



Framework and effects of the life story work based group intervention ANKOMMEN for adolescents in residential care in Germany. A qualitative analysis of interviews with participants

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ABSTRACT

Adolescents in out-of-home care are a high-risk population due to their accumulation of adverse childhood experiences. Furthermore, out-of-home placement itself is a critical life event. Life story work (LSW) is a method for coping with critical life events. However, the need for a high amount of resources makes its implementation in care settings difficult. To improve the accessibility of LSW in residential care, the ANKOMMEN (English "Arriving") intervention was developed as a manualized and cost-efficient group intervention. This study aims to explore the experiences of adolescents who took part in the intervention in order to examine how participation benefited them and what contributed to these beneficial effects. For this reason, we analyzed $n = 48$ individual interviews with adolescents after completing the intervention. The *focused interview analysis* method was used to transcribe and code the interviews. The qualitative analyses revealed that the framework of the intervention helped the participants to open up and to process parts of their history within the group. Moreover, the group setting was a major contributory factor to the positive effects of the intervention by encouraging the participants to exchange their experiences, through mutual peer support and the normalization of adverse thoughts and feelings. Furthermore, participation in the intervention increased self-esteem and self-efficacy in some participants. It contributed to the improvement of positive relationships, helped clarify placement associated events, thoughts and feelings, and improved the acceptance of the placement. Further research is needed to validate these findings and thus widen the range of application of LSW.

1. Introduction

Many children and adolescents who live in out-of-home care have a history of maltreatment and abuse, including physical abuse, sexual abuse, emotional abuse, exposure to domestic violence and/or neglect. These experiences typically occur in the context of other adversities within the family of origin, such as poverty, mental, somatic or addictive disorders of the parents or parental delinquency (Friedrich & Schmid, 2014; Hiller et al., 2021; Pérez et al., 2011). For this reason, it is not surprising that approximately three-quarters of the affected children and adolescents have experienced at least one traumatic life event in the past (Jaritz et al., 2008; Schmid et al., 2013). In addition to psychosocial risk

factors, biological risk factors for the development of mental health problems, such as premature birth, prenatal exposure to noxious substances, and genetic predispositions for mental health problems accumulate in the population of children and adolescents in out-of-home care (Friedrich & Schmid, 2014; Pérez et al., 2011). The accumulation of these risk factors results in children and adolescents in out-of-home care having a significantly higher probability of developing mental health problems (Bronsard et al., 2016; Jozefiak et al., 2016; Schmid et al., 2008), attachment disorder behaviors (Schröder et al., 2017), and attachment disorders (Millward et al., 2006; Minnis et al., 2006) compared to children and adolescents in the general population.

Although out-of-home care is intended to protect children and

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adolescents at risk, it often goes hand in hand with additional stress, such as separation from important attachment figures, loss of the familiar environment, feelings of guilt, conflicts of loyalty, and uncertainty about the future (Baker et al., 2016; Mitchell, 2018; Ryan & Walker, 2007). Given the variety of stressors, pedagogical support alone is often insufficient when it comes to counteracting the chronification of behavioral problems (De Swart et al., 2012; Goemans et al., 2016; Hiller et al., 2023). Especially in the first year of the out-of-home placement, mental health development seems crucial for future prognosis as the persistence of behavioral problems increases the likelihood of placement instability (Hiller et al., 2023). Since more frequent placement changes are subsequently associated with a further increase in behavioral problems, affected children and adolescents may enter a vicious cycle (Koob & Love, 2010; Lockwood et al., 2015; Newton et al., 2000; Rubin et al., 2007). Finally, a biography characterized by frequent placement changes is associated with lower mental and somatic health (Rubin et al., 2004; Stott & Gustavsson, 2010), increased delinquency (Ryan & Testa, 2005), and lower social participation (Aarons et al., 2010) in later life. These findings demonstrate the importance of evidence-based interventions for children and adolescents in out-of-home care when it comes to addressing population-specific risk and protective factors at an early stage, to preventing disruptions of care, and to reducing the mental health burden in this vulnerable population.

1.1. Life story work as a support method

Life story work aims to develop a coherent narrative of an individual's own life story via guided reflection on personal experiences and their integration into that individual's biography (Cook-Cotton & Beck, 2007). Explaining and integrating their own behavior through a selective autobiographical narrative is an important component of identity formation because it allows an individual to relate life events to their personal characteristics (Habermas & Bluck, 2000; McLean, 2005). The resulting recognition of the continuity of personal characteristics over time supports the development of a cohesive sense of self in the context of a changing environment (Cook-Cottone & Beck, 2007). In this way, life story work can help to link up a person's past, present, and future and to form a cohesive identity (McLean, 2005). It is particularly difficult for children and adolescents in out-of-home care, whose biographies often present many discontinuities, to form or maintain a sense of continuity of their self over time. The frequent changes and experiences of loss tend to reinforce their impression that nothing is permanent, including their own identity, and that their influence on the environment is generally limited (Ward, 2011). Moreover, childhood adversity is associated with further disruptions in identity development (see Samaey et al., 2023). Consequently, adolescents in care are at a particularly high risk of dysfunctional identity development and the associated internalizing and externalizing behavioral problems (Branje et al., 2021; Crocetti et al., 2013; Crocetti, 2017; Samaey et al., 2023). Accordingly, adolescents in out-of-home care in particular could benefit from support in answering identity related biographical questions, such as "Who am I?", "Where did I come from?", "How did I get here?", or "Where am I going?", questions that are usually broached in the context of life story work (Ryan & Walker, 2007). Various methods of life story work aim to answer these questions. Frequently, life books or memory boxes are created from available sources (e.g., photographs, letters, painted pictures, deeds, files, and reports) and personal objects (Baynes, 2008; Cook-Cottone & Beck, 2007; Willis & Holland, 2009). Increasingly, digital media and technology are likewise being used in life story work (see Hammond & Cooper, 2013; Watson et al., 2018). However, the focus is less on the physical form of the product created as a result of life story work and more on the emotional and cognitive processing that accompanies its implementation.

Despite the widespread dissemination and frequent application of life story work in youth care settings, only a few studies have scientifically evaluated its potential effects on the mental health and well-being

of children and adolescents in out-of-home care. Hammond et al. (2020) conducted a systematic review to analyze available evidence for the effectiveness of life story work with children and adolescents in out-of-home care. They observed a positive impact of life story work on identity development (Shotton, 2013; Watson et al., 2015a; Willis & Holland, 2009), self-esteem (Willis & Holland, 2009), on the capacity to deal with emotional and behavioral challenges, and on the improvement of relationship quality (Gallagher & Green, 2012; Shotton, 2010, 2013). The review also revealed a wide range of implementations of life story work as part of standard practice for children and adolescents in care, resulting in considerable heterogeneity in the quality of its application. The lack of comprehensive quality standards and training programs based on these standards, as well as the large amount of human resources required to implement high-quality life story work in individual settings, are important barriers to implementing life story work in the standard care of child welfare institutions (Hammond et al., 2020; Watson et al., 2015a, 2015b). Manualized group sessions as a framework for the implementation of life story work in standard care could provide a solution to these problems. At the same time, they could also contribute to widening the spectrum of methods and applications of life story work. However, there is a lack of scientifically evaluated interventions and reliable data on the effects of life story work in group settings for children and adolescents in out-of-home care. The "ANKOMMEN" (English "arriving") intervention was developed to address this research gap with a view to improving the care of children and adolescents living in child welfare institutions.

1.2. The ANKOMMEN intervention

1.2.1. Conceptualization of ANKOMMEN

The intervention was designed for adolescents aged between 12 and 17 years who currently live in residential youth welfare institutions. It was developed by the Department of Child and Adolescent Psychiatry/Psychotherapy at Ulm University in cooperation with 17 residential youth welfare institutions in southern Germany. The intervention aims to improve the acceptance of living in residential care among adolescents by reprocessing the out-of-home placement and integrating it into their biographies. It also seeks to provide specific support for burdens associated with out-of-home care (e.g., conflicts of loyalty, stigmatization, and uncertainty about the future). Increased acceptance and improved coping strategies could subsequently contribute to relieving the psychological strain on affected adolescents and reducing dropouts from youth welfare institutions. To make the intervention suitable for the target population and to ensure its feasibility in standard care, it was developed in an ongoing exchange with the cooperating youth welfare institutions. In addition, at the beginning of the development of ANKOMMEN, focus groups were conducted with children and adolescents in residential care (see Lántzsch et al., 2022) to gain insights into relevant topics and important aspects of the framework. The aim here was to align the developing intervention as far as possible with the needs of the target population. The ANKOMMEN intervention is manualized and consists of eight 90-minute group sessions with up to eight adolescent participants. The sessions were conducted on a weekly basis by two staff members of the responsible youth welfare institution. In the context of the evaluation study, the group leaders attended a two-day training session in life story work and the implementation of the intervention. Additionally, they were supervised by experienced psychotherapists from the Department of Child and Adolescent Psychiatry/Psychotherapy at Ulm University after the conduct of each group session. Besides the economic advantages of the group setting, there are more well-known benefits of group interventions. These include the positive effects of interpersonal feedback, group climate, group cohesion, self-disclosure, mutual support, normalization, and learning from other participants (see Burlingame et al., 2011; Gullo et al., 2015; Rosendahl et al., 2021; Strauß & Mattke, 2018), all of which were deemed helpful in the context of the intervention. The implementation of life story work in a group

setting represents an innovative aspect of the newly developed intervention, as this approach is not yet common practice and, to our knowledge, no scientific studies to date have evaluated the effectiveness of life story work in group settings with adolescents in residential care. ANKOMMEN is divided into three consecutive phases (see Table 1): The first two sessions aim to impart knowledge on the reasons, aims, and procedures of out-of-home care in Germany as well as on emotion regulation strategies. They also aim to facilitate the building of confidence among the participants and to prepare them for the expectable stress of dealing with personal and adverse issues in the ensuing sessions. The next four sessions encompass biographical reflection on the participants' out-of-home care experience and helping them deal with conflicts of loyalty and stigmatization in daily life. The final two sessions focus on strengthening resources, learning strategies for problem solving, and developing positive future perspectives. The participants are given individual workbooks to document their personal intervention process. The ANKOMMEN intervention is currently being evaluated in a pilot study in a mixed-method design regarding its effectiveness and feasibility in standard care. This article only refers to the qualitative analyses of the pilot study.

Table 1
Content of the ANKOMMEN intervention.

| Intervention phase | Session number | Content and aims of the Session |
|---------------------------------|----------------|--|
| Phase 1: Preparation | 1 | gaining knowledge about children's rights; gaining knowledge about reasons, aims, and the procedure of out-of-home placements in Germany; jointly developing rules of conduct |
| | 2 | functions and differentiation of emotions; strategy for emotion regulation: the cognitive triangle |
| Phase 2: Life Story Work | 3 | understanding the concept and potential of reflecting on their own biography; sharing personal life experiences with the other participants: map of living places |
| | 4 | written narration of the personal story of the day the participants left their home and their first day in the current child welfare institution; reflecting on associated thoughts and feelings and sharing them with the other participants |
| | 5 | learning how to identify conflicts of loyalty in daily life and to deal with them |
| | 6 | learning how to deal with the stigmatization of children and adolescents in care; developing an "official story" of their out-of-home placement which can be used in difficult situations |
| Phase 3: Future Perspectives | 7 | reflecting on personal experiences at the beginning of one's own out-of-home placement and writing down helpful coping strategies for dealing with the associated difficulties in a letter to an imagined new arrival adolescent; sharing the letter with the other participants, and discussing helpful strategies for solving placement associated problems as an expert |
| | 8 | working with a problem-solving scheme; setting realistic goals for the future, and discussing barriers and possible solutions in the group; reflecting on the intervention process and the individual learning progress, graduation celebration |

1.2.2. Research questions

The ANKOMMEN intervention differs from established life story work by focusing on a specific part of the biography (leaving home and arriving at the current residential youth welfare institution), by the comprehensive standardization of its implementation and content as well as by conducting life story work in a group setting. To the best of our knowledge, this is a unique approach which therefore has to prove its feasibility and effectiveness, before further recommendation. In addition, ANKOMMEN is designed for adolescents living in residential care. This population that has been poorly studied in previous scientific research on life story work (Hammond et al., 2020) up to now.

Given these research gaps, the following research questions were investigated by the qualitative analyses presented in this paper:

- I. Which aspects of the intervention framework were of particular importance for the successful implementation of ANKOMMEN?
- II. Which effects of participation did the participants mention in the interviews?
- III. Which effect mechanisms could be derived from the statements of the participants in the interviews?

2. Methods

2.1. Procedure

The data in this study stem from the ANKOMMEN project which was conducted by the Department of Child and Adolescent Psychiatry/Psychotherapy at Ulm University (Germany), between October 2019 and September 2023. The project was approved by the ethics committee of the University of Ulm in February 2020 (reference number 417/19) and funded by the foundation of the federal state of Baden-Württemberg. The pilot study to evaluate the newly developed intervention was conducted in a mixed-method design with standardized questionnaires and qualitative interviews of participants. Only the results of the qualitative analyses are reported in this paper. A total of 17 youth welfare institutions in southern Germany participated in the data collection. Inclusion criteria for participation in the pilot study were an age of 12 to 17 years, the absence of acute suicidality, expected length of stay in the current child welfare institution for the entire duration of the intervention as well as informed consent from the adolescents and their legal guardians to participating in the intervention and to the processing of the collected data. Although the program is primarily designed for young people who have recently entered the current child welfare institution, we did not impose a limited length of stay in the current child welfare institution as a criterion for group participation. This decision was prompted by feedback from our collaboration partners during the intervention's conception phase. They reported that young people who had been residents in the current child welfare institutions for longer had also expressed interest in taking part in the intervention. Given that this pilot study was exploratory in nature, we decided to accommodate the request of the collaboration partners. Participants were recommended by the staff of the youth welfare institution and were asked about their willingness to take part in the intervention. All participants were given a voucher worth 15 euros after every collection of the standardized questionnaires (pre- and post-participation, follow-up after three months). After completing the intervention, most of the adolescents (71 %) had the additional opportunity to share their experiences of participating in the project via individual interviews. Participation in the interviews was voluntary and rewarded with another voucher worth 15 euros. The interviews were conducted and audio recorded by specially trained scientific staff of the University of Ulm. Data from the interviews were collected between December 2020 and July 2022.

2.2. Sample description

Among the $N = 106$ adolescents who completed the intervention (the dropout rate of the intervention was eight percent), $n = 52$ adolescents (49 %) were interviewed about their experiences. Four interviews could not be transcribed and analyzed due to technical problems with the audio recording. $N = 23$ adolescents (22 %) declined to take part in the interviews. $N = 31$ (29 %) of the participants who completed the intervention were not invited to take part in the interviews due to reaching saturation before their completion. Saturation was defined as the point at which analyzing additional interviews no longer yielded new inductive categories relevant to answering the research questions. At this stage, statements from respondents relating to the research questions could be classified into existing categories, indicating a sufficient understanding of the data. In this study, all conducted interviews were analyzed. However, as this revealed saturation, no further interviews were conducted. Overall, adolescents from 15 out of the 17 cooperating youth welfare institutions took part in the interviews. 69 % of the invited adolescents accepted the request for the interview. The interviews had an average length of 12.52 min ($SD = 4.10$ min, $Md = 11.74$, range 5.40 – 25.13 min). The mean age of the interviewed participants was 15.06 years ($SD = 1.52$ years; $Md = 14.91$; range = 12.33 – 17.94 years) and $n = 24$ (46 %) were female. The interviewees had been living in the current youth welfare institution for a mean of 21.81 months ($SD = 19.68$; $Md = 17.50$; range 0–69 months). There were no significant differences between the interviewed adolescents and non-interviewed adolescents in terms of age, gender, and length of stay in the current youth welfare institution.

2.3. Measurements

An interview guideline was developed with predefined questions and precise instructions for conducting the interviews. Initially, all interviewees were asked the same 25 introductory questions. After these initial questions, further exploration was conducted as necessary, using predefined open follow-up questions. All interviewers underwent training in advance on using the interview guideline. The questions were derived from the theoretical background of life story work and the intervention rationale for the purpose of gaining more insights into the participants' processing during the course of the intervention, potential effects, and the suitability of the intervention framework for the participants. For this reason, the interviews were divided into four thematic sections: (1) positive and negative experiences during the group sessions, (2) changes in the understanding of the participants' own history and of the participants' own thoughts, feelings and actions, (3) relationship development, and (4) overall personal assessment of the effectiveness of participation. After the predefined questions, the participants had the opportunity to ask questions and bring up additional issues of personal concern.

2.4. Data analysis

2.4.1. Transcription

The audio recordings of the interviews were transcribed verbatim and anonymously by five trained scientific staff members, using a transcription guideline based on the recommendations of Kuckartz and Rädiker (2020). Since only what had been said was of importance, the grammar of the texts was corrected, where necessary, and transcribed into written German for better readability. In addition, filler words were removed from the transcripts. In the case of double word mentions for no content-related reason, the repeated word was deleted. Every transcript was double-checked by another scientific staff member. If there were passages that were still contentious after double-checking, a third scientific staff member was consulted and a decision was made using the consensus principle. Finally, the quotations that were used for this publication were translated into English.

2.4.2. Coding of interviews

Transcripts were coded based on the *focused interview analysis* method according to Kuckartz and Rädiker (2020) using the software MAXQDA (2022.4.1). Two Ph.D. students working independently coded the statements by the interviewees which were of importance for answering the predefined research questions. By comparing the codes assigned by the two research associates in every transcript and discussing discrepancies in the coding, a comprehensive code system was established using the consensus principle. Developing the code system inductively from the transcripts ensured that the categories reflected a broad range of opinions and attitudes expressed by the interview participants. This code system served as the basis for the further interpretation of the text material.

3. Results

All categories derived from the interviews to answer the research questions are summarized in Fig. 1.

3.1. Important aspects of the framework for the successful implementation of the intervention

According to numerous participants, the framework of the intervention was important for enabling them to discuss placement associated topics and other personal issues in the group. The most important aspects of the intervention framework mentioned by participants are presented below.

3.1.1. Confidentiality and voluntariness

At the beginning of the intervention, the group leaders and adolescents jointly developed group rules in order to create a safe environment for the exchange of personal experiences. From the participant's perspective, the rule of confidentiality was of particular importance for the successful group process:

"We were on our own. That means the others didn't even notice what we were talking about and everything was treated confidentially, and that was good." (AN-13-01-057, pos. 58)

Another aspect of particular importance for the participants was the self-determination regarding the depth to which they discussed personal issues:

"[...] we had clearly defined rules that if it gets too much for one person, this person then has to speak up. You don't have to say anything if you don't want to. I think that gave us all the strength to say 'Hey, it's still me, I can speak openly here'. You're not forced to do anything, if you want to say something you can, if you care about something, talk. And I think that helped all of us." (AN-15-01-116, pos. 74)

3.1.2. Structure and atmosphere

The structure of ANKOMMEN in terms of time and content helped the participants to deal with their experiences of out-of-home care:

"I dealt with it a bit more because of ANKOMMEN. [...] I thought more often about why I came to the group. [...] Talking about it on a weekly basis is different from dealing with it briefly once a month." (AN-16-01-119, pos. 52–56)

In addition, the atmosphere of the weekly group sessions was mainly perceived as positive and safe by the participants which was another important aspect for the successful implementation of the intervention. The following two participants summarized their impressions regarding the atmosphere in the group sessions like this:

"I liked that we could just sit together and talk about topics without being very stressed, in quite a relaxed manner." (AN-06-01-046, pos. 4)

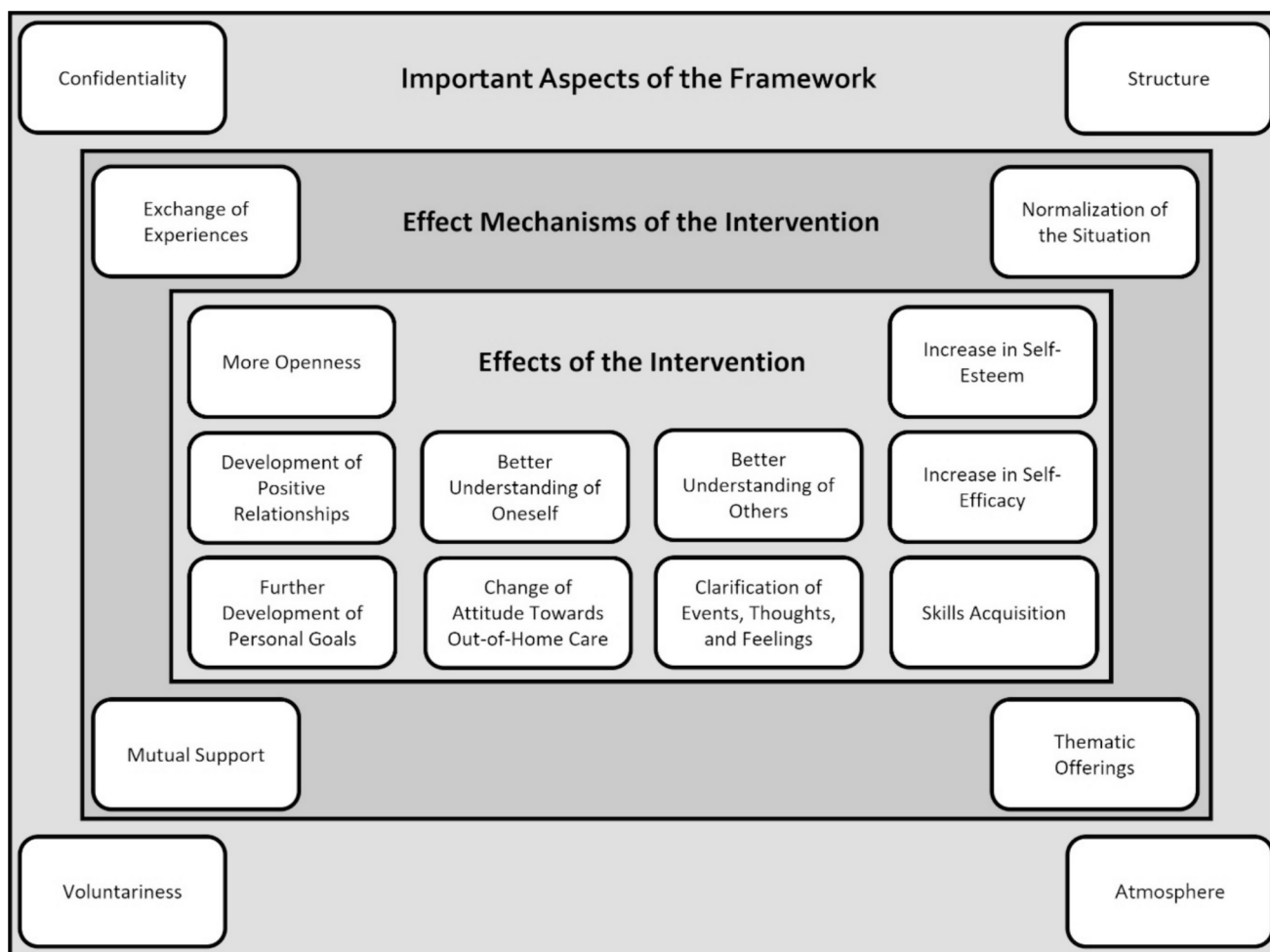


Fig. 1. Overview of the categories derived from the interviews to answer the research questions.

"You could talk openly and honestly with everyone. And they also took you seriously, no matter what you said, and didn't laugh about anything or make fun of you." (AN-01-01-033, pos. 4)

Another participant emphasized the positive influence of the relaxed atmosphere as well, but also pointed out that the group discussions were not lacking in depth:

"It wasn't like therapy where you talked about it so seriously, but it was rather relaxed and you still talked about serious topics." (AN-05-01-051, pos. 4)

Furthermore, the participants experienced their interactions with each other mainly as positive, regardless of whether they had already known each other prior to participation:

"We got along well with each other because we mostly knew each other already well. We could cope with each other well." (AN-15-01-116, pos. 4)

"It was harmonic. I didn't know the others before, but they integrated me quite well." (AN-15-01-112, pos. 6)

3.2. Effects of the intervention

3.2.1. More openness

The experience of being able to talk openly about personal issues in the group sessions enabled many of the participants to open up outside the intervention setting:

"I was actually always reserved in the residential living group, and then through this ANKOMMEN, the talking and all that, I thought to myself: 'Come on, if I can handle this with other kids from my residential home, I'm sure I can handle this with my own group as well', and it actually all worked out well." (AN-01-01-081, pos. 50) [...] "I think I understood that talking does more good than not doing anything, or not talking. Because that doesn't actually help you. You still carry the same burden, and if you talk about it with someone else, it might become less." (AN-01-01-081, pos. 70)

The increased openness was not limited to group members or members of the peer group:

"I learned that I could express my honest opinion, and by doing that, I got into better relationships with people. [...] and I learned to speak openly about my problems with my mother." (AN-10-01-004, pos. 66 & 78)

In this context, some participants reported strong initial inner resistance, but overcoming this resistance was a positive experience for them. The adolescent who contributed the following quote first described the positive experience of talking about his story in the group and later explained this experience as follows:

"Because on the one hand, I thought about it at all, and on the other hand, because talking about it with others releases you a bit." (AN-11-01-010, pos. 6)

3.2.2. Better understanding of oneself and others

The confrontation with their own history was accompanied by more

intense reflection on their own behavior by some participants:

"[...] now I think to myself that I could have acted in a better way when I came to the residential group back then. I think about this and that: 'Maybe I could have talked a bit more here or saved some time there'. But there is nothing you can do about it now. What's past is past." (AN-14-01-094, pos. 48)

This also included reflection on themselves and their own behavior in social contexts:

"I just thought about it a little more after the second or third session. I just thought more often about how it feels for others, how it affects others, and how it feels for others in this situation. In other words, I put myself in another person's position. That way, I think about myself as well." (AN-01-01-036, pos. 52)

In sum, one of the interviewed adolescents concluded, *"I got to know myself better."* (AN-10-01-004, pos. 82). One adolescent had the hypothesis that improved understanding of oneself might be related to the method of the cognitive triangle which had been learned in the group sessions: *"[...] because that's also related to thoughts, feelings, and what I do."* (AN-16-01-119, pos. 62).

The exchange between the participants during the group sessions promoted the participants' mutual understanding, too:

"You also learn a part of the history of the others and thus you can also understand the others and empathize more with them." (AN-13-01-056, pos. 52)

"Yes, sometimes I understand better why some of them behave the way they do. Or why they sometimes have problems with some things." (AN-10-01-006, pos. 44)

3.2.3. Increase in self-esteem

Some adolescents in ANKOMMEN reported an increase in self-esteem related to participation. In this context, the framework of the intervention and the interaction with peers played an important role:

"I definitely think about myself in a more positive way. [...] Many people in my group encouraged me. But it was also because I always had a good feeling at ANKOMMEN." (AN-10-01-004, pos. 40–42)

"Well, when you hear what others think about you or what others think is positive about you, it helps you. It gives you a little bit of self-confidence." (AN-05-01-048, pos.36)

In some participants, the increase in self-esteem was expressed through statements of greater satisfaction with and better acceptance of themselves:

"I'm happy with myself. I don't moan about myself as much as I did before, and I don't have complexes about myself anymore." (AN-01-01-080, pos. 106)

"I can now accept myself as I am. In the beginning, I always had problems speaking out on what I think and who I am. But all that has changed now. Now, I can speak out on what I feel, what I think, and who I am." (AN-15-01-116, pos. 70)

3.2.4. Increase in self-efficacy

Some participants in the intervention also reported an increase in their self-efficacy. This seemed to be related to the reflection on their own history and the positive experience of openness in the group sessions:

"When someone says: 'No, you can't do that, you won't be able to do that anyway!' I think to myself, 'You come into a situation like that first and try to live through what I'm going through, and then we can speak about it again'. I think this ANKOMMEN has given me a better point of view on my current life situation." (AN-15-01-116, pos. 46)

"It made me stronger as a person. When someone asked me about my history, I never had a problem with that, but somehow it was uncomfortable. Especially when the whole school class knew. Then I always had the fear that I could be bullied because of that, which has also happened before. But now I've noticed that if I'm open about it and state my opinion on this issue quite clearly, then I don't really care what the others say." (AN-02-01-017, pos. 76–78)

3.2.5. Further development of personal goals

In the course of the topic of dealing with goals and wishes in the eighth group session, some participants were able to concretize their future perspectives:

"Because I do think quite a lot about my future, and it helped me to get an even more concrete vision of it." (AN-10-01-004, pos. 12)

"Well, in the past, I had something more stupid in mind. But nowadays I've really given it some thought, after the ANKOMMEN project, and now, I have had better ideas." (AN-01-01-034, pos. 41)

3.2.6. Development of positive relationships

Through the exchange of personal experiences and the openness in the group, the quality of the relationships of some participants could be improved on an individual level:

"Well, we're outside together more often now. We have become friends and have gotten to know each other better. [...] We told each other our stories, what we did wrong, what others did wrong." (AN-12-01-041, pos. 56–58)

The community in the residential home as a whole could benefit from the intervention too:

"[...] because it's an open and very nice community, which you don't find that often these days. A [residential] group for us is more like all members do their own things and stay in their own rooms. And this has now strengthened the feeling of community again." (AN-14-01-092, pos. 98)

In addition to the improvement in the participants' relationships with each other, the interviews also revealed that some adolescents were able to build a more reliable relationship with the group leaders as a result of participating in the intervention:

"You now talk to them more when you see each other in the yard. Before, you did not talk to them because you didn't really know them, since they were from another [residential] group. [...] Now I trust them, so I could approach them if I have a problem." (AN-01-01-036, pos. 80)

Moreover, some adolescents had the impression that their relationship with the group leaders had changed as well:

"[...] I believe they also learned new things that I had not said so openly before, things I wanted to keep to myself. [This] made them understand me better and empathize with me more." (AN-14-01-092, pos. 82–84)

3.2.7. Clarification of events, thoughts, and feelings

Dealing with their own history as part of the group intervention helped some adolescents to clarify events related to out-of-home care as well as the thoughts and feelings associated with it:

"With ANKOMMEN, I mentally reviewed the whole story again, how I got here and how it was before. And yes, I do think of it in a different way now. [...] I got things straight concerning why exactly. Before, I didn't really know why exactly." (AN-14-01-092, pos. 36–38)

"The ANKOMMEN project helped me [to understand] why I am in residential care and what I did wrong. [...] Before, I always blamed others for the fact that I am now in residential care. But it was also because of me." (AN-12-01-041, pos. 36 & 80)

"I blamed myself very often for a lot of things. But then in the project, it was considered that everyone actually is partially at fault, that you don't have to blame yourself for everything." (AN-01-01-081, pos. 54)

"I talked about it a lot with the others and my perspective changed. [...] because I always blamed myself for it, but actually, I am not guilty at all. It was mostly because of the problems at home." (AN-01-01-037, pos. 38–42)

For some adolescents, the clarity they gained brought notable relief in the end:

"Yes, well, it has also become clear to me why I live in residential care. It all came to my mind, the reasons and so on have also become really clear to me, and I can now deal with it well." (AN-01-01-035, pos. 26)

"[...] I don't have to think about why I'm here as much anymore." (AN-08-01-060, pos. 88)

3.2.8. Change of attitude towards out-of-home care

Some adolescents described a change in their attitude towards out-of-home care after participating in the group sessions:

"My way of thinking about life is different now. When someone asks, 'Are you in residential care?' I can be open and honest about it and say, 'Yes'. I can also be proud of it in certain situations. Even if my family doesn't see it that way. But this is an environment where people are here for me. I get the help I need." (AN-15-01-116, pos. 46)

"I can be more honest with myself. That it's not bad to live here." (AN-01-01-079, pos. 74)

"Maybe one could say that I have generally settled better into the residential group and therefore I approach this whole topic a little more relaxed." (AN-13-01-056, pos. 48)

3.2.9. Skills acquisition

In the interviews, the participants were asked if they had learned strategies or methods during the intervention that they now use in everyday life. Some adolescents reported the use of improved strategies for emotion regulation:

"[...] the cognitive triangle, with acting, feeling, and thinking. How you can change your thoughts. That is indeed a topic for me. That has already helped me. We already made use of it in one situation." (AN-13-01-057, Pos.96)

For some adolescents, problem-solving skills were also sustainably improved by participation in the intervention:

"[Especially helpful to me were] the sessions in which we wrote about problems we had and we then had to find solutions for them. That really helped me. I actually had a problem last week too, then I thought about it [the content of the session] and then it got better. I was then able to solve the problem this way." (AN-15-01-112, pos. 16)

Moreover, some participants reported improvements in their confidence in dealing with their out-of-home placement in public:

"Well, people often ask me whether I live in a residential home and what happened before. It's just easier for me to deal with that now and I know how to answer." (AN-11-01-010, pos. 40)

3.3. Effect mechanisms of the intervention

3.3.1. Group mechanisms

3.3.1.1. Exchange of experiences. In the group sessions, the participants had the opportunity to discuss topics that they usually did not talk about in everyday life in a safe environment:

"If you ask someone in the group when you are alone with them, 'So, what was it like back 'then?' they tend to refuse to talk about it. However, with ANKOMMEN they opened up a bit more." (AN-14-01-094, pos. 4)

"I actually thought it was quite good how we all talked about it. I only knew the persons from the group, but I didn't know their backgrounds. And I thought it was quite good how the people talked about how they were actually doing and what was difficult for them at the beginning. And that we were able to both talk and write things down." (AN-10-01-007, pos. 4)

For some participants, the exchange among peers itself had a positive effect:

"For once, I was able to talk about my story and all that with others. And it actually felt pretty good to talk about it." (AN-01-01-079, pos. 80)

"It helped me a lot. Because I saw the positive things and heard from other people how they had experienced life. I quite liked that." (AN-10-01-007, pos. 66)

Altogether, the intervention provided a basis for further exploration and processing:

"In general, I would say that it helped me quite a lot [...], because I was able to talk openly about my past and also realized for myself that I am still partially worried about what happened to me in the past." (AN-14-01-092, pos. 92–94)

3.3.1.2. Normalization of the situation. Moreover, the participants' shared their experiences regarding out-of-home placement and this exchange helped to normalize their thoughts and feelings about the current situation and, by extension, to relieve their psychological stress:

"[ANKOMMEN] somehow gave me courage. It showed me that others feel the same way. When you talk to friends, it's not as clear to you. But in the group, it became really clear that others feel the same, and this somehow gave me more courage for everyday life." (AN-02-01-017, pos. 38)

In the further course of the interview, the same adolescent followed up on this statement and summarized again:

"[ANKOMMEN] showed me that I am not alone, that I can talk to others about my problems and that some people also have quite similar problems. [...] I think that it helps you and makes you feel more secure." (AN-02-01-017, pos. 82–86)

Beside the relieving effect of normalization, knowledge of shared experiences can contribute to improving peer relationships outside the intervention setting as well:

"I think you can connect to other children from the [other living] groups much more easily if you know that many children actually feel the same here in the residential home. That you are not alone with those things. Then you can also talk to others about it." (AN-01-01-081, pos. 52)

3.3.1.3. Mutual support. The experience of receiving help in dealing with their own history was perceived as positive by some participants in the group intervention:

"I believe that having a second person with you to deal with your story is even more helpful because this person is there for you at that moment if you have problems or whatever. That is a good experience [...]." (AN-01-01-036, pos. 96)

Due to the deeper knowledge of each other and the improved mutual understanding in the course of the intervention, some participants stated that they were able to support each other better in difficult situations even in everyday life:

“[...] because you learned a lot about the other participants through ANKOMMEN. About their past and how they think and feel about it. [...] You knew more and could then, for example, better support them in stressful situations when you knew what was bothering them.” (AN-14-01-092, pos. 66–70)

For some participants, the experiences in the group sessions also affected their interaction with peers in the residential home who had not taken part in the intervention:

“I’m actually more open to others, to new people. When new people join, I just try to help more than before.” (AN-01-01-033, pos.37)

3.3.2. Thematic offerings

The intervention addressed aspects of the biography that the adolescents “would never really address in everyday life in the group” (AN-11-01-011, pos. 6). Addressing these difficult topics was facilitated by the fact that the participants were given guidelines in the group sessions and thus were able to bring up their main topics more easily:

“So, we looked at ourselves and our lives again, the stages in our life and what we experienced. From our home, to the move, to here in the residential group and how the first week at the residential group was. That was quite exciting. A good topic.” (AN-13-01-057, pos. 4)

Another adolescent added in this context: *“I did think about it [the placement] a bit once more. Especially how my starting time was, how I arrived and how everything has developed, this comparison of now and before.” (AN-13-01-056, pos. 36)*

In addition, the methodical implementation of the topics was mainly perceived as positive by the participants and could help to overcome initial resistance:

“Well, I have to say that I am generally a bit afraid of my own issues. And that is why I had a little critical attitude at the beginning, but after I had gone through the first two sessions, I found it quite impressive. [...] The topics and the way we dealt with them. There was also the topic of how often we moved, and my group leader drew a map of the country and stuff like that. I thought it was quite nice how it was designed. That quickly convinced me of the opposite.” (AN-06-01-053, pos. 32–34)

4. Discussion

The present study aimed to investigate whether the framework of the ANKOMMEN intervention was able to create suitable conditions for the participating adolescents to deal with their history and to identify which aspects of the framework were particularly important in this context. Furthermore, we examined the effects which the focused life story work in the group had on the participants and which effect mechanisms could be derived from the statements of the participants in the interviews.

4.1. Important aspects of the framework for successful implementation

The participants described the atmosphere in the group as “relaxed” despite the fact that serious and often stressful experiences were discussed. The jointly developed rules of conduct, including the strict rules of confidentiality, were particularly important for the success of this well-balanced mixture. In this context, sharing their own out-of-home placement experiences with other affected adolescents and understanding the thoughts and feelings of the others, probably contributed to the promotion of supportive and group cohesive behavior (see [Burlingame et al., 2011](#)) rather than rule-breaking behavior. Another important reason for the participants’ acceptance of the framework was the voluntary nature of participation in the group and the voluntary disclosure of personal information. The feeling of always being in control over the depth of the reflection and the social sharing of personal experiences made the adolescents feel safe enough to participate in the

group within their personal limits. Precise rules of conduct and wide-ranging voluntariness, as described above, were also requirements for participation in group interventions similar to ANKOMMEN, which were named in focus groups by children and adolescents in residential care in advance of this study (see [Läntzsch et al., 2022](#)). This highlights the importance of these aspects for the implementation of group interventions for adolescents in residential care in general. Within this suitable framework, the content of the group sessions generated appealing impulses that motivated the participants to deal with aspects of their biography and with their everyday problems using acceptable methods.

4.2. Effects and effect mechanisms of the intervention

4.2.1. Group effects

The influence of the peer group could unfold within the framework and the offered content of the intervention. In addition to the immediate relieving effect of verbal exchanges about stressful thoughts and feelings in the peer group (see [Gullo et al., 2015](#); [Burlingame et al., 2008](#)), the described increase in openness outside the intervention setting in particular offers major potential for positive long-term effects, for example through the development of more supportive relationships with other peers or adult caregivers or through better access to health services in the future. Understanding that peers in the intervention group often had similar experiences and thoughts and felt similarly was helpful and encouraging for the participants, and created a sense of connectedness among them. This sense of connectedness was also assignable to other residents in the child welfare institution and was, therefore, conducive to facilitating peer relationships in the whole residential group. Furthermore, the participants in the intervention had the opportunity to develop explanatory models for the other participants’ current behavior through in-depth knowledge of their biographical backgrounds. This enabled the adolescents to better support each other in difficult situations in everyday life. Beside the positive effect of receiving support, helping others in difficult situations also has a positive effect on the self-esteem of the helping person ([Krause, 2016](#); [Schwartz & Sendor, 1999](#); [Zuffianò et al., 2014](#)). The experienced sympathy, empathy, and support by the group when dealing with stressful aspects of their biography during the intervention enhanced the self-esteem of many participants as well.

4.2.2. Thematic offerings

The thematic offerings of the intervention, which were pre-determined by the comprehensive manualization, helped the participants to deal with their history. In combination with the safe framework and the positive group processes, the participants were able to initiate the further processing of their experiences.

4.2.2.1. Self-esteem, self-efficacy, and personal goals. In the interplay of a person’s internal representations of the past, present, and future, self-esteem serves as an important internal guideline for dealing with present and future challenges ([Mann et al., 2004](#)). A person’s self-esteem is influenced by a variety of intra-individual and social factors. Affirmation and support by peers as well as the self-perception of significant competencies are particularly salient ([Mann et al., 2004](#)). The positive effects on self-esteem reported by the participants in the intervention can thus be explained by the positive feedback and support from the other group members and the identity-strengthening confrontation with their own history. Moreover, providing support to others also increases the self-esteem of the support provider ([Krause, 2016](#)). In terms of dealing with stress or other difficult situations, self-esteem influences the immediate interpretation of the situation and the choice of coping strategies to deal with the problem ([Barendregt et al., 2015](#)). Overall, high self-esteem can be an effective protective factor, whereas low self-esteem is associated with higher rates of mental and physical illness,

increased rates of delinquency, substance abuse, and lower academic success (Mann et al., 2004; Trzesniewski et al., 2006).

Self-efficacy is more consistently directed towards the future than self-esteem and describes the optimistic assessment of an individual's possibilities for action in relation to challenging situations and barriers to achievement (Schwarzer & Jerusalem, 1999; Schwarzer & Warner, 2013). Consequently, self-efficacy can be distinguished from the construct of self-esteem by its strong reference to a specific behavior (Mann et al., 2004). The participants were able to increase their self-efficacy by examining their history and reflecting on difficulties they had overcome so far, as well as through the positive experience of being able to deal openly with their history. The accompanying awareness that they will probably be able to overcome future challenges, too, facilitates access to more comprehensive coping strategies. This, in turn, enhances their ability to deal with difficult situations or emotions (Kind et al., 2020). Accordingly, in studies, increased self-efficacy was found to be associated with lower risk behavior, less aggressive or delinquent behavior, less substance use, and less suicidal ideation (Hamill, 2003; Valois et al., 2013; Valois et al., 2015; Zullig et al., 2014). Altogether, increased self-efficacy could therefore be an effective protection factor in the context of the various challenges associated with out-of-home placement.

Finally, the clarification and further development of personal goals reported by adolescents in the interviews could also be linked to biographical exploration, increased self-esteem, and enhanced self-efficacy. The setting of future personal goals became more feasible for the participants thanks to the improved reflection on the past, a more positive interpretation of current situations through increased self-esteem, and a more optimistic view of future goals and challenges through increased self-efficacy. Consequently, it was possible for the participants in ANKOMMEN to make improvements to three areas that are particularly important for identity formation and are strongly related to the concept, goals, and known effects of established life story work.

4.2.2.2. Relationship development. In the interviews, many participants also described improved relationships with other participants in the intervention group. Peer relationships are one of the most important predictors of resilience and psychosocial functioning in adolescence and early adulthood (van Harmelen et al., 2017). Moreover, peer relationships make a particularly important contribution to identity development in adolescence, since talking to peers about one's history is an opportunity to articulate and validate one's thoughts, and develop attributions of meaning. This promotes the continuity of the self through self-event connections. In addition, peer relationships provide multiple opportunities for identification with other adolescents and validation of already formed identity concepts (McLean & Jennings, 2012). High quality, positive peer relationships are also associated with higher self-esteem and less internalizing and externalizing behavior problems in adolescents in care, with self-esteem mediating the association between peer relationships and internalizing and externalizing behavior problems (Farineau et al., 2013; Thompson et al., 2016). Consequently, focusing on positive peer relationships and self-esteem in adolescents in care could encourage the positive development of individuals in the course of the out-of-home placement. This is particularly relevant in the context of the increased prevalence of attachment disorder behaviors (Schröder et al., 2017) and attachment disorders (Millward et al., 2006; Minnis et al., 2006) in this population, which can severely impair the development and maintenance of positive peer relationships in everyday life. Participation in the ANKOMMEN intervention may improve relationships with other participants not only through the group processes described in 4.2.1 but also through the biographical approach and the subsequent mutual assistance in identity development. In addition to relationships with peers, the quality of relationships between adolescents in care and their caregivers also plays an important role. In several studies, high quality relationships with caregivers in residential care

have been shown to be a predictor for the improvement of behavioral and emotional problems as well as for the overall success of out-of-home placements (Barone et al., 2016; Duppong Hurley et al., 2017; Farmer et al., 2017; Pinheiro et al., 2022; Scholte & van der Ploeg, 2000; Southerland et al., 2009; Zegers et al., 2006). However, adolescents in residential care often find it difficult to establish close relationships with caregivers due to the high prevalence of attachment disorders (Millward et al., 2006; Minnis et al., 2006) and insecure and disorganized attachment patterns coupled with deficits in the awareness of their own emotions (Costa et al., 2020). Among other things, the increased amount of time spent together and the adolescents' perception of the caregivers' trustworthiness are beneficial for relationship building in this context (Pinheiro et al., 2022). The improvement in the relationship quality with the ANKOMMEN group leaders described by the adolescents in the interviews could, therefore, be linked to the shared intensive group experience as well as to the confidential and respectful handling of the adolescents' stressful biographical aspects by the group leaders during the intervention. In addition, the group leaders were able to better respond to the emotional needs of the adolescents in everyday life due to their deeper understanding of the biographical aspects of the adolescents and their backgrounds. This also enabled further positive relationship experiences beyond the group sessions. Altogether, the effects of participation in the intervention on relationship quality to persons involved in the process were in line with the effects of established life story work found in the review by Hammond et al. (2020).

4.2.2.3. Clarification of events, thoughts, and feelings and the attitude towards out-of-home care. In the course of the discussions of their history in the group sessions, the participants were also able to clarify some facts for themselves (e.g., the formal procedure of their placement, the procedure of placements in Germany in general, and personal contact persons for questions and problems). In addition, they had the opportunity to reflect on their thoughts and feelings about the reasons for and the process of their placement within the safe conditions of the group. The structured reflection on challenging situations, thoughts, feelings and their own behavior within these situations using the methodology of the cognitive triangle, both individually and in exchange with the group, was a fundamental component of many intervention sessions. It helped the participants to better understand their behavior and themselves. Furthermore, normalizing their thoughts and feelings through reports of similar thoughts and feelings from peers (see Buck & Hester, 2018) as well as sharing strategies for dealing with them, contributed to the participants' psychological relief. The validation of distressing feelings related to out-of-home placement by peers and the group leaders may also promote their acceptance and, by extension, their ability to continue coping with these feelings (Stevens, 2022). Consistent with research findings on the attachment of adolescents in care to their birth parents (see Baker et al., 2016), many of the adolescents interviewed in this study also expressed feelings of guilt about their out-of-home placement. One reason for this pattern of thinking is that the assumption that they were to blame for the out-of-home placement, maintains the bond with the biological parents without resulting in strong cognitive dissonance (Baker et al., 2016). Exchanging experiences with others in the group sessions helped some adolescents to develop a more nuanced view of the reasons for their out-of-home placement and thus reduced their feelings of guilt.

However, the positive changes in the attitude toward their out-of-home placement reported by some adolescents in the interviews are probably not attributable to the effect of a single thematic area of the intervention but rather result from the cumulation of effects and effect mechanisms described above. Altogether, improved acceptance of the out-of-home placement by the affected adolescents could contribute to a greater acceptance of available support services. This could help to reduce placement disruptions and improve the overall prognosis.

4.3. Limitations

The generalizability of the results presented is limited for several reasons. First, the sample of interviewed adolescents represented roughly half (49 %) of the adolescents who regularly completed the intervention. However, statistical analyses of the demographic data did not identify any significant differences between the group of interviewed and non-interviewed adolescents in terms of age, gender, and length of stay in the current youth welfare institution. Furthermore, despite the standardized interview guidelines, nuanced statements regarding all results presented above were not found in all interviews and some participants even denied changes in different areas of the reported outcomes. Beside the explanation that there were, in fact, no noticeable changes in certain outcomes for many participants, it is also possible that the varying degrees of introspection and verbal expressiveness in the population studied is the reason for this. However, the analysis of the interviews was based on an inductive approach (see Kuckartz & Rädiker, 2022) to gain insights about the suitability of the framework, the effects, and the effect mechanisms of the intervention. This circumstance, therefore, reduces the generalizability of the findings but not the knowledge gain in general. However, in subsequent studies adopting a more deductive approach, the exact number of positive or negative statements on relevant outcomes should be investigated. There is a potential bias in the results of this study due to the self-selection of participants, who had predominantly positive experiences in the intervention and chose to share them. Unfortunately, we did not collect data about the reasons for declining to participate in the interview, but we did attempt to increase the motivation to participate in the interview for all participants by offering shopping vouchers. However, a self-selection bias cannot be completely ruled out. In future studies, the recommendation is either to interview all participants or select interview participants randomly and monitor the reasons for their declining to participate in the interview. In addition, an attempt should be made to interview those who dropped out of the intervention in order to gain information about the exact reasons for this and about possible undesirable negative effects of their participation in the intervention. A further bias towards reporting more positive experiences and effects could have arisen in the interview situation due to social desirability response behavior by the adolescents. Social desirability behavior cannot be completely excluded in personal individual interviews (Nederhof, 1985) as they were conducted in the context of the present study due to the explorative character of the investigation.

5. Conclusion

Adolescents in residential care are a population at risk. They are confronted with enormous challenges regarding their life situation and the formation of a cohesive identity. Life story work could help the affected adolescents to cope with these challenges and thus influence the course of the out-of-home placement positively. However, the large amount of human resources required to conduct life story work in individual settings in youth welfare institutions, as well as the lack of comprehensive quality standards, make it very difficult to implement high-quality life story work in individual settings in standard care. In addition to these structural problems, the inner resistance of many adolescents in care to dealing with their often burdening past might be another barrier to youth welfare institutions addressing this topic on a regular basis. With this background in mind, the ANKOMMEN intervention was developed to extend the accessibility of life story work to a larger number of adolescents in residential care by giving them the opportunity to take part in a manualized and thematically focused group intervention. The analyses of individual interviews with adolescents who participated in the ANKOMMEN intervention presented in this study showed that the framework of the intervention was perceived as sufficiently safe for the participants to open up and that the thematic offerings were appealing enough to motivate them to address even

stressful aspects of their history in the group. In this context, the group setting made an important contribution to the positive effects of the intervention, as the participants perceived the exchange with the peer group and the mutual support in the group sessions very positively. This enabled some of them to subsequently deal more openly with their personal experiences. Even though ANKOMMEN focused only on specific experiences related to the out-of-home placement, the intervention succeeded in promoting the participants' confrontation with critical parts of their history and in increasing their self-understanding, their self-esteem, and their self-efficacy. In addition, the intervention contributed to the improvement of positive relationships between the participating peers and between the participants and the group leaders, thereby building up an important resource for future challenges. After clarifying important events, thoughts, and feelings related to the out-of-home placement during the intervention, the acceptance of the placement could be improved in some adolescents. The results of the qualitative analyses of the interviews presented here cannot claim to be representative, but they do provide insight into the possible benefits of participation in the ANKOMMEN intervention and the underlying processes. Furthermore, the intervention contributes to widening the spectrum of the application of life story work for adolescents in residential care and the data presented here gave first indications of the potential of standardized, group-based interventions with a biographical focus on this population in general. Further research should build on these findings to replicate and validate the observed effects and effect mechanisms and to investigate the long-term effects. Moreover, further research on various methods and settings of life story work is needed to be able to offer life story work with the best possible cost-benefit ratio to different target populations (e.g., children and adolescents in foster care, children and adolescents in residential care, and care leavers). Altogether, this could promote the visibility of life story work for all stakeholders in the child and youth welfare system. It could also encourage them to implement high-quality life story work as part of standard care in child welfare institutions. This could result in a sustainable contribution to improving the health and well-being of children and adolescents in out-of-home care.

Ethical approval

The study was conducted in accordance with the Declaration of Helsinki and approved by the ethics committee of the University of Ulm (Germany) in February 2020 (reference number 417/19).

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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