



# **“The Icelandic way of supporting children with behavioural difficulties and addiction”**

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# To put into context

- Population of Iceland is around 400.000
- 20% of the population have another background than Icelandic
- Children from 12 to 18 are around 30.000
- Most people live in and around Reykjavík, the capital city, or about 60%
- We have many small communities around Iceland and distances between them can be quite big.
- Iceland is 103.592 km<sup>2</sup>
- Latvia is 64.589 km<sup>2</sup> (1,871,871 people)

(All numbers according to google)





# Child Protection Authorities

Ministry of Education and Children

The National Agency of Children and Families

Assessment and  
Treatment Center

Residential Treatment  
Homes

Multisystemic Therapy -  
MST

Barnahus  
(Children's House)

Psychological  
services  
for children due to improper  
sexual behavior

Foster care –  
providing foster parents

Implementation of  
Prosperity

Coordinators

Case managers

Support team

Municipalities 63

Child protection District Council (4)

Child protection services

Schools, social support, leisure time and  
more. Coordinators and case manager  
work within these systems





# National Agency for Children and Families

- The Act of child protection
  - Promote co-ordination and strengthening of child protection work
  - Provide advice on policy-making
  - Ensure research and development work is carried out in the field of child protection
  - Provide guidance on the interpretations and implementation of the child protection act
  - Instruction and advice for child protection services
  - Provide services/recourses to child protection services
- The Act about the National Agency for Children and Families
  - Provide and support services for the benefit of children
  - Promote quality development in the accordance with the best knowledge and experience at any given time
- The Act of the Integration of Services in the interest of children prosperity
  - Newly established act (2022)
  - Referred to as Prosperity Act

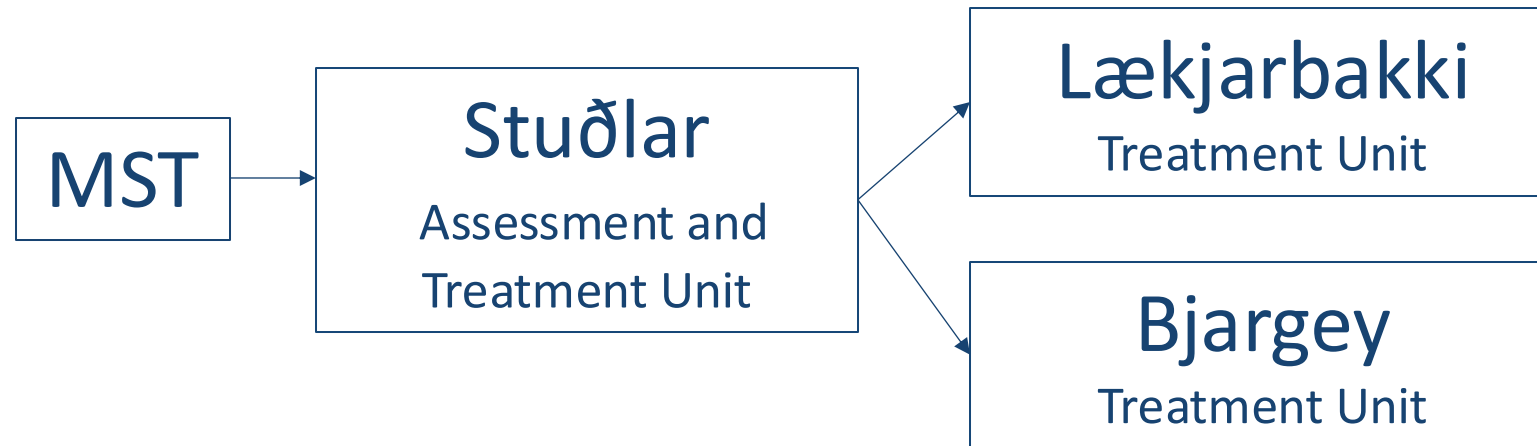


# Services provided by the Agency

- MST - Multisystemic Therapy
- Youth Assessment and Treatment Centre (Studlar)
- Emergency centre
- Residential Treatment Homes
- Barnahus (Children's House)
- Psychological services for children due to improper sexual behaviour
- Foster care – providing foster parents
- Consulting and education
- Teaching, courses, information, debating



# Treatment for children at high risk 12-18 years



Stuðlar  
Emergency Unit

Stuðlar  
Residential Unit



# Multi Systemic Therapy - MST

MST is a treatment program for families of children at the aged of 12-18, who struggle with serious risk behaviour.

The main role of MST is to empower parents and other system that work with the child, increase their skills in dealing with serious behavioural problems so that risk behaviour will decrease.

## **The overall objectives of MST are:**

A child lives at home.

Attend school or work

Don't get in trouble with the law

Do not use drugs

Do not use violence or threats

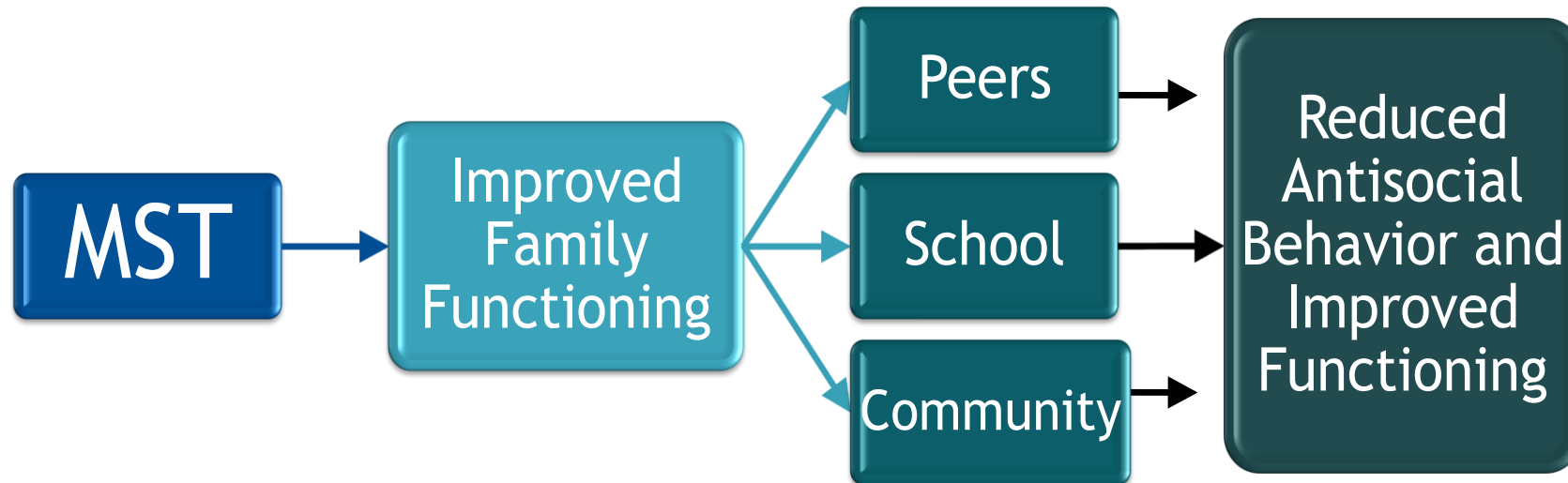
MST views the youth as embedded within multiple interconnected systems





# MST Theory of Change

**MST**<sup>®</sup>  
Multisystemic Therapy







# Out of home placements

## Stuðlar

- Youth Assessment and Treatment Center
- Emergency Centre
- Residential home

## Lækjarbakki

- Treatment Unit for boys

## Bjargey

- Treatment Unit for girls





# Stuðlar – Emergency unit



- Emergency is when a child endangers itself and/or others
- Emergency care is not a treatment option, but a place to ensure the safety of the children who arrive there
- Only child protection workers and treatment home managers are authorized to place a child in emergency care
- Never full

The stay may never be longer than necessary and a maximum of 14 days

- In 2023 we had 199 placement, 72 teenager.
- Referral reason; 110 because of drug use, 38 behavioural problems, 20 violence and 4 times custody placements



# Stuðlar – Treatment Unit



- Room for 6 children
- All children have their own room, which also has a private bathroom
- For all genders
- Duration of treatment is typically 8-12 weeks
- As a rule, children regularly go home to practice in their local area which is important to maintain relations with family
- Visits home becomes more frequent as treatment progresses
- Close working relationship is expected between the treatment home, child protection worker and guardians throughout the entire treatment
- In 2023 we had 22 placement, 13 boys and 9 girls. Average age as 15.9 end average age was 70 days



# Lækjarbakki



- Lækjarbakki is in south part of Iceland
- There is room for 6 boys
- Everyone has their own room
- A 6-month stay is expected with the possibility of a longer or shorter stay, depending on the child's needs
- Children usually spend 2-3 months in the home before they start visiting their families.
- Close working relationship is expected between the treatment home, child protection worker and guardians throughout the entire treatment
- 2023 8 placements



# Bjargey



- Bjargey is in north part of Iceland just outside Akureyri (the second largest town in Iceland) and can accommodate 6 girls
- Everyone has their own room
- A 6-month stay is expected with the possibility of a longer or shorter stay, depending on the child's needs
- Children usually spend 2-3 months in the care home before they start visiting families
- Close working relationship is expected between the treatment home, child protection worker and guardians throughout the entire treatment
- 2023, 10 placement





# Stuðlar – Residential Unit



- Residential programs for children/young people who have completed at least two treatment at our homes and are unable to live with their families or in foster care
- Pilot Project between BOFS and municipalities
- Municipalities and states share costs arising from placement of a child
- Accommodation for 2 children/young people



## 5 Guiding Principles in Institutional treatment

In 2016, an international group of experts in institutional treatment for children and young people issued a statement.

*Therapeutic Residential Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care*

In the article, they provide 5 elements to be considered in all institutional treatment for children:

1. Safety
2. Relationship with family
3. Relationships with the community and local environment
4. Good therapeutic relationship
5. Evidence-based practices



# Methods and ideologies

- Status Dynamics
- Motivational Interviewing (MI)
- The Three Pillars of Trauma Informed Care
- Aggression Replacement Training (ART)
- Activities of daily living – Behavioural modification/environmental treatment
- Education and prevention
- Working with Parents, parental guidance



# Status Dynamics

- The status dynamic approach emphasises the fact that behaviour is a function of a person's status (that is, position or place) within a community
  - Lower status = fewer behavioural possibilities
  - Higher status = more behavioural possibilities
- Adolescent's that enter institutional treatment tend to occupy a low status within the community at large
  - In other words, they're in a bad place
- The goal of the status dynamic approach is to increase the adolescents' status within our community, that is, to increase their possibilities
- One crucial aspect of this is treating them as "one of us" in everyday social interaction and to this end we have 9 treatment policies (next slide)



# Nine Treatment Policies of the Status Dynamic Approach

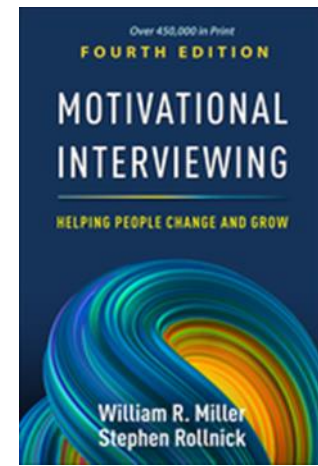
1. Show them that they're accepted
2. Show them that they matter to us
3. Put their interests first
4. Show them what sense they make
5. Show them that they're agents (are responsible for their actions)
6. Show them that they have strengths and resources
7. Give them the benefit of the doubt
8. Show them that we're on the same team
9. Show them that they affect us





# MI - Motivational Interviewing

*Motivational Interviewing is an individualized way of collaboration and guidance to evoke and strengthen an individual's inner motivation for change*



**The Spirit**  
Collaboration  
Consent  
Empathy  
Empowerment

**Key tasks**  
Engaging  
Focusing  
Evoking  
Planning

**Tools**  
Interview techniques  
(OARS)  
Identify/recognize  
change talk  
Evoke /strengthen  
change  
Softening sustain talk  
and resistance  
Developing a plan



# The Spirit of MI





# The Three Pillars of Transforming Care

## Safety

An environment where young people are safe and feel safe

Physical, social, emotional and cultural safety

Routine, predictability and dependable employees

## Connection

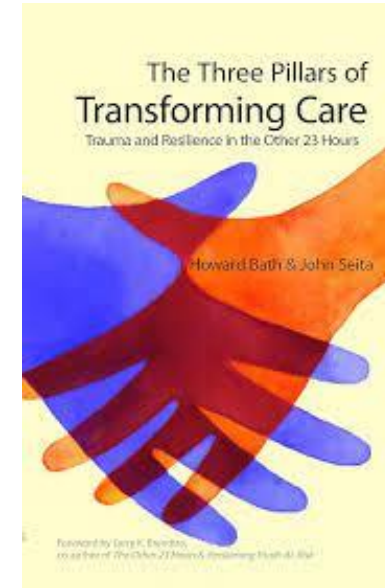
The importance of positive and supportive relationships with adults

## Skills

To endure and deal with difficult emotions

It is important to understand what methods they have used and what purpose they serve

Practicing emotional control, active listening and tempering



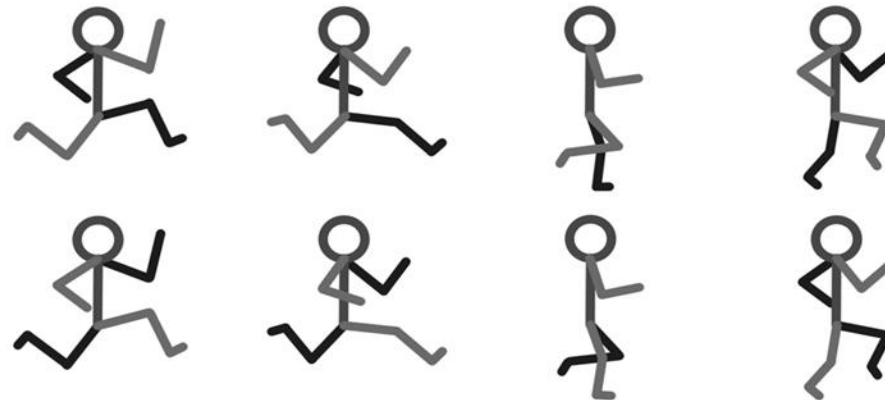


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# And so much more.....

- Activities of daily living
- Behavioural modification/environmental treatment
- Education and prevention
- Family/parental work







- Disagreements between state and municipalities about services and costs
- Serious violence – young people carrying weapons, young people committing serious crimes
- We don't have high secure facilities for this group of kids
- We need more diversion in our services
- We are seeing big changes in our society linked to more diversity. We are evolving into multi-cultural society
- It is expensive to run small units but necessary



# Now and the future

**All services outside the home will be in the hands of the state**

- To increase quality for all regardless of where you live
- Optimization, as we are small population, with many small municipalities

## **Prosperity Act**

- we are on our way in implementation, but are still to see the benefit
- it will take years, but the expectations are that it will result in fewer cases of high-risk children
- With better assessments, screening and early interventions

## **More cooperation with different system**

- Boost the Icelandic prevention model
- Increase and make the community police more visible

**We are working on providing more diverse resources as the group of our children is not homogeneous rather multifaceted dealing with different challenges as, drug use, delinquency, serious crimes and mental problems.**





# Thank you

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