



THE NORWEGIAN CENTER FOR
CHILD BEHAVIORAL DEVELOPMENT

ANNUAL REPORT 2018



WE FOLLOW RESEARCH TO
PRACTICE





Contents

A word from the CEO	2
Key figures	3
Service support and implementation	4
Methods and interventions.....	6
Results and overview of tables	8
Quality assurance of interventions	13
Dissemination and information work	14
Dissemination to practitioners in 2018	16
Children and Youth Conference	18
Research articles and KONTEKSTonline	19
NUBU in the media	20
Social media	20
Research and development	24
Research projects	25
Participation in international networks.....	26
Annual accounts	28
List of publications in 2018	34

2018 was a busy and productive year. NUBU's annual report provides an insight into the center's social mission, results and some of the year's important events.



A WORD FROM THE CEO

KONTEKSTonline

NUBU's vision is to follow 'research to practice'. This involves making research results available to practitioners within our field, which is vulnerable children, young people and their families. In addition to developing and implementing effective, research-based interventions, the findings from the research must also be communicated – concisely and comprehensibly. Today, dissemination increasingly takes place through digital and social media channels, so professional journals and books have to find alternative platforms. KONTEKSTonline is an attempt at just such a new platform. Two 'issues' were published in 2018. After some modernization in the third issue (March 2019), we can see that the articles are being widely shared and are reaching practitioners and users of public services.

New focuses

In 2018, the Ministry of Children and Equality (BLD) and the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) focused heavily on improving the quality of child welfare services. A comprehensive plan for improving the skills of child welfare staff and an equally ambitious plan for systematizing practical measures have begun to take shape. Competence networks have been established throughout the country, headed by county governors. An expert group is working on developing age-specific basic modules. NUBU's participation in learning networks involves mobilizing staff and service providers who assist with our implementation. This is a key task for all expert environments and resource centers for children and young people.

New owners

NUBU and the Ministry of Children and Equality (BLD) focused on finding new owners for NUBU after the University of Oslo decided to liquidate Unirand. BLD was clear that NUBU should continue its activities and remit as before. Offers were made to four expert environments, with the final choice falling on NORCE, a newly established, broadly composed research institute owned by, among others, the University of Bergen, the University of Stavanger, and the University of Agder. NORCE wanted to take over NUBU as a subsidiary, and NUBU believed that

this was the form of ownership that would best safeguard the center's ability to continue to pursue its remit. It was thought that exciting research environments would provide stimulating opportunities for collaborations. The change of ownership came into effect on 1 January 2019 and we are facing an exciting new year. NUBU is also pleased to join NIOM and NKVTS, both Unirand companies, under NORCE's umbrella.

Privacy, internal control and GDPR

The EU General Data Protection Regulation (GDPR) probably impacted most organizations in 2018. This is perhaps particularly true for research-related organizations that gather sensitive information about individuals. We have completely reviewed all of our projects and revised our routines. NUBU received good external legal assistance, although the center's staff also made a formidable contribution. This annual report shows that, in spite of the heavy workload associated with GDPR, NUBU has not taken a 'break' as regards the center's core activities: research, development, and implementation.

The way ahead

In 2018, NUBU received a new grant to follow up the group of children who took part in the longitudinal study on children's social development, the 'Behavior Outlook Norwegian Developmental Study' (BONDS). The aim of this project (you can read more about SLEDE on page 25) is to gather information that can prevent social, behavioral and academic difficulties. The TIBIR preventive model is being continued and is undergoing extensive development and evaluation work. The model will now include children experiencing psychological difficulties and who exhibit symptoms of anxiety and depression. NUBU also works closely with the Office for Children, Youth and Family Affairs (Bufetat) and the interventions that the Youth Department quality assures. Quality assuring all of NUBU's interventions is a key part of our activities. NUBU is also an active contributor to many treatment teams around Norway. This will continue in the future.

Terje Christiansen, CEO

A handwritten signature in black ink, which appears to read 'Terje Christiansen'. The signature is fluid and cursive, written over a white background.

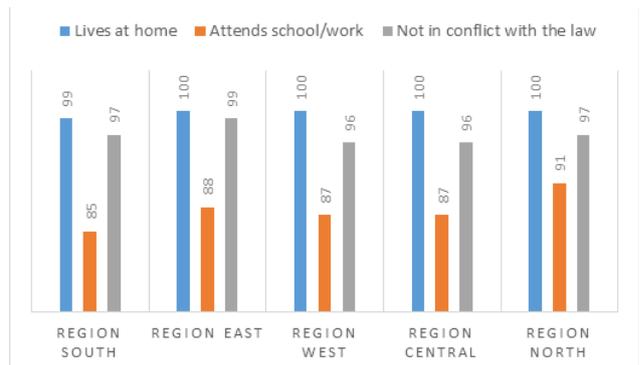
MANY CHILDREN, YOUTH AND FAMILIES RECIEVE HELP

Number of PMTO and TIBIR cases



- PMTO - 1247 cases (58,30 %)
- TIBIR - 892 cases (41,70 %)

RESULTS AT THE END OF MST (IN PRECENTAGE OF CLOSED CASES)



The results relate to the 474 cases completed (90% of completed cases).

Research dissemination and KONTEKSTonline

In 2018, we established a digital journal, KONTEKSTonline.

KONTEKSTonline is aimed at practitioners (child welfare staff, educators, psychologists, and others) and is published twice a year.

You can read more about the journal under the section 'Dissemination and information work' on page 19.

Kompetansebehovet i barnevernet

Om endringen av ansvarsfordelingen mellom stat og kommune

Aktuelt

For å ivareta behovene til barn og familier med alvorlige og sammensatte vansker når endringen av ansvarsfordeling mellom stat og kommune trer i kraft, bør det foreligge en strategi og plan for hvordan barnevernet skal øke sin kompetanse, men også sikre vedlikehold av allerede opparbeidet kompetanse.



Anette Arnesen Grønlie
Spesiellkonsulent ved NUBU

Publisert 1. Februar 2018
KONTEKSTonline nr. Utgave 1 - 2018
ISSN NR 2239-4825

Del artikkelen



Skriv ut artikkel



CHILDREN AND YOUTH CONFERENCE 2018



1220 participants

SOCIAL MEDIA

Facebook



Number of followers on 31 December 2018: 1,671

Most hits for an individual case: 16,613. Article on PMTO, which received the top score in Ungsinn's knowledge summary. As an individual parental guidance intervention, PMTO achieved evidence level 5: interventions with strong documentation of effect.

Twitter



Number of followers on 31 December 2018: 764

ACTIVITIES

239

Education and service support
Education and guidance: 101
Training and service support:138

124

Conference and seminar contributions
National: 39
International:29
Seminars: 56

44

Publications
Peer reviewed: 18
Others: 26



«Functional Family Therapy (FFT), Multisystemic Therapy (MST) and Treatment Foster Care Oregon (TFCO) are all treatment methods that provide means of treatment for families in which young people are struggling with problem behaviors. Are these suitable methods for the target groups? And do they provide differentiated provision?»

Service support and implementation

The implementation work includes:

- The Parent Management Training Oregon (PMTO) model treatment method
- The Early Intervention for Children at Risk (TIBIR) prevention program
- The Positive Behavior, Supportive Learning Environment and Interaction (PALS) school-wide intervention model
- Multisystemic Therapy (MST)
- Multisystemic Therapy – Child Abuse and Neglect (MST-CAN)
- Functional Family Therapy (FFT)
- Treatment Foster Care Oregon – TFCO.
- The center is also involved in the implementation work in Bufetat's two learning based rehabilitation (LBR) institutions.

Service support and implementation

Methods and interventions

PMTO: Regional coordinators (NUBU staff) and regional consultants (Bufetat staff) are responsible for PMTO and TIBIR related implementation. They, together with staff at NUBU's head office, comprise the National Implementation Team (NIT) for PMTO and TIBIR. PMTO is being implemented in the national child welfare service and family counselling service, as well as in the mental health services for children and young people.

PMTO treatment provision is now available at 25 specialist units in regional child welfare services (Bufetat) (five in Region North, six in Region Central, five in Region West, six in Region South, and three in Region East), 24 outpatient clinics in the mental health services for children and young people (BUP) (six in Region North, three in Region Central, five in Region West, two in Region South, and eight in Region East), and in 114 municipalities/districts across the country. Of these, 53 work in the national, regional child welfare services (Bufetat), 39 in outpatient clinics within the mental health services for children and young people (BUP), and 209 in the 114 municipalities/districts that are also implementing Early Intervention for Children at Risk (TIBIR).

TIBIR: TIBIR interventions are now offered in 114 municipalities/districts across the country. In total, there are 1,313 active TIBIR therapists working in the 114 municipalities/districts, and this is who they report to on what they are working on. A total of 228 people completed their TIBIR training in 2018.

PALS: PALS is implemented via NUBU with the help of five PALS mentors. PALS has been implemented in 216 elementary and lower secondary schools in 76 municipalities. All schools and municipalities in Norway can contact NUBU if they want to implement PALS in their school(s). Each school's participation is conditional on training and guidance being provided by an external PALS mentor. Furthermore, it is crucial for the outcome of the PALS implementation that it is based on each school and its individual needs and motives for implementing the development work.

NUBU was contacted by many municipalities and schools

in 2018 that wanted to implement PALS. We inform, and have meetings with, interested municipalities and schools about the implementation plan for PALS.

MST: MST is offered by municipal child welfare services in all of Bufetat's regions and has been implemented in 21 teams in Bufetat, while one MST-CAN team is being piloted at a municipal level.

MST geographically: The overarching goal is to make MST provision available in every municipality in the country in order to ensure every family has an equal opportunity to get treatment. This has been a challenge because one requirement in MST is a maximum journey time of 90 minutes, which is there to maintain the intensity, frequency, and accessibility of the treatment. In 2018, the department continued working with families who have to travel for more than 90 minutes because of the overall positive experience of this over several years. These cases are specially flagged in the Primula database so we can monitor the results in these cases. 73 cases were flagged with a journey time of more than 90 minutes in 2018, which represents around 12% of all cases.

MST and school: The MST teams pay special attention to working with schools in order to ensure that young people receive good, tailored provision at their 'home school'. The results from 2018 show that we were successful in 87% of cases where families completed a full treatment pathway, although this remains the area in which it is hardest to achieve good, lasting results. This will, therefore, continue to be a priority focus area in 2019.

Reintroduction from institutions: In the last few years, the MST teams have focused more heavily on contributing to successful reintroductions of young people who have been in institutions. This applies to both emergency placements, to ensure these are as short as possible, and young people who have been in institutions for a longer period of time. The MST teams worked on 84 such cases in 2018.

Focus on improving skills in the partnership with mental health services and foster families: We have particularly focused on the work in which MST works with BUP when BUP is/will be involved in the treatment of young people.



It is important to clarify between the various treatment options.

MST-CAN: An MST-CAN team was established in Bærum Municipality, in cooperation with Asker Municipality, in 2016. MST-CAN is an adaptation of Multisystemic Therapy (MST) treatment for families experiencing violence and neglect. The target group is families with children aged 6-17 where it has been reported that children are being subjected to ongoing violence and/or neglect. Depending on the family's needs, MST-CAN works to reduce specific risk factors related to violence and neglect, such as financial stress, parental substance abuse, parental anger issues, or mental disorders. By keeping the family together, preventing violence and neglect, reducing the parents' and children's psychological difficulties, and helping families use social support, MST-CAN works to ensure vulnerable children a safe and developmentally supportive childhood. The treatment period lasts for six to nine months, and the therapists meet the family at home three to four times a week during this period. NUBU works with Bærum Municipality and MST Services on the recruitment of therapists and supervisors/managers, implementing the intervention, and quality assuring the work. The team originally comprised a supervisor, three therapists and a milieu therapist, but was expanded with an additional therapist in 2018.

FFT: In Region West and Region Central, FFT is offered via Bufetat based on a referral from the municipalities. It is organized as a municipal intervention in Bærum Municipality, and within the family counselling services in Region South. The latter means that FFT can be offered to families in direct contact with family counselling services without a referral from the municipal child welfare services. Five FFT teams have been established: four in Bufetat and one in the family counselling services.

Focus on improving skills in the partnership with mental health services, foster families, reintroduction after stays in institutions, and motivation of high-risk families: The work on improving the skills associated with the FFT teams' partnership with BUP continued in 2018. This is because BUP is involved in many of the cases referred to FFT and it is important to clarify the roles, responsibilities, and tasks

between the treatment provision in the children welfare services and mental health services. There were also many cases in FFT involving young people living in foster families and we have worked on improving skills in such cases. There was a continued focus in 2018 on how FFT can work with families in which young people are reintroduced to the home after an institutional placement, as well how we approach motivating high-risk families to take part in an FFT treatment program.

TFCO: TFCO is organized as a national child welfare service institution in Bufetat in Region East and Region South and is offered by the municipalities in these regions. Region West has asked the center to help establish a TFCO team, and Region East has requested help with expanding the activities of its new team. This will be followed up in 2019. Two TFCO teams have been established in Bufetat

TFCO teams' training, operational and organizational status: Region South's team took on its first case in January 2015 and has handled a total of 13 cases since it was established. Region East's team was established in 2009 and had dealt with 51 young people and families by the end of 2018. The teams are at different stages of development, but the extensive work done on operations and quality assurance in relation to both teams was the main focus in 2018 in the lead up to Region South's first TFCO certification and the recertification of Region East's team.

Cooperation with Bufetat's regional administration: Region East's TFCO team has acted as a pilot team for various trials since it was established. These were aimed at attempting to counter vulnerability due to unforeseen absences, holidays and leave in the team. The evaluation of these trial programs will provide a model for the future implementation of new TFCO teams. The other collaborations with Bufetat and Bufdir were continued.

Focus on improving skills in relation to substance abuse treatment: The entire department has worked on a substance abuse treatment project in which TFCO also developed its own learning based substance abuse manual (LBR) tailored to the treatment method. This work was continued in both teams in 2018.

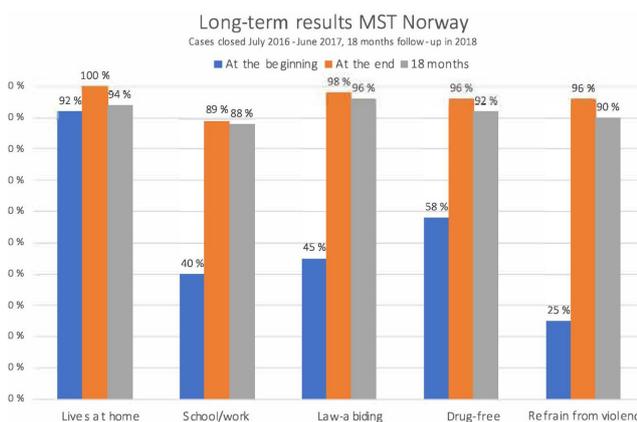
Service support and implementation

Results and overview of tables

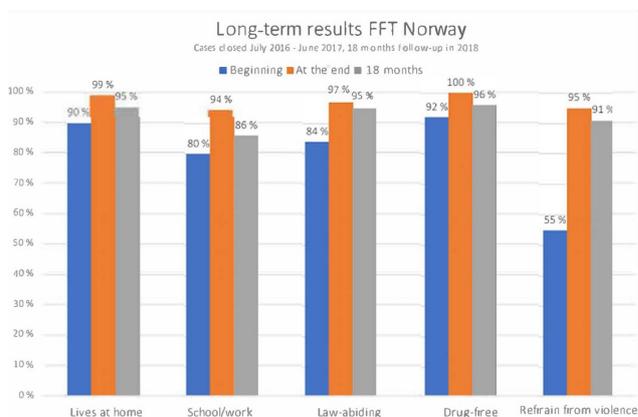
MST

- MST treats the highest number of cases of young people with substance abuse problems. In total, the families of 601 young people completed one of the treatment methods in 2018. Of these, 239 young people (40%) had a substance abuse problem at the time they were admitted. Only 30 of these young people (5%) still had a substance abuse problem when the treatment was completed.
- 18 months after the treatment program was completed, 92% of the parents of the young people reported that the young people still did not have a substance abuse problem. (This applies to cases completed in the period 1 July 2016 - 30 June 2017. Cases closed later than this will be followed up during the course of 2019.)

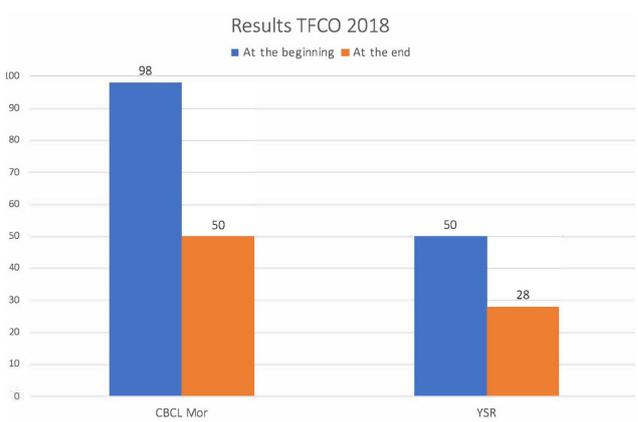
LONG-TERM RESULTS MST



LONG-TERM RESULTS FFT NORGE



LONG-TERM RESULTS TFCO



PMTO

There was a total of 2,139 registered cases on pmt.no in 2018. This represents an increase of 10% compared with 2017.

Case status	Antall PMTO	Antall TIBIR
Opened/ongoing	521	278
Closed without registration consent	309	251
Closed with registration consent	417	363
Total	1247	892

Numbers from pmt.no.

Table 1.

Parent-reported goals for problem behaviors before and after PMTO treatment

The severity of problems is measured using a behavior rating scale, Eyberg Child Behavior Inventory (ECBI). This is a questionnaire for parents that is used to assess problem behaviors in children aged 3-12 years old. The rating scale has been standardized and fixed in Norway. ECBI is part of a more extensive assessment process aimed at identifying families with children who have, or are at risk of developing, problem behaviors. The assessor or therapist determines whether the family should receive PMTO treatment based on the assessment. ECBI is used again at the end of the treatment to evaluate the results. The treatment is primarily intended for families who scored a clinical rating in ECBI.

Of the families for which ECBI was registered before and after treatment (221), 1% (2) scored a normal rating upon start-up, 13% (28) a subclinical rating, and 86% (191) a clinical rating.

At the end of treatment, a total of 42% (93) scored a normal rating, 39% (85) a subclinical rating, and 19% (43) still scored a clinical rating (see figure 1).

Looking at the cases from each risk group we can see that of the 86% who scored a clinical rating, 39% (75) scored a normal rating, 38% (73) a subclinical rating, and 23% (43) still scored a clinical rating upon completion.

Of the 13% who scored a subclinical rating at start-up, 57% (16) scored a normal rating and 43% (12) still scored a subclinical rating upon completion. The two who scored a normal rating had not changed.

Guidance in kindergarten or school

In 51% of individual PMTO treatment programs (404 responses), a survey was conducted to see if kindergarten or school staff also needed guidance. 21% required it. Of these, 81% received PMTO school guidance, a TIBIR consultation, or other guidance in kindergarten or school.

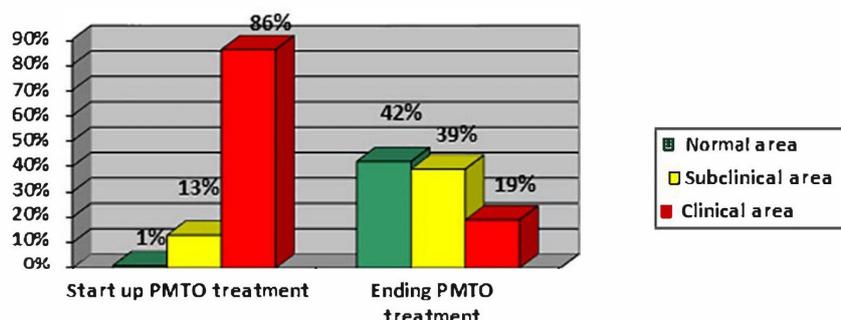


Figure 1.

Service support and implementation

Satisfaction of parents and therapists with the provision and results of PMTO treatment

The satisfaction of parents and practitioners with the provision and results of the parental interventions is reported from and including 2018. User satisfaction forms have been prepared for parents who receive TIBIR parental guidance and PMTO treatment, both individually and as part of a group. Similar user satisfaction forms have also been developed for practitioners who provide the treatment. The forms are used after the intervention ends to measure how satisfied parents and practitioners are with the results of the family provision. The questions in the form are primarily based on the Family Satisfaction Survey (FSS) (Lubrect, 1992) used in the PMTO study (Ogden & Hagen, 2008). In the form, parents/practitioners cross off on a five-point scale, ranging from 'do not agree' to 'strongly agree', how satisfied they are with the results. Combined with the ECBI score taken at the conclusion of therapy/guidance, this also provides an indication of how the intervention has worked for the child involved.

PMTO therapists

User satisfaction responses were registered from therapists in 255 treatment pathways. More than 81% responded

'very good' or 'very satisfied' when asked about the results of the treatment, 15% responded 'somewhat satisfied', 3% 'not very satisfied', and less than 1% 'not satisfied'. (See table 2.)

Parents

User satisfaction responses were registered from parents in 184 treatment pathways. More than 98% of the parents responded 'very good' or 'very satisfied' when asked about the treatment, while less than 2% were 'somewhat satisfied'. (See table 3.)

SATISFACTION OF PARENTS WITH PMTO

Satisfaction of parents	n	%	N
Somewhat satisfied	3	1,6 %	184
Very good	51	27,7 %	184
Very satisfied	130	70,7 %	184

Table 3.

SATISFACTION OF THERAPISTS

Satisfaction of therapists	n	%	N
Not satisfied	2	0,8 %	255
Not very satisfied	8	3,1 %	255
Somewhat satisfied	38	14,9 %	255
Very good	107	42,0 %	255
Very satisfied	100	39,2 %	255

Table 2.



Parent-reported goals for problem behaviors before and after TIBIR parental guidance

ECBI is used in combination with an evaluation interview to assess whether the family should receive short-term family counselling, and again at the end to evaluate the results of the intervention. TIBIR parental guidance is primarily intended for families that score a subclinical rating in ECBI.

Among the families with ECBI registered before and after counselling (203), 10% (21) scored a normal rating, 29% (59) a subclinical rating, and 61% (123) a clinical rating at the start.

At the end, a total of 56% scored a normal rating (113), 31% (62) a subclinical rating, and 14% (28) still scored a clinical rating (see figure 2). Given the difficulty of achieving good results in preventive interventions, these are very good results.

Looking at the cases from each risk group we can see that of the 61% (123) who scored a clinical rating, 43% (53) scored a normal rating, 36% (44) a subclinical rating, and 21% (26) still scored a clinical rating upon completion.

Of the 29% (59) who scored a subclinical rating at the start, 69% (41) scored a normal rating, 27% (16) still scored at subclinical rating, and 3% (2) had increased to a

clinical rating upon completion.

Of the 21 who scored a normal rating at the start, 90% (19) did not change, while 10% (2) had increased to a sub-clinical rating.

PERCENTAGE DISTRIBUTION OF RISK LEVEL MEASURED BY ECBI BEFORE AND AFTER TIBIR PARENTAL GUIDANCE

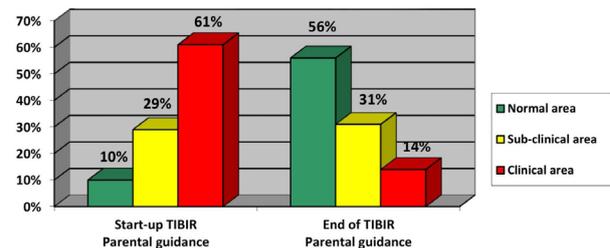


Figure 2.

Service support and implementation

Satisfaction of parents and parent counsellors with the provision and results of TIBIR parental guidance

Parents

User satisfaction responses were registered from parents in 154 cases. Almost 97% of parents responded 'very good' or 'very satisfied' when asked about the TIBIR guidance, while just over 2% were 'somewhat satisfied', and less than 1% were 'not very satisfied'. (See table 4.)

SATISFACTION OF PARENTS WITH TIBIR PARENTAL GUIDANCE

Satisfaction of parents	n	%	N
Not very satisfied	1	0,6 %	154
Somewhat satisfied	4	2,6 %	154
Very good	67	43,5 %	154
Very satisfied	82	53,5 %	154

Table 4.

TIBIR parent counsellors

User satisfaction responses were registered from TIBIR parent counsellors in 202 cases. Almost 77% responded 'very good' or 'very satisfied' when asked about the provision and results of the treatment, more than 21% were 'somewhat satisfied', 1% were 'not very satisfied', and less than 1% were 'not satisfied'. (See table 5.)

SATISFACTION OF TIBIR PARENT COUNSELLORS

Satisfaction of TIBIR parent counsellors	n	%	N
Not satisfied	1	0,5 %	202
Not very satisfied	3	1,5 %	202
Somewhat satisfied	43	21,3 %	202
Very good	87	42,0 %	202
Very satisfied	68	33,6 %	202

Table 5.

Quality assurance of interventions

PMTO and TIBIR: After certification, PMTO therapists take part in two-year specialization guidance groups for eight days a year in the five health regions. After specialization guidance ends, the certified therapists receive certification maintenance guidance at least three days a year. Most receive certification maintenance guidance for four days a year. There is a total of 70 guidance groups for quality assuring PMTO therapists, led by a total of 68 PMTO supervisors.

Practitioners of TIBIR parental guidance, TIBIR consultation and TIBIR social skills training interventions also receive guidance during and after they complete training. There is a total of 138 guidance groups for quality assuring TIBIR practitioners, led by a total of 137 TIBIR supervisors (who are PMTO therapists who have received training as TIBIR supervisors). PMTO therapists register quality assurance requirements for maintaining their therapist certification in a web-based quality assurance and reporting system, pmt.no. This involves annually registering their guidance attendance, number of cases, and de-identified case information about the families that receive treatment. The latter requires the family's consent. They also report on registered case numbers and the severity of problems before and after PMTO treatment/TIBIR interventions.

Pmto.no, a web-based information and quality assurance system: Work on developing the quality assurance and reporting system, pmt.no, continued in 2018. The aim of the system is twofold: 1) to provide information to the public, especially parents with children aged 3-12, about PMTO and TIBIR via a website (www.pmt.no), and 2) to quality assure the conduct of interventions. The system was initially established in 2012 and it is still being developed and improved. It can be used to download materials for use in interventions, administer training and guidance courses, register cases, and extract reports on PMTO and TIBIR implementation activities at a national, regional, and municipal level. In 2018, functionality was developed for registering the user satisfaction of parents and practitioners, and the severity of problems in a school and kindergarten context (Sutter-Eyberg Child Behavior Inventory), where the respondents are school/kindergarten staff. The functionality for TIBIR coordinators was expanded by giving them access to reports on implementation activities in their municipality. Pmto.no is used by everyone who works with, or is training in, PMTO and TIBIR. The system had 1,425 registered users at the end of 2018.

PALS: 29 two-day specialist seminars were arranged for PALS supervisors as part of the model's certification maintenance work. The specialist seminars focused on the

contents of the recently revised PALS manual and the importance of supervision. Day two focused on: "How can we help make schools better at identifying, taking action, and following up students that do not have good, safe school environment?"

MST, FFT, TFCO og MST-CAN: Primula is a web-based quality assurance database that is mandatory for everyone who works with NUBU's programs for young people. Running, monitoring, and improving Primula is an important quality assurance measure in of itself. The purpose of the database is to quality assure the teams' use of the methods and to provide feedback, which is used to reinforce method application. NUBU and the method consultants continually follow up everyone who uses the database and regularly update data. All commercial staff (quality assurers/interviewers), supervisors, consultants and method managers within the MST, FFT, TFCO and MST-CAN methods are active users. Therapists are registered, but have no access to the database.

Primula is designed to facilitate good routines and high-quality registration of quality assurance data, including via reminders to users and monitoring reports that are systematically used in the follow-up of interviewers and supervisors. The results data for young people and their families are registered upon admission to treatment, upon completion, and six, twelve and 18 months after treatment ends. The results are evaluated and communicated back to the team and host organization (Bufetat region or municipal host organization) every fourth month (program evaluation), together with an evaluation of whether the organizational facilitation of the method is adequate and any need for measures at a team or organizational level. Work on developing and improving the database continued in 2018. NUBU also did a lot of work on clarifying the legal basis for registering personal data in Primula due to the introduction of GDPR, updating the privacy information issued to families, obtaining consent, and modifying the database to ensure, among other things, that no personal data is registered without valid consent having first been obtained from the family, or possibly young person if they are older than 16. The internal control documents for Primula were updated and a thorough risk analysis was conducted of the database.

TFCO: The complexity of the TFCO model, as well as the severity of the cases, means that a substantial amount of resources is required to maintain method integrity and the quality of the treatment. One of the important aspects that should be highlighted in the work is the degree of complexity and the demanding clients the teams have taken on. The cases' complexity and the teams' need for regular, close guidance have thus grown. In 2018, NUBU continued to actively participate in the treatment teams and will continue to follow the teams closely in the future.



«Eight countries have introduced the evidence-based parental training program PMTO. Over almost 40 years, the program has been expanded and adapted to the challenges presented by different cultures, target groups, service areas, and, not least, technological advances. Have these adaptations produced positive results? And are the practitioners faithful to the method?»

Apeland, A. (2018). Diversity and adaptation in PMTO work. J. From the international PMTO and Diversity Conference in Århus in June 2017. *KONTEKSTonline*, 1, 18-27. ISSN 2535-4825.

Dissemination and information work

NUBU publishes many articles and book chapters in Norwegian journals and books aimed at different professional groups, such as teachers, child welfare staff, administrative staff in municipalities, and clinicians in BUP.

Our popular science journal, KONTEKSTonline, was established in 2018.

NUBU also actively contributes to presentations and lectures at various seminars and conferences for practitioners, clinicians, and other professionals who work with children, young people, and families.

In 2018, NUBU participated in a number of new dissemination arenas: including Research Days 2018 and the Children and Youth Conference in Bergen, and also established our new journal, KONTEKSTonline.

Dissemination and information work

Dissemination to practitioners 2018

In September 2018, the Research Council of Norway arranged a national research festival called 'Research Days'. The theme was 'childhood' and NUBU took part in the event entitled 'Book a researcher'. Here, organizations, services, schools, parent teacher meetings, and others could book a researcher and someone from the development departments completely free of charge. NUBU visited those who had booked and gave a talk on a chosen subject. The themes were posted on the internet and promoted in advance. We experienced a lot of interest and bookings. NUBU staff were booked a total of twelve times via the event. The themes NUBU talked about were 'Developing social skills at elementary and lower secondary school age', 'Physical aggression among children', 'Bullying in school - prevention and consequences', 'Disruptive behavior and social skills', and 'How to convert research into children and young people into practice'. NUBU also contributed to invited, pre-arranged lectures, including:

- 'Childhood in never-never land' at the House of Literature in Oslo. Breakfast debate and national opening of Research Days, together with, among others, the Minister of Research and Higher Education and the Norwegian Institute of Public Health. The debate was aimed at everyone who is interested in children, childhood and research.
- 'Young children as active information seekers' at the House of Literature in Oslo. The lecture was aimed at people such as kindergarten teachers, teachers, and others who work with younger children.
- 'Assessments in school' at the House of Literature in Oslo. A panel debate suitable for teachers, the Educational Psychological Counselling Service (PPT), head teachers, and directorate and ministry staff.

We have also published three articles in open access format, so they are available to everyone. In addition to this, we have published 13 articles in KONTEKSTonline that are available to everyone. NUBU has also contributed articles to Fokus (the journal of the police's crime prevention forum), forskning.no, and forebygging.no.



Ivar Frønes participated in panel discussions during the opening of the Research Days.



Ane Nærde og Sissel Torsvik held lectures for employees in a kindergarten in Drammen during the Research Days 2018.

«I am worried about social exclusion, and the implications of this for both society and the individual. We need knowledge-based understanding to understand how we should deal with this.» Ivar Frønes in the panel debate on the high-threshold society during the opening of Research Days 2018.

We arranged a large number of courses and training programs for the staff of child welfare services and other services for children and young people. The total number for staff at NUBU in 2018 was 136 courses, training programs and service support.

Children and Youth Conference

In 2018, the national conference of the Norwegian Association for Child and Adolescent Mental Health (N-BUP) was a collaboration between NUBU, the Norwegian Institute of Public Health, Bergen Health Enterprise, RBUP East and South, UniResearch, the Norwegian University of Science and Technology (NTNU), University of Troms, Bufdir, and the Norwegian Directorate of Health. This resulted in the Children and Youth Conference in Bergen. The conference brought together 1,220 participants from across Norway.

NUBU took part in the conference planning group, in planning the research part of the conference, and also chaired the committee that named the winners of the research poster competition.

NUBU was very well represented at the Children and Youth Conference. A total of eight staff members from NUBU gave talks at the conference. The talks dealt with treatment for families experiencing violence and neglect (MST-CAN), methodical challenges in longitudinal studies, high conflict and treatment of violence in FFT, managing emotions in parents illustrated by PMTO, as well as PMTO adapted for minority families. NUBU submitted three posters.

Many PMTO therapists and many MST supervisors and therapists also took part in the Children and Youth Conference, as well as all the FFT teams and TFCO teams. A consultant from NUBU and FFT supervisor from Region Central gave a presentation on workshops on the treatment of violence in FFT at the conference.

«Children's safety is our first priority.» Bernadette Christensen, clinical director, Development Department - Youth, on MST-CAN at the Children and Youth Conference



Bernadette Christensen held a parallel session with Audun Formo Hay, head of the MST - CAN Bærum during the Children and Youth Conference 2018.

The theme of the conference was violence and neglect towards children. How can we help them, both victims and perpetrators? Early interventions, as well as being attentive and courageous on behalf of children and young people, were highlighted as some of the most important things.

Dissemination and information work

Research articles

Below we have highlighted a couple of the most important findings from NUBU's research in 2018. A complete list of publications in 2018 can be found at the back of the report.



Parents of children with problem behaviors do better with guidance

In a new study, researchers have analyzed data from two evaluation studies of the TIBIR parental guidance programs and the group version of the treatment method called PMTO and have examined whether the methods also impact the parents' quality of life. The researchers investigated both the direct and the indirect effects of parental training on the parents' quality of life, via changes in the children's problem behaviors, changes in the way the parents raise their children, and the parents' experienced sense of coping in their role as parent.

Six months after the end of the treatment, the researchers found that both methods, to a greater degree than other practices, reduced the children's problem behaviors. But it was only the short parental guidance in TIBIR that had a positive impact on the parents' quality of life compared with other methods. The researchers emphasize that such positive ripple effects on the parents' quality of life indicates that the effect of family-oriented, PMTO-based or other knowledge-based parent training programs, may be underestimated.

Tømmerås, T., Kjøbli, J., & Forgatch, M. (2018). Benefits of Child Behavior Interventions for Parent Well-Being. *Family Relations*, 67(5), 644-659. (The article was also published on www.nubu.no and will be published in KONTEKSTonline no. 3.)



The PALS school models are most effective when students' problem behaviors are greatest

Researchers at NUBU have taken a closer look at the effects the school-wide PALS intervention model has for different groups. A new study shows that the most risk prone students clearly experienced better development in PALS schools than in other comparable schools.

Even though previous research on school-based interventions generally indicates good results at an overarching level, relatively few studies have looked at the effects of interventions on specific student groups.

However, this is exactly what NUBU researchers have done in a new study in which more than 3,000 students were monitored over time. The researchers found that the students in the high-risk group, in other words those who come under the so-called indicated level, are the ones that gain the very best effect from PALS over time.

Compared with other students in the same risk group who did not receive the intervention, these students exhibited a markedly more positive change in their behavior. The results also indicate that in the future work on PALS, more attention should be paid to students who exhibit moderate problem behaviors at elementary school level.

Sørli, M.-A., Idsøe, T., Ogden, T., Olseth, A. R., & Torsheim, T. (2018). Behavioral Trajectories During Middle Childhood: Differential Effects of the School-Wide Positive Behavior Support Model. *Prevention Science*, 1-11. (The article was also published as open access on www.nubu.no and will be published in KONTEKSTonline no. 3.)

«The findings indicate that the PALS outcomes for students with the most serious problem behaviors are very promising. And this of course means that any school at all can help and support these students more effectively than before – without expensive segregation measures.» Mari-Anne Sørli, researcher at NUBU, on the PALS study.

KONTEKSTonline

The first issue of our popular science journal, KONTEKSTonline, was published in February 2018, and the second issue came out in October 2018.

We will continue to publish two issues a year in the coming years. The journal disseminates knowledge about new research, new forms of practice, political initiatives and strategies, and the interplay between these. Each issue contains articles, reflections, interviews with professionals or researchers, and easily-to-understand, abridged versions of research articles.

You can see a selection of the articles in the first issue here.



Mangfold og tilpasning i PMTO-arbeidet

Fra den internasjonale konferansen «PMTO and Diversity» i Århus juni 2017

Artikkel
Åtte land har innført det evidensbaserte foreldretreningsprogrammet PMTO. Gjennom nesten femti år er programmet blitt utvidet og tilpasset utfordringer i ulike kulturer, målgrupper, tjenestemråder og ikke minst framskritt i teknologien. Gir tilpasningene positive resultater? Og er utøverne tro til metoden?



Anett Apeland
Assisterende fagdirektor ved NUBU

Publisert 1. Februar 2018
KONTEKSTonline nr. Utgave 1 - 2018
ISSN NR 2535-4825

Del artikkelen



Skriv ut artikkelen



Last ned som PDF



En evidensbasert tiltakskjede for ungdom

En deskriptiv studie av problembelastning hos ungdommer ved inntak i behandlingsprogrammene FFT, MST og TFCO

Artikkel

Behandlingsmetode Funksjonell Familierapi (FFT), Multisystemisk Terapi (MST) og TFCO (Treatment Foster Care – Oregon) gir alle et behandlingstilbud til familier hvor ungdommen strever med adferdsproblemer. Treffer metodene målgruppene? Og gir de et differensiert tilbud?



Bernadette Christensen
Fagdirektor ved NUBU



Dagfinn Mørkrid Thøgersen
Stipendiat



Trivsel i skolehverdagen

Hvordan er det å være lærer i en PALS-skole?

Intervju

Vi har tatt en prat med Mona Engebretsen som er kontaktlærer for en 6. klasse ved Blakstad skole. Mona har lang erfaring med PALS-modellen gjennom sitt arbeid som lærer i to ulike PALS-skoler i Asker. Vi ønsket å snakke med henne om hvilken betydning implementeringen av PALS har hatt for henne som lærer og for skolene hun har jobbet ved.



Frode Høiestad
Spesialrådgiver ved NUBU

Publisert 1. Oktober 2018
KONTEKSTonline nr. Utgave 2 - 2018
ISSN NR 2535-4825

Del artikkelen



Skriv ut artikkelen



Last ned som PDF



NUBU in the media

NUBU and our research-based interventions and programs are regularly featured in the media.

Here are a few of last year's cases that were covered by newspapers, journals, and the radio.

Why do some young people end up on the periphery?

Nina Tollefsen, deputy clinical director, Development Department - Youth at NUBU visited RøverRadion in Oslo Prison (NRK P2 radio).

She talked about the complex causes, the importance of involving families, schools and neighborhoods, as well as the importance of creating safe environments that allow young people to make good choices.



Social media

NUBU regularly shares articles from our webpages, KONTEKSTonline, programs, events, lectures, and relevant news from the practice field. The article that received the most hits in 2018 was on PMTO, which received the top score in Ungsinn's knowledge summary. As an individual parental guidance intervention, PMTO achieved evidence level 5: interventions with strong documentation of effect. This article reached 16,613 people on Facebook.

NUBU has 1,671 followers on Facebook and 764 on Twitter. NUBU established a new Facebook page on 1 March 2017 after changing its name from Atferdssenteret to the Norwegian Center for Child Behavioral Development (NUBU). Because of this, we have fewer Facebook and Twitter followers than we did in 2016.



What can teenagers do when their parents don't understand?

Dagfinn Mørkrid Thøgersen of NUBU is a specialist psychologist and provided tips on what teenagers can do when mom and dad do not understand (nrk.no). His advice to teenagers involves how they can help adults to listen better: "Ask your parents if they can manage to listen before they start to solve. Say, for example: 'I have something I want to share with you, and I want you to just listen to what I have to say. I don't want you to try and solve or fix this; that is not what I need right now.'"



TIBIR can boost the parenting confidence of people with minority backgrounds

PMTO consultant Siril Aschjem, Bufetat and NUBU, together with the health visitor service in Opepgård Municipality and VID Specialized University, conducted a pilot study of how TIBIR can help parents with a minority background become more confident in their role as parents in Norway. The study was published in an academic article in the nursing journal, Sykepleien (sykepleien.no).



PMTO achieved the top score in knowledge summary

In Ungsinn's most recent knowledge summary, PMTO was categorized as an individual parental guidance intervention that achieved an evidence level of 5: interventions with strong documentation of effect.

Ungsinn concluded that "the intervention is a well described intervention with a systematic implementation strategy". Furthermore, "PMTO can point to effects when it comes to improving parenting skills, improving children's social skills, and reducing problem behaviors".

Media coverage 2018

NUBU	39
FFT	3
MST	19
PALS	68
PMTO	42
TIBIR	11
Totalt	182

Norske leseprøver står til stryk

Testene norske skoler bruker for å kartlegge elevene, er ikke til å stole på, ifølge ny gjennomgang.



Poor quality of assessment tools

A recent review shows that many of the assessment tools used in Norwegian schools to test how well children are doing when it comes to reading, writing, and social skills cannot be trusted. The review was conducted as part of Anne Arnesen's doctoral project at the University of Oslo. Arnesen has worked with children's psychosocial development and language and reading development at NUBU for many years.

The newspaper Morgenbladet quickly picked up the story and wrote an extensive article on the study, what it means, and its implications for Norwegian students (morgenbladet.no).

«Researchers often talk about ‘significant results’ when they believe they have found ‘real’ differences, for example, between a new treatment method and ordinary practice. But it is also important to use facts other than the statistics. Common sense and an ability to think critically and assess practical implications are essential when evaluating whether an intervention has effects.»

Daae-Zachrisson, H. & Ogden, T. (2018). Rubbish or intervention? Interpreting the magnitude of effects in controlled evaluation studies. *KONTEKSTonline*, 1. ISSN 2535-4825.



Research and development

Research at NUBU takes place in intervention or initiative projects, as well as in development projects.

The aim is to describe and analyze children's learning and development, and to strengthen the link between research and practice.

Research and development

Research projects

Evaluation of Early Intervention for Children at Risk

(TIBIR): Four out of six TIBIR models have already been evaluated. An evaluation of TIBIR consultation for teachers in kindergartens and schools is currently ongoing. Data collection has ended and an analysis and presentation of the results is being worked on. A number of articles are also being worked on that examine what hinders and helps treatment outcomes for children and families in other TIBIR interventions.

Evaluation of Functional Family Therapy (FFT): The project has been continued from 2016 and data collection will end in January 2019. Work on analyzing the results has started and will continue in 2019. Data from the study will also be used in a doctoral project.

Knowledge transfer and better academic performance for children at risk (KOBA):

This project is funded by the Research Council of Norway and aims to develop, introduce, and evaluate school support interventions for children and families in receipt of municipal child welfare services. NUBU is collaborating with researchers at RBUP. The school support is provided in the home by child welfare service staff and is aimed at improving academic performance and preventing students in grades 1 to 7 from giving up on school. The project is based on a systematic knowledge summary of core elements and was developed in close dialogue with child welfare service staff, school staff, and user representatives. The project progressed as planned in 2018 and focused on recruiting families and collecting data.

Risk and living conditions development for various groups of children:

The risk and living conditions development for various groups of children project has ended and the data has been submitted to Statistics Norway. A book, 'Den Krevende Barndommen' [The demanding childhood], has been based on the project. The project was carried out in partnership with the Frisch Center.

The MATCH Study: MATCH (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma and Conduct Problems) is currently being evaluated in cooperation with the program's developer, John Weisz. MATCH is a module-based treatment method for children and young people with anxiety, depression, traumatic stress, or problem behaviors, as well as combinations of these problems. The treatment approach is being trialed and evaluated for children and young people aged 6 to 14 who have been referred to BUP. This is a collaboration between

the Research Department, the Development Department - Children, and the Development Department - Youth.

The PALS school model: NUBU has conducted two studies based on data from the concluded longitudinal impact study of the PALS model:

- 1) A study of children's social skills development and the impact school factors can have on this development during elementary and lower secondary school age.
- 2) A validation of the measuring tool 'collective experience of coping in schools'.

Two articles in Norwegian were published about PALS in 2018. One about the school model's possible impact on bullying and one focusing on what it is reasonable and unreasonable, respectively, to expect from this intervention model in schools.

Behavior Outlook Norwegian Developmental Study

(BONDS): BONDS is a longitudinal research project that is following around 1,100 children and their families from infancy to lower secondary school age. The project started in 2006, has published several national and international articles, and works with researchers from a number of countries. In 2018, BONDS had two Research Council of Norway funded projects dealing with children's math skills and early learning, respectively. The projects received a further Research Council grant for the project 'Socioeconomic risk, learning and development from infancy through early adolescence'.

Evaluation of measurement tools: NUBU continuously evaluates the most widely used assessment and measurement tools used in the center's research. This represents an important part of ensuring that the research projects can use assessment tools that have been thoroughly validated in a Norwegian context. The aim of the work is to examine how the measurement tools function in a Norwegian context and whether they are relevant templates to use in our programs and research focus

Skills development for young people (DU): The project is funded via the Research Council of Norway's FINNUT program. The most recent questionnaire survey, which also includes data from the one-year follow-up after the end of the intervention, was collected in June 2018. The post-intervention data has been analyzed and an evaluation article has been submitted to an international journal. Further data analysis and article writing continued in 2018.

«In the new sub-project, called SLEDE, the researchers will take the study forwards into a new phase – namely the important transition from childhood to youth. How are young people in Norway doing – and are they thriving – with friends, school, family and leisure time?»

New research projects 2018

Expanded TIBIR (Early Intervention for Children at Risk):

We are also working on a major development and evaluation project for TIBIR. The aim is to include new user groups in TIBIR. Initially this applies to psychological difficulties in children in the form of symptoms of anxiety and depression, and families at risk due to inadequate care skills. This development work is a collaborative project between the Research Department and the Development Department - Children at NUBU.

BONDS-SLEDE: The BONDS research project received research funding from the Research Council of Norway for the 'Socioeconomic risk, learning and development from infancy through early adolescence' (SLEDE) project. One particular goal of SLEDE is to gather information that can be used to prevent social, behavioral and academic difficulties among children and young people that are related to social background. SLEDE will study the children's development from early childhood to lower secondary school age and how socioeconomic status, in interaction with other factors linked to the child's family situation and experiences from kindergarten and early education, correlates to their social and academic well-being and functioning at early lower secondary school age. The project is making use of the extensive data material that already exists, combined with register data about socioeconomic factors links to families and neighborhoods. Information will also be collected from children, parents, and teachers, and use the results from national tests in grades 5 and 8.

Trialing of MST-PSB: The new quality and structure reform for child welfare services states that Bufetat will continue to offer specialized treatment services. This is of major importance for the continuation and possible new establishment of FFT, MST and TFCO treatment methods and adaptations to methods such as MST-CAN. NUBU is also actively working with the developers of an MST adaptation, Problem Sexual Behavior (PSB), which is aimed at young perpetrators, in order to improve the teams' expertise in offering treatment to this group of young people. In August 2018, a proposal was submitted concerning the organization and trialing of MST-PSB that could cover the country in the best possible manner.



During the BONDS-SLEDE start-up meeting, the project group at NUBU was visited by its partner, Atle Dyregrov. Here together with (from the left) Görel Bringedal, Ane Nærde, Thormod Idsøe, and Kristine Amlund Hagen.

Research partnerships

In FFT, evaluation takes place in cooperation with FFT with the teams in Trondheim, Skien, Stavanger, and Bærum. We are also working closely with the developer of MATCH (The Modular Approach to Therapy for Children with Anxiety, Depression, or Conduct Problems), John Weisz at Harvard University.

The KOBAS study has initiated a collaboration with the child welfare services in Drammen, Bærum and Bjerke District in Oslo. We have also consulted with the Change Factory (Forandringsfabrikken), the National Association for Children who have Received Child Welfare Services (Landsforeningen for Barnevernsbarn), and staff at selected schools. This collaboration involves both planning and executing the study and will later include interpreting the results.

The DU project is aimed at students and implemented in local upper secondary schools, which involves contact and dialogue around the facilitation and implementation of the courses.

In the expanded TIBIR project, we are working with selected TIBIR municipalities.

Research and development

Participation in international research and development networks

NUBU plays an active role in the international network of professionals and organizations that work with problem behaviors and complex difficulties among children and young people. NUBU is frequently invited to contribute to international professional conferences and we invite recognized external professionals to participate in our conferences.

Key international professional conferences in our field include the annual SPR Conference (Society for Prevention Research), the APA Conference (American Psychological Association), the Nordic Implementation Conference, and the SRCD Conference (Society of Research in Child Development), at which NUBU's researchers regularly contribute presentations and or posters. The network collaborations with research environments in the Nordic countries, USA and Europe will be continued.

NUBU's international, and national, information work and results can be measured along three axes. International publications, participation and presentations at recognized international conferences, and research and development collaborations related to work in the field.

- The collaboration with the Oregon Social Learning Center (OSLC) and Implementing Science International Inc. (ISII) has been continued in order to maintain reliable certification competence in the Norwegian certification team and cooperation on further specialist development. On a national basis, the Norwegian certification team consists of a total of 13 FIMP reliable PMTO certifiers.
- The collaboration with program developer Professor John Weisz, Harvard University, Professor Sarah Kate Bearman, and Assistant Professor Ana Ugueto, University of Texas, on trials of a modular treatment approach for children with complex difficulties, Modular Approach to Treatment for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH – ADTC), will also be continued.
- The clinical director and deputy clinical director in the Development Department - Children have taken part in the European PMTO network with the heads of PMTO in the Netherlands, Denmark, Iceland, and Norway. The goal was to continue a European network for PMTO in which one can collaborate on maintaining method integrity, exchanging lessons learned from implementation, and planning the next global PMTO conference.
- Provided academic support and guidance to school developers in Sweden who want to develop and adapt the PALS model in their schools in order to promote positive behavior, learning support, and interaction in the learning environment (PALS).
- The collaboration with academic environments in the USA at the University of Oregon, as well as the SW-PBIS environment at the Center for Educational Networking in Michigan.
- The collaboration with Professor Phil A. Fisher, Center on the Developing Child, Harvard University, on developing new components for the expansion of TIBIR's target group to cover the assessment and preventive interventions for children at risk of developing anxiety, depression, and complex difficulties, as well as children at risk of neglect.
- NUBU actively collaborates with MST Services on the implementation and development of MST and MST-CAN. Furthermore, there is a monthly collaboration with all MST Network partners in Europe related to the operation and quality assurance of the method, as well as the implementation of the European MST conference in Malmö in May 2018.
- NUBU collaborates with FFT LLC on the implementation of FFT in Europe and in Norway.
- NUBU works closely with the developers of TFCO on the quality assurance and certification of TFC teams in Norway.

«When those who need it do not come to the psychologist, the psychologist has to come to them. I want a closer partnership between schools and psychologists, between the Educational Psychological Counselling Service and schools.»
 Thormod Idsøe, senior researcher at NUBU and project manager for the DU study.



Trial of the Modular Approach to Therapy for Children with Anxiety, Depression, or Conduct Problems (MATCH)

The evaluation study of MATCH, which started in January 2016, was continued in 2018 as well. The study is being conducted in collaboration with John Weisz of Harvard University and his team of US consultants. This is a so-called modular intervention that tailors and combines components from four different evidence-based interventions (one targeted at problem behaviors, one at anxiety, one at depression, and one at trauma) based on children's needs and challenges. MATCH has been shown to have a good effect on both internalized and externalized problems in a group of children aged 6-14 with varying degrees of comorbid disorders (Weisz et al., 2012).

NUBU worked with five BUPs (Øvre Romerike, Follo, Nord-Hordaland, Sentrum (Bergen), and Ytrebygda) in 2018. There were eleven active therapists at the end of the year.

Specialists from the development departments take part in the follow-up of the therapists in the study via two weekly meetings with each of the treatment teams: participation in the consultation the clinic team has with its US consultant, as well preparation meetings that the Norwegian co-consultants head. In addition to this, a person in the Development Department - Children has also worked clinical MATCH cases in order to quality assure future MATCH consultants.

New training took place in March 2018 at which OUS BUP North and Hamar were recruited as new clinics, as well as therapists from existing partner clinics (Øvre Romerike and BUP Sentrum, Bergen). The development departments and the Research Department took part in several meetings with existing and new clinics in this context. New training is planned in a collaboration between the development departments and the Research Department.

The development departments and the Research Department hold regular meetings, both on collaborating on conducting the study and the recruitment of new clinics. In 2018, six Skype meetings were held between NUBU and its US partners.



«Positive changes in parenting skills appear to have a transfer value from the home to the school or kindergarten. Encouragement and praise from parents were also linked to more positive assessments of the children's social skills after treatment ends.»

Hagen, K. A. & Ogden, T. (2018). Who benefits most from PMTO? *KONTEKSTonline*, 2. ISSN 2535-4825.

Annual accounts 2018

The board's annual report and annual accounts with notes are available as a downloadable PDF file from nubu.no.

These provide:

- The CEO's comments on the annual accounts
- Results
- Balance sheet assets
- Balance sheet equity and liabilities

NUBU’s total income in 2018 amounted to around NOK 61.9 million. NUBU enjoys stable income through public grants.

The CEO’s comments on the annual accounts

The grants from Bufdir and the Norwegian Directorate of Health amounted to NOK 53.6 million in 2018. The Norwegian Directorate for Education and Training also provides grants for implementing the PALS program. The grants for this project amounted to NOK 1.33 million in 2018.

The main funding for the BONDS longitudinal research project comes from the Research Council of Norway. The conclusion and start-up of individual projects meant that the grants from the Research Council were NOK 2.5 million lower in 2018 than in 2017: NOK 2.55 million.

NUBU’s total income in 2018 amounted to around NOK 61.9 million, NOK 225,798 lower than in 2017. This was primarily attributable to salary adjustments and inflation, and the regular annual national conference not being held due to the Children and Youth Conference in Bergen in 2018.

Pension costs in 2018 were on a par with 2017. Pension costs are expected to be on a par with the last two years based on the age distribution of the staff. Pension premiums remain high and incident-based invoicing from the Norwegian Public Service Pension Fund in the event of changes have a significant impact on NUBU’s operating accounts.

The level of activity planned for 2019 is the same as in

2018.

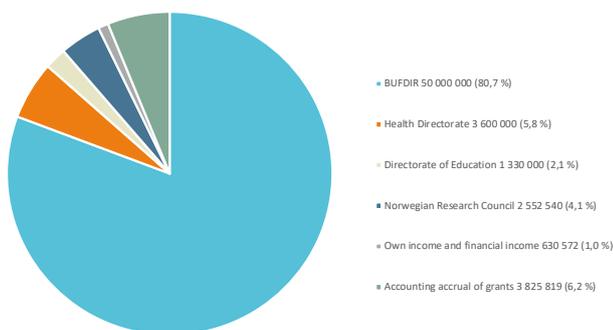
The year’s operating result was a deficit of NOK 130,259, which combined with financial items results in a total deficit of NOK 102,382. The capitalized pension liabilities were maintained from 2017.

NUBU has invested assets in equity and bond funds due to the low interest rates offered by banks and to ensure better capital management over time. The aims of the funds are partly to cover accrued future pension liabilities and partly to manage liquid assets as best as possible. Of the total NOK 25,985,704, NOK 15,752,241 concerns corridor/capitalized pension liabilities and NOK 10,233,463 concerns short-term investments instead of banks.

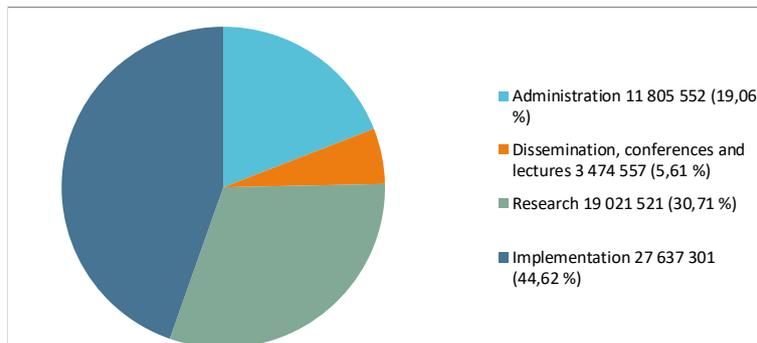
The provisions for corridor/capitalized pension liabilities fell in value by NOK 813,278 in 2018. Interest income produced a financial result of NOK 27,877 compared with NOK 1,302,108 in 2017.

NUBU enjoys stable income through public grants. The organization has an equity ratio of 32%, which is satisfactory, and the provisions for pensions and pension liabilities are sound. However, NUBU will face liquidity challenges due to the late payments of grants from grant providing authorities. NUBU is not exposed to market risk or credit risk, although it constantly assesses the risk associated with higher pension costs and currency differences.

GRANT PROVIDERS AND GRANTS



GRANTS AND DISTRIBUTION



Amount in NOK

Results	2018	2017
Operating grants from ministries and government agencies	61 308 359	58 417 344
Revenues	611 621	2 627 671
Other operational income	18 951	1 119 714
Total operating income	61 938 931	62 164 729
Wages and salaries	- 39 951 481	- 38 273 472
Other operating expenses	- 22 117 709	- 24 052 468
Depreciation of tangible fixed assets and intangible assets	-	-
Impairment of property, plant and equipment and intangible assets	-	-
Total operating cost	- 62 069 190	- 62 325 940
Operating profit	- 130 259	- 161 211
Financial income and financial costs		
Other interest income	608 265	529 542
Another financial income	405 590	261 862
Value reduction in market-based current assets	813 278	0
Other interest expenses	- 601	- 1 395
Other financial expenses	- 172 099	- 18 372
Result of financial items	27 877	1 302 108
Profit before tax expense	- 102 382	1 140 897
Profit	- 102 382	1 140 897
Transfers other equity	- 102 382	1 140 897
Total transfers	- 102 382	1 140 897

Amount in NOK

Balance	2018	2017
ASSETS		
Financial fixed assets		
Bonds	–	–
Other long-term receivables	1 550 861	1 550 861
Total financial assets	1 550 861	1 550 861
Total fixed assets	1 550 861	1 550 861
Current assets		
RECEIVABLES		
Accounts receivables	57 501	1 544 173
Other receivables	431 589	271 490
Total receivables	489 090	1 815 663
Investments		
Other market-based financial instruments	25 985 704	25 981 806
Bank deposits, cash, etc.	13 025 603	13 377 971
Total current assets	39 500 398	41 175 440
TOTAL ASSETS	39 500 398	41 175 440

Amount in NOK

Balance	2018	2017
EQUITY AND LIABILITIES		
C. Equity		
I. Deposited equity		
Share capital	100 000	100 000
Share premium	–	–
Other equity	–	–
Total deposited equity	100 000	100 000
II. Earned equity		
Profit for the year transferred other equity	–	–
Other earned equity	–	–
Total retained earnings	12 545 754	12 648 137
Total deposits and retained earnings	12 645 754	12 748 137
D. Debt		
I. Provision for liabilities		
Pension obligations	15 752 241	15 752 241
II. Other long-term debt		
Debt to credit institutions		-
III. Short-term debt		
Accounts payable	1 733 921	1 325 040
Accrued public fees	2 576 539	2 850 298
Other short-term debt	6 791 943	8 499 724
Total short-term debt	11 102 402	12 675 062
Total debt	26 854 643	28 427 303
TOTAL EQUITY AND LIABILITIES	39 500 398	41 175 440

Approved at the board meeting in Oslo on 27 March 2018.
The Board of the Norwegian Center for Child Behavioral Development - NUBU AS

Publications

PEER REVIEWED ARTICLES

Arnesen, A., Braeken, J., Ogden, T., & Melby-Lervåg, M. (2018). Assessing Children's Social Functioning and Reading Proficiency: A Systematic Review of the Quality of Educational Assessment Instruments Used in Norwegian Elementary Schools. *Scandinavian Journal of Educational Research*, 1–26. doi.org/10.1080/00313831.2017.1420685.

Backer-Grøndahl, A., Nærde, A. & Idsøe, T. (2018). Hot and Cool Self-Regulation, Academic Competence, and Maladjustment: Mediating and Differential Relations. *Child Development*. doi.org/10.1111/cdev.13104.

Cook, K.D., Dearing, E., & Zachrisson, H.D. (2018). Is Parent-Teacher Cooperation in the First Year of School Associated with Children's Academic Skills and Behavioral Functioning? *International Journal of Early Childhood*.

Dearing, E, Zachrisson, H.D., Mykletun, A., & Toppelberg, C.O. (2018). Estimating the consequences of Norway's national scale-up of early childhood education and care (beginning in infancy) for early language skills. *AERA Open*, 4: 1-16.

Eliassen, E., Zachrisson, H. D., & Melhuish, E. (2018). Is cognitive development at three years of age associated with ECEC quality in Norway? *European early Childhood Education Research Journal*, 26, 97–110. doi.org/10.1080/1350293X.2018.1412050.

Engell, T., Follestad, I. B., Andersen, A., & Amund-Hagen, K. (2018). Knowledge Translation in Child Welfare: Improving Educational Outcomes for Children at Risk: Study protocol for a hybrid randomized controlled pragmatic trial. *TRIALS*. (Open access)

Flouri, E., Narayanan, M. K., Nærde, A. (2018). Stressful life events and depressive symptoms in

mothers and fathers of young children. *Journal of Affective Disorders*, 230, 22–27. doi:10.1016/j.jad.2017.12.098.

Hagen, K. A., Hilsen, M., Kallander, E. K., & Ruud, T. (2018) Health-related quality of life (HRQoL) in children of ill or substance abusing parents: examining factor structure and sub-group differences. *Quality of Life Research*. doi.org/10.1007/s11136-018-2067-1.

Hagen, K. A., & Ogden, T. (2017). Hvilke barn og familier har størst utbytte av foreldreveiledningen «Parent Mangement Training»? *Best Practice Psykiatri/Neurologi*, 12, 33–35.

Hukkelberg, S. S., & Ogden, T. (2018). Dimensionality of oppositional defiant disorder. *Child and Adolescent Mental Health*, 23(2), 121-129.

Keles, S. & Idsøe, T. (2018). A meta-analysis of group Cognitive Behavioral Therapy (CBT) interventions for adolescents with depression. *Journal of Adolescence*. 67, 129–139. https://doi.org/10.1016/j.adolescence.2018.05.011.

Keles S., Olseth A. R., Idsøe T. & Sørli M.-A. (2018). The longitudinal association between internalizing symptoms and academic achievement among immigrant and non-immigrant children in Norway. *Scandinavian Journal of Psychology*. doi.org/10.1111/sjop.12454. (Open access.)

Kjøbli, J., Zachrisson, H. D., & Bjørnebekk, G. (2018). Three Randomized Effectiveness Trials—One Question: Can Callous-Unemotional Traits in Children Be Altered? *Journal of Clinical Child & Adolescent Psychology*, 47(3), 436-443.

Ronfard, S., Zambrana, I. M., Hermansen, T.K., & Kelemen, D. (2018). Question-asking in childhood: A review of the literature and a framework for understanding its development. *Developmental Re-*

view. Advance online publication. doi: 10.1016/j.dr.2018.05.002.

Skogøy, B. E., Sørgaard, K., Maybery, D., Ruud, T., Stavnes, K., Kufås, E., & Ogden, T. (2018). Hospitals implementing changes in law to protect children of ill parents: a cross-sectional study. *BMC health services research*, 18(1), 609. doi.org/10.1186/s12913-018-3393-2

Sørli, M.-A., Idsøe, T., Ogden, T., Olseth, A. R., & Torsheim, T. (2018). Behavioral trajectories during middle childhood: Differential effects of the School-Wide Positive Behavior Support Model. *Prevention Science*, 1-11, First online, 18.08.18. doi 10.1007/s11121-018-0938-x. (Open access).

Tømmerås, T., Kjøbli, J., & Forgatch, M. (2018). Benefits of Child Behavior Interventions for Parent Well Being. *Family Relations*, 67(5), 644-659.

Zachrisson, H. D., Janson, H., & Lamer, K. (2018). The Lamer Social Competence in Preschool (LSCIP) Scale: Structural Validity in a Large Norwegian Community Sample. *Scandinavian Journal of Educational Research*, doi: 10.1080/00313831.2017.1415963.

ARTICLES NOT PEER REVIEWED

Apeland, A. (2018). Mangfold og tilpasning i PMTO-arbeidet. Fra den internasjonale konferansen «PMTO and Diversity» i Århus juni 2017. *KONTEKSTonline*, 1, 18-27. ISSN 2535-4825.

Apeland, A. og Laland, H. (2018). Emosjonsregulering hos foreldre i høykonfliktfamilier – illustrert ved PMTO, *forebygging.no*

Frønes, I. (2018). Past, present and futures of childhood studies: A conversation with former editors of *Childhood*. *Cook, Rizzini, og Qvortrup*.

Grønlie, A.A. (2018). Kompetansebehovet i barne-

vernet – om endringen av ansvarsfordelingen mellom stat og kommune. *KONTEKSTonline*, 1(1), 54-62. ISSN 2535-4825.

Hagen, K. A. (2018). Vi har lært mye om hva som virker. Hva gjør vi nå? *forebygging.no*, mars 2018.

Hagen, K. A. & Ogden, T. (2018). Hvem har størst utbytte av PMTO? *KONTEKSTonline*, 2, 28-36. ISSN 2535-4825.

Heiestad, F. (2018). Trivsel i skolehverdagen. Intervju. *KONTEKSTonline*, 2, 44-47. ISSN 2535-4825.

Idsøe, T., Keles, S., Bringedal, G., Børve, T., & Ogden, T. (online first, 2018). Utenfor rekkevidde. *Tidsskrift for Norsk Psykologforening*, 55(12).

Lønnum, K. (2018). Å være på vakt. Hvordan er det å være tilgjengelig hele døgnet? Intervju med terapeutene Ani Elise Pilavian Vik (leder og veileder MST-CAN, Bærum kommune) og Kharim Lekhal (be-handlingsleder TFCO-Sandvika). *KONTEKSTonline*, 1, 50-53. ISSN 2535-4825.

Lønnum, K., Sveinsson, Å., Hay, A. F., Mørkrid-Thøgersen, D., Ervik-Jeanning, R., & Christensen, B. (2018). En evidensbasert tiltakskjede for ungdom. En deskriptiv studie av problembelastning hos ungdommer ved inntak i behandlingsprogrammene FFT, MST og TFCO. *KONTEKSTonline*, 1, 28-39. ISSN 2535-4825.

Lønnum, K., & Christensen, B. (2018). Lost in translation? Om oversettelse og forståelse av begreper innen evidensbaserte metoder for behandling av barn og unge. *KONTEKSTonline*, 2, s. 36-43. ISSN 2535-4825.

Lønnum, K., Tollefsen, N. Ervik-Jeanning, R., & Christensen, B. (2018). Behandling av ungdom med atferdsproblemer. Forebygging av videre kriminell utvikling. *Fokus – tidsskrift for politiets kriminalfore-*

byggende forum, 4, 12-15.

Ogden, T. (2018). Ut av rundkjøringen? Det gjelder å tette gapet mellom kunnskap og praksis. *KONTEKSTonline*, 1, 5–16. ISSN 2535–4825.

Ogden, T. (2018). Inkluderende fellesskap for barn og unge. En kommentar til ekspertutvalgets rapport om spesialundervisningen. *KONTEKSTonline*, 2, 48–52. ISSN 2535–4825.

Ogden, T. (2018). Sosial kompetanse og sosial læring hos barn og unge. *forebygging.no*. 5/2018.

Ronfard, S., Zambrana, I.M. Hermansen, T., & Kelemen, D. (2018). Question Asking in Childhood: A review of the literature and a framework for understanding its development. *Developmental Review*. Advance Online Publication.

Sørli, M-A. (2018). Hva kan vi forvente av PALS. Positiv atferds- og læringsstøtte – en skoleomfattende innsatsmodell. *KONTEKSTonline*, 2, 5-19. ISSN 2535–4825.

Talgø, K. H. (2018). Gode prestasjoner i barneskolen kan gi bedre psykisk helse. *forskning.no*.

Utgarden, I-H. (2018). Konsentrater. Kortversjoner av fagartikler fra 2018. *KONTEKSTonline*, 2, 52–56. ISSN 2535–4825.

Vannebo, A. (2018). Konsentrater. Kortversjoner av fagartikler fra 2017. *KONTEKSTonline*, 1, 62–73. ISSN 2535–4825.

Zachrisson, H. D., & Ogden, T. (2018). Tull eller tiltak? Om å tolke effektstørrelser i kontrollerte evalueringstudier. *KONTEKSTonline*, 1, 40–48. ISSN 2535–4825.

BOOKS AND BOOK CHAPTERS

Arnesen, A., Meek-Hansen, W., Ogden, T., & Sørli, M-A. (2018, in press). SW-PBIS in Norway: Evidence-based continuum of adaptation, development, implementation and sustainability. In S. L. Goei, & R. DePry (Eds.). *School-wide positive behaviour interventions and supports*. European research,

applications and practices. Routledge.

Frønes, I. (2018). Den krevende barndommen. Om barndom, sosialisering og politikk for barn. *Cappelen Damm Akademisk*. ISBN/EAN 9788202595494. s. 176.

Ogden, T. (2018). Dette vet vi om bruk av forskningskunnskap. *Oslo, Gyldendal Akademisk*.

Ogden, T. & Amlund-Hagen, K. (2018). Adolescent mental health. Prevention and intervention, 2nd edition. Adolescence and Society series. *Routledge, UK*.

Zambrana, I.M. (2018). Kommunikasjon er intensjon med informasjon. I: Harald Martinsen, Espen Røysamb & Kristine Stadsleiv (ed.), På enhver mulig måte – Perspektiver på typisk og atypisk utvikling av kommunikasjon og språk. *Festskrift til Professor Emeritus Stephen von Tetzchner* (pp. 125 – 142). Oslo: Universitetet i Oslo.

Følgende artikkel er skrevet av blant annet Siril Cock Aschjem, regionkonsulent i Bufetat om TIBIR tilpasset minoriteter: Lorentsen, I., S., Desprée, A., W., Salvigsen, T., Aschjem, S., Glavin, K. (2018) Verktøyet TIBIR kan gjøre foreldre med minoritetsbakgrunn tryggere i rollen. *Sykepleien*.

APPENDIX AT NUBU.NO

2018 Activity report

The annual report 2018 is printed and sent to relevant public agencies and partners, and is otherwise available electronically at our website www.nubu.no

For further details on the activities in 2018, we refer to attachments also available at www.nubu.no.

Here is an overview of what the activity report contains:

- Employees on 31.12.2018
- Publications (see also page 34 here in the report)
- Conferences
- Conference and seminar contributions
- Teaching, training and service support
- Guidance and consultations
- Committee work, review and sensor activities

2018 Reports from the professional departments

In this report we have wanted to emphasize the major lines, in line with our assignments in the grant letter from the Child, Youth and Family Directorate. We supplement our information by posting departmental reports at our website. These will complement the image of the center's overall business. Our professional departments are:

- Research department
- Development department children
- Development department youth

2018 The Board's annual report and accounts

The board's annual report is available as a downloadable PDF at www.nubu.no

Editors: Kristin Horn Talgø og Terje Christiansen
Graphic design: Tove Laila Nilsen
Photos: Colourbox og NUBU
Comments or questions to this annual report can
be addressed to k.h.talgo@nubu.no

Areas in need of strengthening and focus areas in the practice field exposed children and young people:

- Evaluation of the national plan for assistance measures in the child welfare service.
- Evaluation of measures in first-line service for children with complex problems and / or at risk of neglect.
- Drug prevention and treatment.
- Further and possibly more types of help for families in so-called multiproblem situations, and families who do not respond / experience the benefits of our programs where most do so.
- Development of good quality indicators on measures (and other efforts) in child welfare, as well as in other child, youth and family services.
- Strengthening treatment options for families with adolescents who commit sexual abuse.
- Strengthening the municipalities' ordering expertise for home-based services.
- Low-threshold services for young people at risk (to develop complex problems, not just crime but also anxiety and depression).
- Strengthening resources for parental counseling to ensure equal opportunities for the entire population regardless of geography.

The Norwegian Center for Child Behavioral Development AS – NUBU

Postboks 7053 Majorstuen, 0306 Oslo

Essendrops gate 3, 0368 Oslo

Telephone: 23 20 58 00

www.nubu.no

www.facebook.com/nubunytt

www.twitter.com/nubunytt