in Rogers Diffusion of innovation-theory (Greenhalgh, 2005).

Øvretveit et al.'s finding also emphasises the need for motivation and an alignment of goals for implementers and management (Øvretveit et al. 2002). Aarons et al. redefine this as the importance of innovation-values fit, specifically how well the innovations goals and methods align with the implementers prior value systems and goals (Aarons et al. 2011).

The bullet-points are useful as they show important pieces in a user-accessible way. The fact that the list also share several points with other influential findings on the subject strengthens its position in the literature, despite being composed by some degree of expert opinions.

Øvretveit et al.'s work also points to the importance of having clear definitions of what should be implemented by whom in collaboratives, as roles within inter-organisational collaboratives may have issues with reconstructing responsibilities, as well as damage relations to local workplace personnel and management (Øvretveit et al. 2002).

When the innovations are being implemented, they highlight the importance of motivating implementers as well as providing reachable goals and properly customized tools for reaching said goals. This corresponds in many regards with items in the executing-phase of the CFIR-model (Damschroder et al. 2009).

Problem Statement

Due to the high rate of mental health issues among URM in Sweden, there is a need for wide-reaching interventions to reach this vulnerable group. However, the methods and programs targeting URM must be efficient and plausible in relation to the Swedish context. TrT have the possibility to decrease the burden of mental health among URM but it is important that the intervention is implemented correctly. If implementers experience substantial issues performing TrT, this might affect the effectiveness of the intervention negatively.

Purpose

The purpose of this thesis is to study the implementation of “Teaching Recovery Techniques” aimed towards unaccompanied minors within the asylum-process in Uppsala county.

Research questions

The study will discuss the following research questions:

- How have group leaders and coordinators experienced the project’s ability to provide inter-personal support and resources?
- How have group leaders and coordinators experienced the communication within the project?
- Are there any differences in how the intervention has been implemented within the groups in regard to the above thesis questions? If so, how have these differences affected the implementation success of the intervention?

Method

Design

This study has been designed as a descriptive and explorative qualitative study. As the aim of the study is to examine the perceptions of respondents, a qualitative approach seems prudent as focus lies on variations and similarities in experiences of the TrT-project (Graneheim & Lundman, 2004).

The study is mainly inductive in its approach but has some deductive elements as the data gathering (the structuring of interview guide) is strongly influenced by the theoretical structures within the field of implementation research as mentioned further below.

Sampling

To be able to structure qualitative the data-collection process, participants of the project have been defined into 4 distinct categories. These are “participating refugee minors”, “group leaders”, “coordinators” and “project management”. The category participating refugee minors is self-explanatory and include the minors who attended one or several sessions with the groups. Group leaders consist of those who have received the three-day training program arrange by CHAP and had later been involved in the screening-process of minors eligible for TrT as well as prepared, led and scheduled the group sessions. The pairings of group leaders and coordinators are shown in Figure 03, where each group leader is represented by an icon. Coordinators are defined as personnel that have been involved in coordinating and inter-personnel communication within the project. Project management are those employed at Uppsala University to manage the project, where the two main persons are the Head of research and the part-time employed project management. The Head of research has been acting as coordinator for the group leaders participating from the university staff, and the project manager also has been supervising TrT-groups.

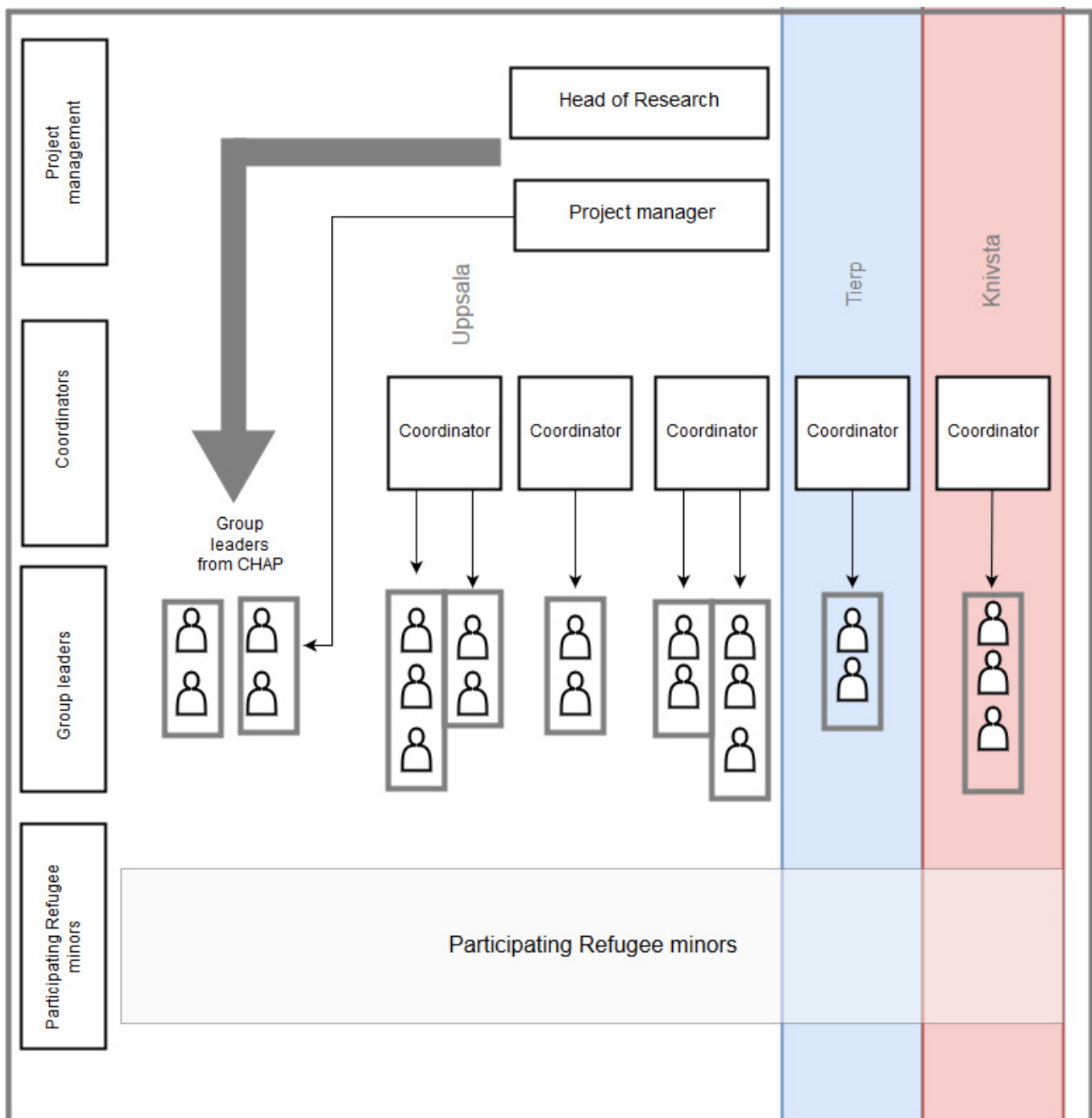


Figure 3. Organisational structure of the project during Sept 2016 - Jan 2017. By: Erik Åhlin

As mentioned in the Background, some group leaders have had two groups and there has been some delegation of recruitment of CHAP-group leaders. In addition to this, there are other persons who have had contact or been affiliated with the project. These individuals will however not be included in the study.

Due to the limited size of the project and the high variation of professions and workplaces of the group leaders, a strategic sampling was implemented. As each group have had between two and three responsible group leaders, it was decided that at least one group leaders from each group should be included as respondents to allow a wide scope of opinions. The conditions for each group have varied greatly regarding recruitment, scheduling and location setting, which is why a wide

scope is essential. Group leaders have also come from a variety of backgrounds and educations. Within each group, group leaders have had similar occupations and the same employer, with some exceptions, which also made it seem prudent to have one respondent from each group.

Regarding coordinators, there was a limited number of people who could qualify to be included in the study and with greater variation. It was therefore decided that the persons that could be categorized as coordinators were included. However, since one of the coordinators also is involved in this evaluating study as the thesis supervisor, it was decided that she would not be included as a respondent.

Of each pair of group leaders, one was selected randomly (by coinflip) to be included in this study. In groups consisting of three group leaders, one group leader was selected via randomized draw (names were written on identical notes, folded and then shuffled inside a box where one name was drawn at random). In total, this meant that ten group leaders and four coordinators were invited to participate in this study.

Interviews

Invitations to participate in the study were sent out via mail to addresses provided by the CHAP-researchers responsible for the TrT-project in Uppsala. See Appendix I for a copy of the invitation-email. A reminding email was sent out two weeks after the first email. All of the group leaders accepted the invitation to participate as respondents. Among the coordinators, two of the four invited accepted the invitation. The reasons for not wishing to participate was in one case extended sick leave and in the other case that the person felt a lack of insight into the project.

In total, twelve semi-structured interviews were performed. Apart from one phone-based interview, all interviews were done at the respective workplace of each respondent. All interviewees were informed about the voluntary nature of their participation and were given a written copy of the main questions of the interview beforehand. All interviews were recorded with consent from the respondents and lasted between 18 to 46 minutes. The interviews were transcribed by the author.

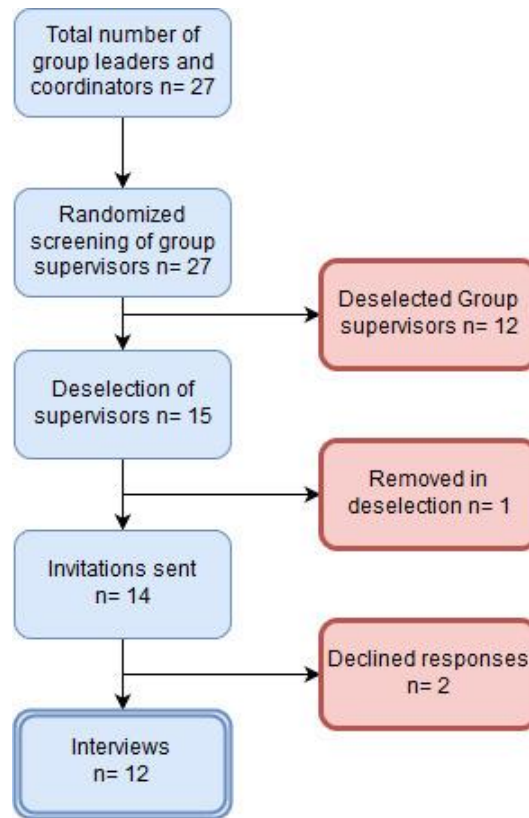


Figure 4. Flowchart of respondent recruitment. By: Erik Åhlin

Development of interview guide

The interview guide used in this study has been developed based on Øvretveit et al.'s theoretical model on factors associated with healthcare quality collaborations. This has been summarized by Greenhalgh et al. into a 20-point bullet point-list, focusing on four categorised aspects of implementation processes. These 20 points have been reduced to 8. The reason for this reduction is that some of these question focuses on areas outside of the group leaders' and coordinators' experience. Instead, information regarding these bullet points have been accessible through communication via Uppsala university and peer-reviewed literature. In some cases, categories have been merged as they share the same essence but are connected to different professional roles within organisations. As this study only uses one interview guide for both coordinators and group leaders these have been formulated in such way as to include both. See Appendix II for a copy of the interview guide.

Topic chosen for improvement	Participants	Facilitators & expert advisors	Maximising the spread of ideas
<i>Focused and clearly demarcated area of interest</i>	<i>Participants are motivate to attend (those who volunteer do better than those who are sent)</i>	Facilitators must have time to plan and organise the work	<i>Facilitators should encourage networking between teams in the action periods between learning days</i>
<i>Robust evidence base with clear gaps between best and current practice</i>	Participants are clear about their individual and corporate goals	Facilitators must resist didactic presentations and encourage horizontal networking between participants	<i>Facilitators should encourage the spread of both specific ideas and process methods that can be used in the implementation of other innovations</i>
Real examples of how improvements have been made in practice	Teams must work effectively together (teambuildning initiatives may be necessary as a precursor)	<i>Experts must have credibility with participants</i>	
Topic is strategically important to participating organisations	<i>There should be a continuity of team leadership</i>	Organisers must provide opportunities for discussion on the practicalitis of implemenetation	
<i>Participants can exchange ideas and suggestion, which can be adapted and applied in different settings.</i>	Organisations must have a supportive culture and climate and be sophisticated in the use of process analysis and data collection tools	Facilitators must provide adequate support outside the learning events for the teams attempting implementaton of innovations in their organisations	
<i>Proffesionals feel the proposed improvement is important</i>	Organisations must provide visible and real support for the initiative; their goals align closely with those of the teams who attend the learning days.	<i>Organisers must provide a toolkit of basic change skills</i>	

Figure 5. Summarized bullet points of Øvretveit J et al.s Factors associated with health care quality collaborations. By: Greenhalgh (2005).

Structuring of material

The collected data has been structured and analysed according to manifest content analysis (Graneheim & Lundman, 2004). Once interviews where performed and transcribed, the material was looked at in its entirety. Based on the Greenhalgh et al.'s eight categories, data responding to each category was marked and compiled into a Microsoft Excel[®]-sheet. This can be compared to Downe-Wamboldt (1992) who argues for the use of predefined categories when performing content analysis, as this forms an initial platform for the analyser in the analysis process. Each item was then given a compiled description and then organised into sub-themes. Each theme was divided into two to eight sub-themes, depending on the content of interviews.

The results are presented in the Results chapter below. Anonymised citations from the respondents are also presented along with the findings to give weight and transparency to the process.

Delimitations

The study will only include participants who have been active in the TrT-project from September 2016 to January 2017. Participants introduced later to the project will not be included.

The study will not perform any data collection from URM's participating in the intervention directly, as the primary aim of this study is to examine the implementation process from the perspective of the project facilitators.

Ethical Considerations

This study has been conducted within the TrT-project in Uppsala. The initial project has been cleared by the Ethics committee in Uppsala (Dnr 2016/348). This evaluative study does not have any direct contact with the URM's participating, as only implementers have been selected as respondents. All the interviewed respondents have been informed about the nature of the study and given consent to participation as well as recording of interviews. One issue that might occur is that respondents could be recognized from the study, despite de-identification, as the number of group leaders and coordinators are few. This information has been given to respondents in connection with the information about de-identification.

Results

The data relating to the main eight themes based on Øvretveit et al.'s factors associated with health care collaborations are presented below. Citations have been included to represent viewpoints of respondents and have been translated into English, anonymised and are presented in italics.

Main themes
Participants are clear on project goals
Topic is strategically important to participants
Facilitators must provide a supportive structure and climate
Facilitators must provide support outside of learning events
Teams must work efficiently together
Real and visible support from employers.
Real examples of improvement
Facilitators must encourage networking

Figure 6. Main themes based on Øvretveit et al.'s compressed bullet points. By: Erik Åhlin

Participants clear on project goals.

“The goal, for me, is to help the youths, teach them techniques so that they will be able to handle their situation” -Respondent 9

Given the diverse nature of participants, there is some variation on what people describe as the goals of the Trt-project. Two major themes can be found among the descriptions. These being to provide self-help and decrease the burden of PTSD in the region. It is also interesting that one of the respondents did not present any description of the project goals during the interview, which could suggest that there might be a need for more direct communication regarding these topics from the management.

Seven of the respondents focused on the self-help aspect of the project, for instance pointing out that TrT is not a treatment but a tool-providing course. Among these respondents, there were many who specified that the responsibility of positive change lies on the URM.

One respondent also said that the project's position as a non-treatment intervention had been very clearly delivered by the project management.

“..to reach as many as possible as the current system can’t treat that many youths with poor mental health. That what I think was the main goal. “- Respondent 7

The focus on decreasing the burden of PTSD was not stated in the same uniform way as those respondents talking about the self-help aim of the project. Among the four respondents, some lifted the project as a relief mechanism for the conventional child and youth mental healthcare system [BUP]. While others stated that the project had the aim to quickly reach a wide population of URM, as previous studies on the region had shown posttraumatic stress symptoms among 70-80 % of the URM-population. A reoccurring line was also that the national health system had failed to help these kids, despite active help-seeking behaviour among URM, custodians and healthcare personnel and that the TrT-project was a response on this.

“The TrT-project has had the aim to evaluate this intervention... ..so, one can’t really speak about any effects of the intervention, instead it’s about if the intervention is doable in the participating organisations.” -Respondent 2

Beside these two main streams, there is one respondent who instead saw the project main goal focused on the feasibility of implementation of TrT in the current context. The respondent saw the projects’ impact on the participating URM as secondary, as the current scope of the project cannot present any significant effect.

Topic is strategically important to participants

“So of course, we see benefits in various parts of this project.” – Respondent 5

Most respondents feel that participating in TrT have been strategically important to their workplace. As participants have been recruited from different contexts, there have been a spread of opinions on why the project has been important, depending on work setting. One respondent employed by a school, pointed out that the project has good chances to improve school attendance, while three other respondents pointed out that the project has improved the social climate at foster homes.

We see how they are feeling, how they have insomnia, how they are absent from school and lack motivation and so on. I really believe that this could help them, if they are willing, of course. -Respondent 11

Generally, when asked about the project's value, respondents have been focusing on the great need among the URMs, often also voicing a personal moral and emotional urge to change the current situation for the youths they work with. Three of the respondent mentioned that they had, prior to the projects start, felt a desperation to do anything as it would be preferable to inaction.

"But for us here, it feels as it's a bit too late. This project started almost a year after they arrived and they have acclimatised well and can handle their everyday life and school. So, there aren't such a big interest from our youths."
-Respondent 1

However, all respondent did not feel that the project was strategically important to their workplaces. Two respondents felt that the project did not fill a useful role, as most youths in their area had little interest. Other respondents, despite being positive to TrT, showed concerns regarding the high work effort versus the perceived limited effects of the project among their youths. Some argued that they were unsure of the project compared to individual counselling. One respondent also felt that while the sessions included valuable information for the youths, there were negative social issues involved with holding the sessions in a school environment during regular school hours. This could also be an effect of recruiting participants from the same social context, namely, several school classes at the same school.

Facilitators must provide a supportive structure and climate

"We did not really know how this was supposed to go. This is a new experience. I have said it several times." -Respondent 9

The feelings regarding the project in general vary substantially between respondents, but feelings of stress and vulnerability are common. Six of the respondents have lifted that they have felt stress during the project, citing high workload, primarily regarding administrative tasks as well as

unintuitive course material and unclear information and responsibilities as reasons for stress. The varying backgrounds of the group leader has also meant that many leaders have felt out of their league regarding handling traumatic and emotional experience during the sessions.

“I know I got annoyed over that. First, we should use this document and now this, and then this, and then another one and so on. “– Respondent 12

There has also been frustration regarding how new changes in the project has been implemented, with the multiple rapid changes to the TrT-manual. While many expressed understanding of the pilot nature of the project, there were still irritation on how these changes have been coordinated. One of the respondent also felt that their opinions were disregarded by the project management and that they were forced to perform tasks despite clearly stating that it was not feasible nor in the best interest of the participating youths.

“They say anyone can do this and that you don’t need to be a therapist. But then you sit there in the session and someone rushes out feeling terrible and can’t participate. That’s not so easy!” – Respondent 8

Connected to these feelings are the opinions on the information channels within the project. One factor that four respondents mentioned was the lack of information and integration of the safety protocols with the BUP-clinic in Uppsala. As the manual stated that if youths scored high on suicide risk in the baseline tests, group leaders should immediately contact the emergency BUP-team by phone for counselling. According to group leaders, the emergency team had not been informed about this and could not respond to the necessary degree. This caused significant stress among both youths and group leaders. While the problem was corrected by project management shortly after, the incident seems to have damaged the trust between group leaders and management.

“She has helped, really. Anytime we have had questions, we have communicated via email. We have always received detailed answers and she has been super-dedicated.” - Respondent 3

Several other of the respondent did however mention that in the cases where they contacted the project management regarding questions about the project, they received adequate answers and support. A large majority of the group leaders especially appreciated the project manager as a huge support.

“Then we have had these counselling sessions, where we meet other group leaders, that has been good. There we have had the possibility to share the frustration that we all have encountered. It has been good to be able to air that.”
-Respondent 3

Another aspect that had a positive impact on the group leaders' opinion regarding the culture and climate within the project were the group counselling sessions with psychologist from the Red Cross. These meetings were voluntary and much appreciated by the group leaders who attended. Both as a relaxed meeting spot to share experiences and thoughts among group leader and for the possibility to get advice from an external, well-briefed professional.

Facilitators must provide support outside of learning events

“Many of us had misunderstood the information that we should screen all the youths ourselves,” -Respondent 6

To do a pilot project always means that the participants will come across new, unencountered issues. In the case of this project, many respondents reported that they felt unsupported in the initial start-up and recruitment phase of the project. As information regarding recruitment procedures had not been properly given to group leaders. Several group leaders said that they had not even received information regarding the fact that group leaders were expected to do recruitment and group composition. In addition, most group leaders felt that there were no clear guidelines for how these procedures should be performed. Instead group leaders had to come up with their own solutions, which many felt was the project managements responsibility.

“Now, we got a better organisation for those things. I did not provide any support initially.” -Respondent 5

One of the coordinators said that in the beginning of the project, he felt that the organisational structure of the project created distance between the project management and the group leaders. Information from the project manager regarding changes were sent via email through three lines before reaching the group leaders, which both made feedback difficult as well as decreased coherence within the group. This problem was to some extent rectified by a coordinator who introduced biweekly physical meetings with the group leaders he was coordinating. This concept was however not extended to all the group leaders. For instance, the group leaders located in

Knivsta and Tierp were not included in this. However, group leaders from both these sites did not mention that they experienced issues over informational distance towards the project management.

“It has worked very well. She made long detailed emails that we had use of when issues occurred, so that was great.” - Respondent 1

Respondents have said that there has been a feeling of responsiveness when discussing problems within the project. When issues have occurred regarding lacking information, it has been easy to initiate contact with project management. This responsiveness regarding information and advice from the project manager has been described as even too helpful, delivering more information than expected, resulting in a large amount of advice which group leaders have had trouble to sift through.

“I remember a meeting where we were very upset and said that you have to do the recruitment for us, because we don’t have the time... ..so they had to come out here and do it for some of the youths.” – Respondent 3

There were cases where the group leaders felt that it was not possible to perform the recruitment within the timeframe of the project. In those cases, personnel from CHAP who were involved in the project assisted in performing the information and recruitment presentations for URM, which was seen as helpful from group leaders. It was expressed that this concession was fair, due to the earlier unclear information and delegation of recruitment.

Teams must work efficiently together

“In the beginning, I thought that it was horrible, since we did not know what it meant. I don’t think the information was sufficient, not at all. We thought this would be a fun project but then we just felt overwhelmed.” – Respondent 3

Respondents have had issues with the efficiency of the project. These have been either connected to insufficient information systems or the high workload of primarily administrative tasks that have been put on group leaders. Unclear instructions from the project management and lacking distribution of responsibilities have limited group leaders’ abilities to do their regular jobs. All except one of the respondents have spent more time and energy on the TrT than what was expected at the start of the project. This has mainly been tasks involving communication with participant

URMs, legal guardians, foster homes and school personnel. In addition to this, many respondents felt that the administration surrounding the reporting of data to the project management was difficult to perform due to irregular participants as well as unintuitive forms.

“Then it takes 8 hours, or even more, maybe 10 hours before the sessions. Because you must find the youths, identify and inform them, that is a really big phase of it... ..But say that we had expected to spend 2,5 hours each week, but instead now we end up on the double of that time each week. 5-6 hours per week in total.” – Respondent 12

The unexpected and substantial extra workload connected with the recruitment and administration have been experienced as straining for all group leaders interviewed. While the information in the beginning of the project suggested that the project would occupy about 2-3 hours per week, this time limit has not been held by any of the group leaders. This meant that group leaders have had to neglect regular duties or in some cases sacrificed personal free time.

Besides the extra workload, group leaders have not had any clear channel of horizontal communication with other leaders, besides the voluntary counselling sessions with the Red Cross psychologist. This has resulted in several participants feeling the need to new methods for recruitment and holding sessions parallel to other group leaders, creating unnecessary and excessive work.

One area where such modifications were made was in streamlining the TrT-material to fit the older age of the participating youths. One group leader made hand-outs for the participating youths as a reminder on the taught techniques. Many respondents also said that they wished for more hand-outs as well as audio-recorded instructions to facilitate practicing techniques.

“My colleague has done almost all contact via mail and invitations to sessions, so I believe that it has taken much more time for him than me.” -Respondent 3

Due to the extra workload, group leaders have in many cases divided tasks within their leader pairs. Often one of the group leaders have taken more responsible for communication with the project management and/or participating URM and their guardians. This division has in many cases been dependent on group leaders' employment situation and tasks at their conventional work. As many group leaders do not have regular office duties, but work in social or clinical settings, allocating time for emails and paperwork clashes with these other duties. In one case holding the sessions of TrT meant that the group leaders regular workplace had to shut down during the sessions.

“So, it has not been very resource effective. It would have cost about as much to split these three youths who are participating and given them individual counselling instead.” -Respondent 1

The high resource and time consumption of TrT have also made a minority of respondents question the effectiveness of the project in comparison to the conventional method of individual support. As several of the groups have had problems with finding recruits and low and irregular attendance of URM, the high input requirements of TrT have made four respondents uncertain about their future continuation as group leaders.

Real and visible support from employers

Much more resources were required than what was available. And it required much more time than expected.” – Respondent 10

As mentioned earlier, all respondents have expressed feelings of higher time and resources consumption within the project than expected. This has increased the importance of adaptability from their employers. Some respondents had not been assigned any specific time or resources to work with TrT. Instead, the sessions should have been performed in addition to the original task at each workplace. As it became evident that the TrT-sessions would require more time, most employers either allowed overtime or rearrangement of work hours. The terms of these changes vary from employer to employer. Some of the employers allowed overtime hours for the project more or less from the start. In the case of two employers, the group leaders only received overtime and rescheduling after negotiation with the employer. In general, many respondents felt that employers did not have adequate information on the scope and size of their involvement in TrT. When this information was presented, most employers showed understanding for the situation and made arrangements to facilitate the sessions. In three cases, the employer agreed to introduce temp workers in the regular activities to fill in for the group leader.

“I would say that I’ve done about 20% of TrT on regular work hours and 80% in my own spare time.” -Respondent 6

Despite these amendments, some group leaders reported that they still had done a large part of the work around TrT in their free time. The reasons for this was that some did not wish to irritate or disturb their employer, or that reading up on material and emails had to be done within a short time-frame, making rescheduling arrangements difficult.

Albeit, in one case no increase or rescheduling of work hours was feasible which led to high stress and work burden for the group leader in question, and in turn, later caused them to leave the project.

Real examples of improvement

“They have appreciated to come to a place every week and meet other people who are in the same situation. It has been a very positive experience for them, as they don’t feel so alone in their situation.” -Respondent 10

On the question regarding what changes the respondents have seen among URM participants in TrT, the most common answer has been that the groups have allowed youths to share experiences with their peers. The sessions have in most groups been a trusting environment, and facilitated new friendships among the youths. This feeling of community has been highlighted by six of the group leaders interviewed. Some groups have had issues with continuous low attendance rates from URM participants having only about 20-40% of youths completing all the sessions. This irregular attendance has complicated the schedule of the project, as stragglers have in some cases received extra sessions to be up to date, which has delayed subsequent sessions. The delay also created issues in the evaluation of the project.

“I think some things have been appreciated and some things have been too advanced. And some things might not have been very well received by the youths.” -Respondent 12

Regarding the techniques taught in the sessions, the opinions are more mixed. Some respondents say that they have seen URM participants using the techniques, while others have said that few of their participants have practised the techniques in their everyday life, and that there has been little motivation for them to use TrT outside of the sessions. Several respondents have also mentioned that they had to modify or remove some techniques taught during the sessions as both they themselves and the youths felt that those parts were dedicated to a younger age group. Some however reported that while their URM participants did not practice the techniques during the project’s course,

they have used them later, after finishing the project, when they experienced stress.

“Then, one other thing that has happened to me as staff. Because I now have these skills, I use them daily with the boys. It can be during regular conversations that I can use them.” – Respondent 9

There are also two respondents who have felt that they themselves have had use of the techniques taught in TrT in their regular work. These have primarily been group leaders employed at schools and foster homes.

Facilitators must encourage networking

“No, I don’t think we have networked. It’s been TrT-related.” Respondent 2

Most respondents have not really felt that they have been encouraged to network with others within the program. The reason cited behind this has been a general lack of time, as many have felt that they have already spent too much time on administration. The diverse nature of backgrounds among group leader have also resulted in few overlapping professional fields for certain group leaders. Although several group leaders have come in contact with each other prior to the project due to URMs in their care, there has been little dialog between them during this project. Albeit, three of the respondents did mention that they appreciated the possibility to share experiences and have causal conversations during the counselling sessions with the red cross psychologist.

“But what meant a lot is that we got in contact with [other school] which is positive” -Respondent 4

One exception to the lack of networking is the group leaders who come from a school background, as these have initiated external meetings to the project with the aim to share experiences and knowledge on how to help URMs with their education. This is a result of group leaders from different schools attending the TrT educational course in the beginning of the project.

Discussion

The TrT-project in Uppsala has generally managed to present its goal clearly with the group leaders and coordinators in the project. The goals of the project have also in broad terms been reflected in the perceived goals of the employees working within the project. There have however been issues with the balance of effort versus perceived effect among some of the group leaders. This has been accentuated by the vagueness regarding time-and resource requirements in the start-up phase of the project.

The unclarity of responsibilities regarding recruitment and administration have forced most group leaders to either renegotiate their conventional work-related duties or work pro bono for the project during their free time. In one case, when neither of those alternatives were possible, the two group leaders terminated their involvement in the project. This deficiency in communications have been to some extent rectified during the project's course. This effort has offset some of the feelings of vulnerability and lack of support that group leaders have talked about in relation to the start of the project. The work load within the project have remained high, which has required adaptability from the group leaders' employers. It has also made some of the group leaders question the resource-effectiveness of the project compared to conventional individual counselling. Some areas also have a limited pool to recruit participating URM, which threatens their future engagement.

Interpersonal support and resources

- *How have group leaders and coordinators experienced the projects ability to provide interpersonal support and resources?*

It seems like the area of interpersonal support within the project has been partly insufficient, particularly during the initial phase of the project. It is possible to see connections to Øvretveit et al.'s points regarding both the importance of providing support outside of learning events and missing forums for discussing the practical aspects of the implementation process (Øvretveit et al., 2002). According to Damschroder et al., these types of miscalculations are common in the research community when trying to introduce and involve new implementers (Damschroder et al., 2009). This is also especially important if the implementers are heterogeneous. One way to measure how well new implementers have been introduced to the implementation-project is to look at the willingness of championing the implementation. This can be affected by other factors as well. The majority of respondents have been advocating TrT, suggesting that they currently are feeling

supported. However, when looking at the statements made by respondents who have decided to leave the project, it seems like the incident surrounding BUP have been experienced as influential in decision-making to leave.

While most respondents have been satisfied by the physical resources available within the project, the resource of time and workhours have been generally insufficient. Complaints of high workload is the most common issue that respondents have expressed. Some of this can be attributed to the projects setting, as many respondents have been employed in smaller workplaces with a handful of co-workers, making it harder to allocate resources to emerging projects like TrT, especially without adequate prior projections regarding project needs. This is frequent problem within the literature. Smaller organisations tend to have smaller margins and as such cannot rearrange or appoint more resources at short notice, making them vulnerable to rapid changes (Aarons et al., 2011).

One thing relating to the physical resources of the project that has been requested is teaching aids in the form of audio recordings and informational handouts, as many respondents have felt that such materials could increase the participating youths' engagement in rehearsing and using the techniques. The same issues have been recorded in other projects working with self-help based mental health-interventions (Possemato et al., 2017). However, the project has had one advantage to handle these setbacks, as many respondents have voiced a strong sense of purpose regarding the improvement of URM's mental health. As several respondents mentioned feelings of urgency and a desperation to do something, this aspect seems strong within the project. The importance of motivation and belief in the projects mission is considered one of the strongest resiliencies against setbacks (Øvretveit et al., 2002). This feeling of purpose must however also be paired with confidence among implementers in their own abilities to fulfil the tasks within the project. Given the high workload and stress regarding unclear instructions, this area might be the project's weakest link in regard to motivations and resilience towards setbacks (Øvretveit et al., 2002).

Communication

- *How have group leaders and coordinators experienced the communication within the project?*

The communication within the project has varied during the project, although many respondents are happy with the high level of commitment and enthusiasm shown by the project manager in charge of troubleshooting. This has been mentioned by several as a source of stability and support.

However, the baseline communication channels have not been adapted appropriately to fit the end-user. Some efforts have been made to change this, with for instance, the biweekly meetings introduced by one coordinator. This should however be balanced against the workload of the project, as many respondents have already felt swamped by the current level of engagement in the project.

There might also be ways to increase the end-user accessibility of the internal information, as many respondents have mentioned that information, while useful, have been delivered densely packed and been difficult to appreciate for participants without a background in academia.

The lack of horizontal communication between group leaders is an issue that might hinder the impact of the project, as many respondents have highlighted a lack of interaction between group leaders outside of their workplace. The voluntary counselling has allowed for some interaction between group leaders, which has been described as providing both support and a neutral arena for sharing experiences among implementers. The literature points out that these type of arenas, where in this case both inter-organisational and intra-organisational exchanges can occur, often increases the influence of participants (Barnett et al., 2011).

Besides these voluntary counselling sessions, the project has not encouraged networking in any greater scale. In the one case where networking occurred, the result was clearly positive. As this connection was between two similar workplaces, it is uncertain if comparable effects could be created between all participating implementers as professional backgrounds vary. Albeit, it would be possible for other pairings between, for instance, foster homes. These networks both allow direct gains and can increase confidence and absorptive capacity in employees' role as knowledge workers, which is rarely measured in strictly defined outcome measures or deliverables conventionally used in evaluation (Greenhalgh, 2005).

It seems plausible that new TrT-projects could also be useful for the employers, as their staff would receive skills that are applicable in other contexts besides TrT. Several of the respondents have mentioned that they used the techniques taught in TrT in other situations. The project has also allowed implementers to directly contact a field-relevant researcher providing expertise knowledge on topics central to their clients/patients. This type of exchange is considered vital and mutually beneficial by many in implementation literature (Wolfenden et al., 2016).

Variations in practice

- *Are there any differences in how the intervention has been implemented within the groups in regard to the other thesis questions? If so, how have these differences affected the implementation success of the intervention?*

There have been several varying factors between groups, of which some have led to substantial differences in the implementation of TrT. The variations in the number of group leaders per group is one such substantial item. Some groups have had three group leaders per group, compared to the conventional two (see figure 3). From the interviews, having an additional leader have been seen as a positive factor.

Another variation is that some group leaders have invited to information-sharing meetings on the initiative of one coordinator. These meetings were accessible to those participants who had been employed within the public sector in Uppsala municipality. It is difficult to say whether other group leaders would have been willing to participate in these biweekly meetings, partly due to the high workload of the project. The smaller municipalities involved in the project did for instance share the sentiment that the information was difficult to sift through, but given their geographical positions it is uncertain if they would participate in meetings as it would require one to two hours of travel time to attend these meetings. One option would have been to have similar meetings in each municipality, however the small number of group leaders in the respective municipality might discourage such meetings. Another option would be to have meetings over phone or other digital platforms.

There has also been variation in how group sessions have been performed by different group leaders, despite the manual-basis of TrT. There have been variations in how long different segments of the sessions have been and how research data has been collected. The majority of these variations have been within the limits of the TrT-manual, whilst some have not. Albeit, it is important to remember that these changes were done in the best interest of the participating URM, and with the support from project management in many cases. This is however a common problem, especially in projects that incorporate implementers from a non-academic background (Øvretveit et al., 2002). In most TrT-groups, there were however no serious issues regarding the structuring of sessions and collection of research data. Some variations in when and where sessions were held can also be examined. It seems like the respondents have shown most positivity towards holding sessions during evenings in locations with low connection to URM everyday life. Sessions held within regular school hours or in foster homes have had more issues with creating a separate, isolated environment. According to the respondents, having the sessions in separate isolated environments

have created more feelings of openness and comfort among the youths. This could be a consequence of social norms and fears of appearing weak or odd, which are connected to the social context mentioned by Mendel (Mendel et al., 2008).

The level of variations with the project is however not solely negative. Øvretveit et al. (2002) points out that value of flexibility in sustaining implemented innovations as contextual interference is bound to happen in most organisations, and that a pragmatic approach is in many cases necessary to handle these. This pragmatism must however be done in tandem with a strong motivation among the implementers, and as mentioned earlier in this chapter, motivation among the group leaders have been varied, but in general strong (ibid). In some sense, the TrT-manual is well adapted to manage variation within the setting, as it consists of a hard core of irreducible features essential to the innovation, most discernible in the number of sessions and sequence of them. Beyond this, there is however a soft periphery which is malleable and to some extent optional, such as an assortment of techniques available for each session and there is a loose structure regarding session setting and participants. This allows the model a greater degree of applicability, as it can be more easily formed to fit differing contexts. However, it could also create conflict between implementers if disparities become great enough to also change the core features (Denis et al., 2002).

Lessons for potential new TrT-projects

There have been several changes in the early phases of the TrT-project in Uppsala, primarily to increase participation of URM's and decrease the workload of group leaders. These changes have however been done in an ad hoc-fashion and have not been evaluated during the project in an organised manner. It could therefore be useful to include a change testing method. These types of tools allow for rapid evaluation of minor addendums to an implementation model and are often found in successful implementations of health innovations (Øvretveit et al., 2002). An example of these tools is the Plan-Act-Study-Do-model formulated by the Institute for Healthcare Improvement, allowing quick feedback on alterations of minor details (IHI, 2004). Continuous and fast feedback is essential in successful implementations (Guldbrandsson, 2007). Given the need for pragmatism when working with the issue and the partly flexible structure of the TrT-manual this sort of tool could be highly useful for future implementers.

There is also a need to reconfigure how and when to introduce information about responsibilities and task-allocation within the project. The initial TrT-training for group leaders should be improved to give a more clear overview of the session phases and the logistical and administrative issues that might arise during the course of the project. These improvements in information flow could also be

connected to forums that allow horizontal communication and networking among group leaders. As the ability to share information and experiences among implementers is something that has been appreciated and have an established basis in implementation literature (Greenhalgh, 2005).

Having three group leaders per group instead of just two have been described as a positive factor, as it allowed flexibility and relief of the administrative workload. However, this requires that the extra group leader is introduced at the start of the project like all other project participants, to receive the training and be involved in the start-up, which increases both costs in the budgets of employers and project management. As the resource effectiveness of the program has already been questioned by several respondents such trade-offs should be carefully examined.

Regarding the sessions, it seems like it would be advisable to hold them in separate, isolated contexts, to allow safe spaces for participating youths. If possible, it might also be preferable to recruit URM's from different social contexts to decrease the influence of pre-existing social norms (Mendel et al., 2008).

While several of the issues that have occurred during the project can be attributed to its pilot-nature, and therefore can be avoided by drawing on these experiences, it could be advantageous to relocate more resources to the planning/knowledge phase of future projects, to make sure that all pieces of the project are connected.

Method discussion

Given the relative small population of implementers with the TrT-project, a qualitative approach seemed prudent (Bryman, 2008). This view was strengthened by the pilot nature of the project, as the new context and low amount of comparative cases within the literature made it difficult to anticipate the experiences of the implementers. However, using a quantitative approach to the subject could allow for a larger sample size and in turn greater credibility and dependability of key concepts (ibid). It could therefore be of use in further studies on the subject.

Initially, the use of focus-groups was considered to reach a greater number of respondents. As the study aims to capture inter-personnel communication and interaction, the use of focus-groups could be beneficial in allowing the researcher to see how implementers react toward each other in an interview setting (Ibid). However, when considering the significant differences in workhours and geographical distances between implementers within Uppsala and other municipalities, the practical issues of having to arrange scheduling and logistics involved made the method seem less advantageous. When compared to the greater flexibility of single interviews, the author judged that focus-groups were impractical given the circumstances.

The use of semi-structured interviews has seemed efficient for exploring the opinions of the implementers within the project. As this type of method allows flexibility to pick up new themes and variations within already specific issues (Bryman, 2008). The unstructured nature of the interview gives the respondent ample opportunities to make their voices heard, focusing on their world views (ibid). This intention to include the variations of opinions and experiences was also reflected in the choice of sampling method, as the strategic sample was done with the aim to include respondents from each group leader pair/trio. Given the nature of the project, this was believed to allow for different viewpoints to be included, which is important when considering the study's credibility (Graneheim & Lundman 2004).

Semi-structured interviews rely on the interviewers' ability to perform follow-up questions and hold a general tone of the interview to some measure of comparability. Fortunately, there have only been one researcher performing the interviews within this study, which increases the dependability of the study (Graneheim & Lundman, 2004). Though, one disadvantage of having the study being performed by only one researcher is that it has limited the capacity to include more respondents, as both scheduling and performing interviews are time-consuming compared to other data collection methods. This disadvantage is also in turn transferred to the transcribing process, as it is also highly time-consuming (Bryman, 2008). However, that transcribing and analysis has been performed by the same interviewer does increase the coherency of the material. It does unfortunately also increase the possibility of bias due to potential preconceptions on behalf of the author. This risk has been acknowledged by the author and efforts have been made to counteract such bias (ibid). One such way is by structuring the interview guide on previous literature.

Regarding analysis, there are other approaches that could have been used to explore the topic more thoroughly. For instance, using grounded theory could allow for better comparison and fit between the collected data and theoretical concepts. This method does however increase the risk of bias as the researchers' interpretations can influence the outcomes to a great degree (ibid). While this issue also can occur when using manifest content analysis, it is generally considered less pronounced, which is why it was considered for this study (Graneheim & Lundman, 2004). One effort to reduce potential bias is the inclusion of research questions focusing on divergent opinions and experiences from respondent, as they show variations and nuances within the data. One issue with the decision of maintaining the themes produced by Øvretveit et al. in the analysis is that there exists a certain amount of vagueness in their categorisation. Due to their origin, they are aimed to be applicable to a broad spectrum of collaborations. This have created a potential for overlap which could damage the trustworthiness of the study (Øvretveit et al., 2002; Bryman, 2008). To prevent this, the author has made extensive efforts to clarify the definitions within the analysis.

Conclusions

The TrT-project has had some issues in its implementation. However, despite this, most respondents have been positive towards the project and advocated for it during interviews. The main issue has been the unexpectedly high workload, which has subsequently led to stress, variations in practice, and in a few cases drop-off by a few individuals. This has a connection to the level of adaptability among group leaders' employers, as higher degrees of flexibility regarding rescheduling and compensation have increased the feeling of support from respondents.

The project has also suffered initial problems with communicating instructions and responsibilities to group leaders. This can to some extent be contributed to insufficient communication channels and issues with end-user accessibility of information. Lessons for future TrT-projects are to heighten efforts of accessibility regarding information of tasks and responsibilities in the initial training course of the project. Additionally, it would be beneficial to introduce means to allow rapid evaluation of minor changes to the manual and include a robust forum allowing horizontal communication and exchange of experiences and information among group leaders. It might also be advantageous to examine the possibilities to upgrade group leader-pairs to trios, if resources allow, to ease the work load.

Finally, it can be concluded that motivation for group leaders has however been high and that they perceive a great need for support from the targeted youths. According to the respondents of this study, TrT can allow the creation of a safe environment that is desperately needed for these youths in addition to giving useful tools to both them and the group leaders of the project in how to handle post-traumatic stress symptoms. This can in turn lead to important improvements of the mental health of the population.

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Invitation to participate in an evaluation of the TrT-project!

Hi!

My name is Erik Åhlin and I'm currently writing my master thesis at Uppsala university. I wish to examine how the implementation of the TrT-project have been experienced by participants. I therefore wish to extend this invitation to participate in an interview regarding the projects internal processes. Your experiences as a participant within the project are vital to my study and can be useful when planning future projects.

The interview consists of eight questions regarding the internal cooperation between coordinators, group leaders and project management. It is estimated to take between 30-40 minutes and can be done in whatever location fits you best, be it your workplace or after workhours, depending on your preferences. Participation is voluntary and the information you provide will be de-characterized. The interview will be audio-recorded but not shared with any external part.

Best wishes and regards,
Erik Åhlin,
Master student in Public Health, Uppsala University.

Interview guide

General information

Name:

Place of work:

Role within the TrT-project:

- What, in your opinion, are the goals of the TrT-project?
- Do you feel that the goals of the TrT-project are important to you and your employer? Why do you feel that?
- What is your opinion on the allocation of time and resources by your employer in relation to this project?
- How would you describe the work relation between group leaders and coordinators?
- How do you feel that you and others within the project have been able to give and receive support regarding any issues that might have arisen during the project? Please exemplify.
- How would you describe the communication within the project? Has it been possible to communicate both horizontally and vertically within the project?
- Do you feel that you have been encouraged to network with others within the project? Please exemplify.
- Do you have any examples, positive or negative, on how the TrT-group has made any changes for the children in the TrT-project?