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Obtaining Local Universality
Making Social Skills Training Fit Swedish Social Psychiatry

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Abstract

This article aims at analyzing the implementation of the Swedish version of the evidence-based Social & Independent Living Skills Program (Ett Självständigt Liv) in Swedish social psychiatry. Using ethnography and actor-network theory, this article attempts to describe the ongoing implementation process of ESL in a specific case: in two different Swedish social psychiatry units. The main findings are that ESL has been, and still is, undergoing transformations in order to fit the pre-existing organizational structure of Swedish social psychiatry, suggesting that the flexibility of the method is an enabling factor for increasing usage. Here, the notion of *flexible standard* is introduced for describing the specific constitution of ESL in relation to other similar interventions. The process of making ESL flexible, adapting it to social psychiatry, is time consuming and made with respect to many factors. Professionals also select when to deploy the method on the basis of their extensive contextual knowledge, suggesting that they do not become “mindless cooks” when introduced to ESL. Additionally, the article examines the nature of the divergent local universalities and differing contextual settings in their respective social psychiatry unit, showing that ESL feeds off of already existing practices, past infrastructures and material relations.

Keywords: evidence-based practice (EBP), social work, social & independent living skills program, social skills training, ett självständigt liv (ESL), actor-network theory (ANT), ethnography

Introduction

There is an increasing demand for research-based solutions to societal problems (Mullen, 2014). In recent decades, social work in Sweden has been introduced to several techniques drawing on evidence-based practice [EBP] (Barfoed et al., 2012, p. 5; Bergmark and Lundström, 2006). Hence, a logic previously restricted to the area of health care and evidence-based medicine [EBM] has been promoted also in other fields such as social work (Statens offentliga utredningar, 2008); an increasing number of actors gain access to quantitative techniques and more decisions are made with reference to knowledge derived from these techniques (Porter, 1995). The implementation of the Social & Independent Living Skills Program (SILSP) in Swedish social psychiatry can be seen as a part of this development.

The introduction of EBP in social work has been controversial. Proponents have argued that EBP generates higher competence and skills among professionals and more objective assessments regarding clients (see e.g. Gambrill, 2001; Gibbs and Gambrill, 2002). EBP has also been regarded as a way to avoid subjective expert rule (see e.g. Chalmers, 2003; Oakley, 2003). Critics, on the other hand, have argued that the introduction of EBP has overthrown valuable knowledge derived from experience and threatened the autonomy of professionals (Webb, 2001). The knowledge base on which EBP rests has been accused of being

reductionist, ignoring the qualitative knowledge of the humanities and instead biased towards quantitative data (see e.g. Hammersley, 2005; MacLure, 2005).

Regardless of the validity of the use of or reference to evidence, it can be argued that the so-called evidence movement is not unidirectional and that it is a multifaceted phenomenon (Bohlin and Sager, 2011), even if it has, generally speaking, conformed to the three tools of randomized controlled trials, systematic reviews, and clinical guidelines. The view of the evidence movement and the introduction of EBP as multifaceted phenomena have generated a plethora of empirical studies. These studies suggest that evidence-based methods and technologies, when transferred from one context to another, often undergo extensive transformations (see e.g. Björk, 2013; Timmermans and Berg, 2003, 1997). They encounter simultaneous, sometimes conflicting, logics (see e.g. Berg, 1997; Mol, 2008) and the perceived success of implementation processes often depend on a lot of (covert) time consuming work and effort (see e.g. Barfoed et al., 2012; Björk, 2013; Timmermans and Berg, 1997). In addition to this, the ability of technologies and interventions to adapt to new environments, sometimes referred to as *fluidity*, is regarded as a strength enabling increased usage and spreading (see e.g. Björk, 2014; Laet and Mol, 2000).

The National Board of Health and Welfare (NBHW) now recommends implementing SILSP. Originally formulated in English, the program manuals have been translated and adapted to Swedish conditions, renamed Ett Självständigt Liv (ESL). Through participant observation, interviews, and studying documents this article aims at analyzing the implementation of ESL in two Swedish social psychiatric units. Starting with the evidence controversy, this article proceeds to study the actual use of ESL. While previous research has focused on other types of evidence-based methods and technologies in action, this article specifically contributes to producing knowledge of the not-yet-studied implementation and day-to-day practice of ESL in Swedish social psychiatry.

The aim of this thesis, broadly speaking, is to contribute to the knowledge of the practical use of evidence-based treatments and the importance of contextual factors in implementation processes. More specifically, the aim is to follow the implementation and the transformation of ESL and the different processes leading to these transformations. In doing so, I ask the question of how ESL is transformed in relation to an array of different actors and elements already existing in Swedish social psychiatry: the organization of social psychiatry, different actors, already existing elements, and already existing logics.

In the coming sections, I will introduce Swedish social psychiatry, SILSP, and ESL followed by an account of previous research. Subsequently, I introduce the theoretical

framework and discuss questions of design and methodology. Thereafter, I account for the results of the analysis, introducing the idea of ESL as a *flexible standard*. I also analyze how ESL is used in practice, showing the specific nature of its transformation and its relation to the contextual knowledge of professionals, and describe the multifaceted work conducted with no apparent central actor.

Housing-Support

Housing-support, a “new” form of social psychiatry, was introduced in the mid-1990s when inpatient psychiatric wards were phased out throughout Sweden, a process generally referred to as the psychiatry reform. The “old” philosophy of incarcerating the “mentally ill” was replaced by the “new” philosophy that the patients (now called clients or users) should live independently in their own apartments in “regular” society. Moreover, clients were supposed to be more involved in planning their own care. In summary, both individualization of care and the self-determination among patients were emphasized and housing-support was introduced as a solution.

A housing-supporter works with the main objective of maintaining (or pursuing) the clients’ highest degree of independence. This work is primarily, but far from solely, carried out in the home of the client. Tasks such as managing private economy, shopping for groceries, attending doctors’ appointments, cooking, and cleaning are a few examples of the concrete tasks that housing-supporters, ideally *in cooperation* with the client, perform on a daily basis (Göteborgs stad, 2014). In addition to working with clients, housing-supporters have a number of office obligations, e.g. documenting the work conducted at clients’ houses, managing responsibilities, scheduling, and planning. It should be stressed that housing-support is not a uniform organization throughout Sweden, but differs widely between counties, cities, and even districts within cities.

SILSP & ESL

In 2011, the NBHW released its recommendations for psycho-social interventions for patients suffering from schizophrenia (Socialstyrelsen, 2011). The ontology of mental illness is not the topic of this article, yet it is important (for reasoning on these topics, see e.g. Conrad, 2007; Foucault et al., 2006; Hacking, 1999, 1998; Hallerstedt, 2006; Johannisson, 2009, 2008). The guidelines contain a wide collection of interventions, all more or less grounded in evidence from research. SILSP is one of these and is highly recommended (receiving a number 2 on a scale from 10-1, 1 representing the strongest evidence) for implementation in Swedish social psychiatry. The American SILSP has been translated into Swedish and “adjusted to Swedish

conditions” (Socialstyrelsen, 2014). The translated version (ESL) is currently being implemented nationwide.

ESL states that medication is a necessary, yet insufficient treatment for schizophrenia patients. It suggests that social training is required in addition to medication. The program is constructed around many aspects, e.g. early signs of relapse, medicine, private economy, listening and conversation skills, activity planning, problem solving, etc. (Borell, 2015). Caregivers and clients work together around these themes. The therapy is supposed to be conducted both in groups of clients as well as individually. In principle, ESL is an educational material for clients. Movies, seminars, role play, and conversations are strategies in which both clients and care-givers engage. Homework, where clients independently practice different techniques in order to improve on the various aspects, is also a part of the treatment. Caregivers are expected to repeat the exercises regularly to improve the abilities of the client. This is presumed to be a time-consuming process. The expected positive benefits of the method are lowered risk of relapse, improved social abilities, improved problem solving skills, and reduction of stress and symptoms (Socialstyrelsen, 2014).

Previous Research

The research regarding SILSP is extensive. Meta-analyses recognized by the NBHW (Dilk and Bond, 1996; Kurtz and Mueser, 2008; Pfammatter et al., 2006; Pilling et al., 2002) drawing on primary research (see e.g. Eckman et al., 1992; Spencer et al., 1983; Vaccaro et al., 1992; Wallace and Liberman, 1985) indicate that SILSP has positive effects on schizophrenia patients; it “works.”

Despite the evidence, studies regarding SILP’s application in clinical practice are currently conspicuously absent. There are, however, a variety of studies regarding the practical use of other methods derived from evidence (e.g. from systematic reviews), and the day-to-day work in health and social care. By adopting a proximal approach instead of a distal approach (Nicolini, 2010), studies have produced a broad knowledge of the unforeseen consequences that can occur when introducing EBP. The first lesson such studies teach is the importance of *objects*. From this viewpoint, patient records are understood to have a constitutive role for physicians (Berg, 1996). In addition to merely focusing on the knowledge of individual physicians, it is shown that patient records mediate work. The interaction between humans and non-humans has in this regard been displayed as mutual; protocols and practitioners affect each other reciprocally. Practitioners “tinker” with protocols (Björk, 2013) and similarly, the protocols themselves affect practices of professionals. This mutual

relationship, sometimes called dynamic transformation (Timmermans and Berg, 2003) has been observed in several contexts, suggesting that practitioners do not become “mindless cooks” when introduced to EBP.

The knowledge base of EBM/EBP is often contrasted with the tacit knowledge of professionals (Berg, 1997). Tacit knowledge is derived from work, experience, and years of effort. For example, tacit knowledge among housing-supporters is extensive (Topor, 2014). Topor suggests that EBP tampers excessively, or even destroys, the contextual knowledge of housing-supporters, implying that the two are mutually exclusive. The tension between tacit knowledge and the introduction of EBP is therefore a recurrent point of interest and a source of controversy.

A further observation is the importance of work. Work, often covert in randomized controlled trials, is exposed only when studied extensively up close. The stabilization of EBP, such as the Addiction Severity Index (ASI), has shown to be characterized by a lot of time-consuming effort (Björk, 2013). Persuading practitioners of the benefits of ASI is equally as important as teaching the actual techniques of the method (Barfoed et al., 2012). When studying the implementation of ASI in two Swedish counties, researchers discovered several elements that prevented the method from being used “correctly.” High staff turnover and lack of client and social worker motivation (Abrahamson et al., 2009) were preventing the ASI from functioning as intended. Contextual factors are a recurrent theme when studying the transfer of interventions from one context to another (see e.g. Alexandersson, 2006; Kok et al., 2012; Wood et al., 1998).

Research demonstrates that EBP is often confronted with competing but co-existing logics (Mol, 2008, 2002). The relation between logics in practice is of concern here. This was the case when the “new” and “scientific” logics of ASI were introduced in the “old” and “traditional” social administration (Barfoed et al., 2012; Björk, 2013). Moreover, practitioners are not locked to single logics or rationalities but use them interchangeably in different situations (Berg, 1997), stressing even more their complex relationship.

It has also been suggested that evidence-based methods’ and technologies’ chances of survival and stabilization depend largely on their ability to adapt to new situations. Practitioners’ and users possibility of putting in their own preferences and practices into the method or technology itself increases their chances of spreading. This is referred to as fluidity. The Motivational Interview (MI) (Björk, 2014) and the Zimbabwe Bush Pump (Laet and Mol, 2000) are two examples of interventions that have been able to spread due to their ability to adapt to novel settings.

In conclusion, previous research suggests that interventions are both affecting, and are affected by, the new context in which they are introduced. It is necessary to understand the consequences rendered in order to expand the knowledge of EBP. The increase of EBP, and its arguably erratic nature in clinical practice, calls for further research. As it stands, there is no research on the specifics of the implementation of ESL in Swedish social psychiatry.

Universality as Local Universality

The theoretical framework of this article draws on a version of actor-network theory (ANT) as developed by Timmermans and Berg (1997). Central to its point of view are the notions of standardization and universality. Universality through standardization is originally thought of as a way of establishing universal practices in otherwise diverse settings. It is the idea that scientific facts can be transferred from one context to another - that a certain standard, for instance a medical protocol, is a way of bypassing the practices and subjective inputs of divergent actors in diverging contexts. As we will see, universality from Timmermans and Berg's perspective is not fixed or permanent but by necessity contextual. Obtaining universality is instead made possible through the establishment of complex networks: a process of time consuming work, negotiations and re-negotiations, between heterogeneous actors. This process of building networks to allow universality leads to what Timmermans and Berg refer to as local universality. The nature of local universality in turn depends on a wide range of conditions. "Local Universality emphasizes that universality always rests on real-time work, and emerges from localized processes of negotiations and pre-existing institutional, infrastructural, and material relations." (Timmermans and Berg, 1997, p. 275). In arguing for the relevance of local universality, the authors mention that two aspects of many ANT studies tend to be underrepresented (*ibid.* p. 274).

The first aspect regards the view implied by Latour, (1987), that processes of creating associations and enrolments take place *de novo* - without an account of the already existing world. Instead, it is suggested that establishing networks, enrolling and creating associations when introducing a new protocol in a new context takes place in a world with networks and relations already firmly in place. This means stressing the importance of understanding the already established world in which the new element is inserted. Previously established practices, interests, and associations all affect the possibilities and conditions of the new element; new elements feed off of already existing infrastructures and practices. However, the reversed is also true: the newly inserted element can reciprocally transform previous practices, interests, and associations.

The second underrepresented aspect is capturing the heterogeneous character of actors in a network. The focus has mostly been on scientists and engineers. It can be argued that the perspective on an analysis changes radically when taking the viewpoints of other actors. Furthermore, trying to achieve universality does not require a central actor. Instead, it is suggested that standardization efforts should be regarded as a distributed activity where different actors do different things, all playing a part in the making of the “final” character of local universality. Here, non-docile actors are regarded not as mere obstacles for obtaining universality, but as necessary actors contributing to its “final” character; resistance also helps shape the networks we study and the nature of the negotiated and re-negotiated practices. From this perspective, the focus lies not upon whether an intervention is “successfully” implemented, but upon the nature of its transformation in relation to an array of local elements and networks.

In addition to the rationale above, I will use three notions as described by Timmermans and Berg (p. 275-277): technoscientific script, trajectory and crystallization instance. Firstly, I will analyze the ESL manuals as technological artifacts embedding technoscientific scripts. The script is embedded in the artifact, in this case the ESL manual, and specifies actions, situations, and which entities make up the world in which it will be inserted. It defines actors and it is a carrier of specific value systems (ibid. p. 275). The script of the artifact does not necessarily have to resonate with the state of affairs in the world in which it is to be inserted; the purpose of the artifact, as defined by its designers, can or cannot be embraced by its users. Users often redefine the purpose of the artifact and do not necessarily conform to the intentions of its designers. Here, the authors suggest that: “it is only when the script set out by the designer is acted out – whether in conformity with the intentions of the designer or not – that an integrated network of technical objects and actors is stabilized.” (ibid p.275-276). As a supplement to this particular aspect of the theoretical framework, I will use the concept of logics. More specifically, I will use the two logics of good care and individual choice (Mol, 2008). Mol uses the two concepts normatively but here they are used merely as value free tools for analytic purposes. The problem of individual choice with respect to the specific problems that mental illnesses sometimes entail (in terms of self-determination) is particularly evident in social psychiatry; in reality the individual choice of clients *may* lead to devastating consequences for themselves as well as others. Individual choice sometimes stands in direct conflict with the values of good care, arguably producing a tangible tension between them.

Secondly, actors and objects follow *trajectories*. The ESL manual intervenes in the different trajectories of clients, housing-supporters and social-workers. The trajectory of a

given actor is temporal: it refers to a past, a present, and a possible future. For instance, a client, a housing-supporter, and a social-worker can meet in the same situation although following different trajectories. In discussing the client's mental illness and solutions to certain problems, the trajectories of the three actors momentarily intertwine: all three have histories leading to the same situation. For clients, the meeting is a result of their "mental illness" and the many events leading to their state of mind. For the social-worker, the meeting can be one of several that very same day; perhaps the social worker follows the trajectory of different rules and regulations. The trajectory of the social-worker differs widely from the client's, but it is simultaneous and co-existing.

Thirdly, the ESL manual intervenes in the trajectories of the actors, thereby crystallizing multiple trajectories. When the manual is used in practice, the multiple trajectories are temporarily brought together and subsequently redirected. This event may be referred to as crystallization. The redirection of multiple trajectories is also the moment of transformation: in bringing together several trajectories, the trajectory of the manual is renegotiated. The script of the ESL manual which specifies actions and actors does not necessarily have to resonate with the order of things in the world in which it is inserted. The trajectories prescribed in the script may be betrayed in reality, creating unforeseen turns of events.

Methods

ANT analyses are usually pursued through exemplary case studies (Law, 2009), an approach somewhat different than the one of "traditional" sociology (Law, 2008). Sociology is commonly concerned with the "whys" of the social, whereas the material semiotics of ANT explore the "hows" (Law, 2009, p. 148). In this tradition of science and technology studies, theory is generally not first created and then applied, but rather together with the data (Law, 2008, p. 629). Since theory and data are accumulated simultaneously, each case is understood as unique, rendering two possible views. The first is the alleged downside of not being able to provide wide generalizability (a recurrent point of critique). The second is the benefit of being able to articulate and re-work theory (Law, 2009, p. 630). Paying attention to the more sociological approach to case studies, but in relation to generalizability and external validity, may result in the argument that one cannot determine what is unquestionably "true," but that one can determine what is to some degree of certainty, "false." (Flyvbjerg, 2006; Popper and Miller, 1983, pp. 143–151). In principle, results of case studies can challenge sayings of previous theory, especially when such theory claims generalizability. The results of this article are possible of generalizing "negatively."

From the starting points above, the study is designed as follows: the empirical data is derived from ethnographical fieldwork in two housing-support units in a Swedish metropolitan area. These were selected primarily on grounds of accessibility (Fangen and Nordli, 2005, p. 61), since I myself have worked as a housing-supporter in both units (for 4-5 years in unit A and approximately 1 year in Unit B). I also performed a pilot study on both sites to assess their suitability (Yin, 2003, p. 78). The possibility of observing feasibly divergent practices was also taken into account. Being able to participate in the day-to-day practice of two different work places enabled valuable comparisons between specific local conditions.

The fieldwork was carried out in March and April 2015 (approximately six-seven weeks) and produced data consisting of participant observation, interviews, and review of internal and external documents. The participant observations provided insights into the day-to-day practice of housing-supporters and to some extent the practices of clients as well. In conducting the fieldwork, I observed meetings where decisions on ongoing client work were made. I also attended housing-supporters' in-office day-to-day practice and the work conducted in client homes. In the offices, I shadowed professionals as they went about their daily duties. During this work, I took notes which I later developed in to more comprehensive field notes (*ibid.* p. 91). Engaging in the work of a partially participating observer comes with possible difficulties to blend in (Fangen and Nordli, 2005, p. 141). The erratic reality of social psychiatry limits one's possibilities for observation. Even with the best perception capabilities, there are restrictions on the amount of information that one can apprehend. This means that my mere presence affects the data (Marshall and Rossman, 2011, p. 170; Yin, 2003, p. 86) and that there is no such thing as unbiased observations. Synthesis and data gathering are in this regard processes of translation and transformation in themselves (Latour, 1999, p. 24): literally since the interviews were conducted in Swedish and translated into English, and metaphorically since the information I've gathered has been both reduced and amplified in this final article.

I conducted 11 individual interviews with professionals responsible for different tasks: housing-supporters, heads of staff, ESL educators (psychologists), and method-supporters. The interviews were semi-structured - an arrangement seeking to prevent interviewees from digressing too far in either direction while still allowing them to speak relatively freely (Bernard, 2011, p. 208). The aim was to capture some of the unobservable history of the implementation - to get a glimpse not only of housing-supporter reality but also the world of

other professionals - to complement and triangulate with the field notes (Fangen and Nordli, 2005, p. 188). The interviews were recorded and transcribed in their entirety.

I also engaged in complementary document analysis. Documents regarding practices, work related information, and social documentation as well as instruction manuals and texts clarifying the nature of certain tasks, were included in the empirical material (ibid. p. 199) and triangulated with the other two data sources.

Ethical Considerations

The ethically delicate nature of social psychiatry and the demands it imposes on confidentiality brings certain restrictions on conducting research (Fangen and Nordli, 2005, p. 203). Since heads of staff, housing-supporters, and clients already knew me, some of these obstacles could be overcome fairly easily. My own professional experiences of working in social psychiatry enabled relatively direct and broad access to clinical practice. The oath of confidentiality that I am governed by when participating in housing-support in a professional role also applies even when I change to the role of a researcher. Both anonymity and confidentiality of the clients are unconditional. In the case of the professionals, the demands for confidentiality are not as comprehensive, but anonymity is essential (Fangen and Nordli, 2005, p. 210). The interviewees were all assigned fictional names. Likewise, the two metropolitan city districts were made anonymous. Following also further recommendations of the Swedish Research Council (Hermerén, 2011), interviewees have been informed of the purpose of the study, and offered the possibility of anonymity and confidentiality. To ensure the confidentiality of clients, they will henceforth be referred to using the gender-neutral pronoun *hir*. Extensive and graphic accounts of client work have been omitted and only abbreviated excerpts from field notes have been included in the analysis.

Disposition & Structure

The coming analysis section is an account of how ESL has been, and still is, transformed to fit Swedish social psychiatry. Starting from a brief historical perspective, the analysis targets progressively more specific parts of the implementation process. Finally, it studies the transformation of the manual in real-time clinical practice. In the coming sections, I attempt to provide an account of the complex implementation process of ESL.

I analyze ESL in relation to the notion of fluidity, to other interventions, and technologies, suggesting that ESL is best understood as a flexible standard obtained through practices of trial and error. Next, by understanding ESL as an EBP currently being installed into the specific structure of social psychiatry, I move on to illuminate the various aspects of this trial and error installation process. Here, I show the role that the multiple arenas for negotiations (characterized by the absence of a central actor), the already existing world of housing-support, local practices, and the real-time use of the manual all play in the current nature of ESL: the constitution of its local universality.

Transforming ESL into a Flexible Standard

When studying ESL in practice it is evident that the history, both of social psychiatry and the manual, is important in understanding day-to-day practice. Below, I trace the historical trajectory of the ESL manual itself.

The NBHW is the actor responsible for bringing forward research that favors certain interventions, separating what “works” from what does not. NBHW concludes, with reference to meta-analyses, that ESL is a desirable intervention with substantial research promoting it. Hence, it should be implemented in, for example, housing-support. In reality, the meta-analyses the NBHW refers to regard SILSP and not ESL specifically. Nonetheless, NBHW swiftly equates the American SILSP with the Swedish ESL (Borell, 2015), explaining it has been “adapted to Swedish conditions.” (Socialstyrelsen, 2014) That which constitutes these adaptations is not specified. The adjustments, as we will see, have been ongoing for the last 30 years.

The manual is originally the result of the work of relatively few actors. Translating SILSP into Swedish was a project initiated by psychologist Per Borell in the mid-1980s, influenced by the work of Robert Paul Liberman (see e.g. Eckman et al., 1992; Vaccaro et al., 1992; Wallace and Liberman, 1985). At the time of this writing, the ESL manual is in its 22nd edition and is being revised regularly as experience-based knowledge is derived through use in clinical practice. The reworking of the manual is not a process easily traced. It is

methodologically challenging since Borell himself says that the process of transforming it has never been documented or described in detail (in e-mail correspondence between us). Commenting on the specifics of its historical transformation therefore appears difficult. Nevertheless, much suggests that ESL has, and still is, being reworked to fit the organizational nature of Swedish social psychiatry, even though there are restrictions on the knowledge of the specifics of this transformation. Actors with insight into the history of the manual state that the manual designer has been responsive to the experiences of the manual users, and open to revising ESL:

Tom, ESL educator: He [the manual designer] has all the time called for feedback on things and gained a hearing... In different ways received tips and advice, he has always encouraged that. [...] After it was noticed that people started working [with ESL] more and more individually... there were many who couldn't work with ESL in groups, after the psychiatry reform in the 1990s. You noticed that [ESL] group work was not prioritized when the municipalities took over... Then the ESL manual was remade so that it could be used both in groups as well as individually.

The psychiatry reform is a historical organizational change that resonates in the manual. The manual's initial focus on group therapy was enabled by the organization of psychiatry, characterized by inpatient care and collective treatment in the so-called mental institutions. With the reform of the mid-1990s, the organization of psychiatry was individualized and many group institutions were dissolved. This was a major shift in the organization of care. The individual focus of the new organization partly disabled the ESL manual; the script of ESL was no longer consistent with the world in which it was being used. Since the ESL manual's chance of survival depends partly on its ability to adapt to novel settings, it was revised to fit the new organizational characteristics. Now, the script of ESL depicts not only group therapy sessions but also individual sessions in new settings and under different circumstances: the manual's chances of survival increased. Still, the implementation work continues and when the manual faces obstacles, it is continuously reworked to better fit already existing infrastructures and practices. Social psychiatry practice is, in a sense, a great laboratory where ESL has been, and still is, constantly adapted.

A lot of work has already been conducted to pave the way for ESL. This work is characterized by both failure and success. Not all the time and effort invested in ESL has been worthwhile; not all attempts at enrolling and enlisting allies have been successful. Historically, the implementation process is lined with work and effort that is somewhat invisible today. Even though it's covert, it has actually helped shape the current solutions. Both heads of staff and housing-supporters tell the history of failed actions or collapsed

negotiations, which in turn have led to solutions using other means. For instance, the quote below tells the story of a head of staff who, after having taken the basic course in ESL, tried to introduce it to her employees:

Mikaela, head of staff: So then I started making a light version [of ESL] of that binder because I thought it was impossible to understand unless you had taken the course. So we selected certain parts [...], we picked them out and put them in their own little binder and made a binder of our own [...] We are a large housing-support unit consisting of almost 30 people, it was not easy to get going. Then the new directives came [from ESL educators] that the ones who had not taken the course were not allowed to use ESL. Then it all came to a halt...

Accounts of failed operations are important because they condition the prospects of ESL and also help explain the current character of site-specific ESL solutions. In this particular case, the notice from ESL educators that social psychiatry personnel was not allowed to engage in educating fellow personnel independently, led actors to reconsider and work towards finding alternative solutions; a scholarship enabled the head of staff to send the remainder of the not-yet-educated housing-supporters to authorized ESL education, which in turn opened the door to using ESL in clinical practice. In addition to this, it can be noted that the basic course criteria (the obligatory participation in basic training in order to perform ESL tasks) is one of few examples where there are clear boundaries of the flexibility of ESL. ESL is indeed flexible, but not when in relation to obligatory basic training.

Tracing the historical trajectory of the ESL manual itself reveals a number of transformations that have already taken place with respect to local social psychiatric conditions. Even if actors independently invent site-specific ad hoc ESL solutions (as we will see later), there is also an information flow between actors which in turn results in revisions to routines and practices. The manual designer picks up on information from ESL educators, which in turn influences the revisions of the manual. Similarly, the experiences from housing-supporters are mediated to ESL educators affecting, their work and solutions. Kim, a psychologist and ESL educator, describes below how his experience training housing-supporters has led to transforming the education arrangement. When discovering implementation problems, adjustments are made to cope with them. Some of these experiences from day-to-day practice are subsequently submitted to the manual designer, prompting certain revisions of the ground material itself on the basis of practical experience. The ESL education is also sensitive to the implementation issues in social psychiatry. When educators notice, for instance, that working groups of housing-supporters for different reasons do not start working with ESL in practice, they actively during educational sessions try to influence them:

Kim, ESL educator: it has made us much more clear: ‘use the structure!’ be almost overly clear with the structure, use the individual form, everything is in there, so do that from the beginning. Then you can decrease structure as you get accustomed to it. That’s the kind of experiences that we tend to be clearer about, the more experience we get from it.

The ESL network is made up of a number of actors who accept the transformation of the manual. Use of contextual knowledge, site-specific solutions, and tinkering are not necessarily problematic for any of the actors. On the contrary, transforming the manual with regard to contextual settings is encouraged, both by manual designer and educators. As ESL encounters past infrastructures, resistance or disadvantageous material relations, its allies all help transform it to better fit the already existing world, making it more flexible.

By reviewing how ESL is made flexible raises questions as to how we are to understand its nature. Following previous research on the topic of fluidity and by relating ESL to this research, I suggest that ESL can be understood as a flexible standard, in contrast to both strict protocols and loosely defined interventions. Firstly, ESL is not an attempt at strict standardization in the sense of e.g. resuscitation protocols (Timmermans and Berg, 1997), but in contrast to the MI and its fluidity (Björk, 2014), ESL has in fact been manualized. The script of ESL hence lies somewhere in between the two: not nearly as specific as resuscitation protocols but more comprehensive than MI. Nor is ESL a mechanical object in the sense of the Zimbabwe Bush Pump (Laet and Mol, 2000), with the purpose of being deployed in a wide range of varied contextual settings. Instead, I argue that ESL is a protocol being made flexible to fit the specific logics, organizational structure, and pre-existing practices of contemporary Swedish social psychiatry. In a sense, ESL is currently undergoing a trial and error installation process. In this regard, it resembles the Bush Pump. However, it diverges from it in the sense that it does not aim for “complete” generalization; ESL does not serve the purpose of being deployed anywhere at any time but in a specific time in a specific place. The comprising transformations that have been ongoing for the last 30 years have been made with the respect to the specifics of Swedish social psychiatry, and not with the ambition of further generalization; making ESL flexible in social psychiatric practice does not necessarily mean making it generally more fluid. In the next section, I describe how this transformation is made with regard to already existing actors, protocols and logics in housing-support.

The Existing Protocols and Logics

Enrolling actors and creating associations do not take place *de novo*; it is important to understand the specifics of the previous world in which ESL is introduced. Housing-supporters have their hands full with chores and duties unrelated to ESL. In conducting the

field work, I attended workplace meetings in both districts of the city. Merely studying the agenda of these meetings suggests that ESL has a subordinate role in clinical practice. Work environment issues, scheduling, hiring new staff, and information about organizational change are just a few examples of the many things what were discussed.

Housing-support is a profession that has not historically been subject to extensive efforts of standardization, even if a few evidence-based methods such as MI have found their way into the work places. A handful of other standardized documents can also be found. The relationship between them and the ESL manual is crucial. More specifically, two documents proved to be particularly relevant relative to ESL. First, the deployment plan and the investigation are governing documents that housing-supporters refer to on a daily basis. A number of attempts to align ESL with these documents have been made by several actors. Housing-supporters, heads of staff, ESL educators, and method-supporters mention work that they have conducted in order to adapt ESL to them. This is yet another example of the flexibility of ESL. Actors collaborate in “getting ESL into them” (as several interviewees have put it) which is labor intensive but necessary in order for ESL to work.

The investigation, performed by the social-worker in collaboration with the client, specifies the nature of the tasks that are to be performed by both housing-supporter and client in day-to-day practice: it communicates what sort of assistance the client needs. Ideally, the prescriptions of the investigation are to be transferred, by the housing-supporter, to the deployment plan and transformed into more hands-on assignments, guiding day-to-day practice. The deployment plan can include, for instance, particular goals set by the social-worker in the investigation (e.g. that a certain client should pursue employment) but also the means of achieving them (e.g. seeing a job coach). These means, in turn, are generally up to the housing-supporter to decide and transfer to the deployment plan. Knowledge of these two types of documents and the parts they play in the already pre-existing world of housing-support is essential when analyzing the implementation of ESL because housing-supporters recurrently relate ESL to them:

Jens, method supporter: their [a new housing support team] job description is not yet completed. But they will sit down and create a routine to help housing-supporters make ESL more functional, namely that you take it in and put it in the deployment plan itself, but we are not there yet, but that way of thinking exists... but we are not there yet.

As suggested above, implementing ESL and enrolling actors do not take place de novo. The already existing world of housing-support both allows and restricts ESL. In the example of the

deployment plan, ESL cannot simply bypass it, but has to be integrated in to it. Of course, the American methods on which ESL partly rests are not concerned with the tasks and regulations of Swedish social administration. Hence, the existence of documents such as those described above has not previously been taken into account. When the NBHW speaks of ESL as “adapted to Swedish conditions”, this is partly what that actually means: the adaptation to the world of Swedish social psychiatry. This adaptation is a task that requires work and is not achieved by itself.

Not only documents and actors constitute the world of social psychiatry. Day-to-day practice in housing-support is also characterized by the presence of competing logics. Housing-supporters are torn between them. Different situations require different logics and housing-supporters are not locked to single rationalities, but shift between them. Perhaps the two most significant logics in housing-support are the ones of individual choice and good care (Mol, 2008). In housing-support, the tension between the two logics is particularly evident since the consequences of mental illness, in combination with individual choice, are potentially harmful for clients. In certain cases and states of mind, clients might actually hurt themselves if allowed to make choices of their own. On the other hand, the history of psychiatry is burdened with lack of patient influence and sometimes even terrible abuse. Fundamentally, clients have to make decisions for themselves, but sometimes they need guidance from housing-supporters. In some situations, there is a thin line between guidance and coercion. Managing logics is therefore an act of balance which requires skills and responsiveness. In the field note excerpt below, a housing-supporter and a method-supporter select parts from the ESL manual which the client is expected to fill out independently, without housing-supporter intervention:

Everyone has left the room except for one housing-supporter and one method-supporter. They are discussing a client and are browsing the ESL-binder. The housing-supporter has previously told the method-supporter about the client. ‘This could fit,’ the method-supporter says and shows the form ‘Daily Conversations.’ The housing-supporter disagrees. The form ‘Achieving Goals’ suits better, she says. The method-supporter says that it is also a good form. The housing-supporter stresses the importance of the clients’ involvement in filling out the form that they just selected: ‘the day that we decide for the client is the day that we probably shouldn’t do this job.’ **(Excerpt from field notes)**

In reality, the logics are merged together, overlapping. When the ESL manual is introduced in this world of already existing logics, it has to relate to them. Housing-supporters solve the problem of the two competing logics by selecting certain parts of the manual first (good care

logic) and then let the client select from the reduced collection (individual choice logic). In this way, both logics are used and sustained simultaneously. Housing-supporters make use of their contextual knowledge of clients in trying to provide good care but simultaneously make an effort to provide room for clients to act independently. Manual designers and ESL educators are aware of the difficulties the competing logics entail; the ESL material now encourages housing-supporters to select the material that they judge will work but at the same time stresses client autonomy. In that sense, ESL has been made flexible also in relation to the two logics and allows them to be used interchangeably, or even simultaneously, on the basis of housing-supporters contextual knowledge.

Multiple Arenas for Negotiation and Transformation

Making ESL flexible and obtaining local universality is work conducted without an apparent central actor; it is a distributed activity. This is not to say that some actors are not more influential than others. It is, for example, evident that the influence of the NBHW, when it introduced ESL in its guidelines, was extensive and led to a dispersion of ESL. Nevertheless, the NBHW does not directly control the actions of individual occupational groups and actors conduct work that is to a degree independent of the work and influence of others.

After first introducing ESL in clinical practice, social administration directors were surprised to learn that it did not permeate daily practice. Despite comprehensive efforts to send personnel to ESL training, “it just wouldn’t stick” (as several interviewees have put it). The role of the method-supporter was introduced as a solution to this problem. The method-supporter is an ESL-friendly employee (e.g. a housing-supporter) who receives additional ESL training in order to mentor and supervise the ESL work on a daily basis, ensuring that ESL doesn’t “fade away” (as several interviewees also put it). In a sense, a method-supporter is an ESL ally whose mission is to enroll other housing-supporters in the ESL network. The ESL method-supporter education is also an ad hoc construction based on the experiences and negotiations of heterogeneous actors - an ad hoc solution created mainly by ESL educators (with a lot of input from manual users) - and not by the original manual designer. Tom, below, reasons about his experiences trying to improve the ESL education in order to increase the use of the manual in housing-support practice:

Tom, ESL educator: You can probably say that we have adapted a lot through our experiences. We have added elements regarding the implementation difficulties. It is a combination of tutoring regarding implementation but also practical guidance. That’s one part. The other part is that we have proposed this, together with the psychiatry coordination, the

method-supporter education. [...] it seems like you need these things. So we have tailored the education substantially.

Here, Tom and colleagues have, together with the psychiatry coordination (an initiative for building networks between medical and social psychiatry and other actors in different ways involved in the wellness of psychiatry patients), negotiated an ad hoc solution to an implementation issue. This solution had no apparent involvement from the ESL manual designer or the NBHW. The method-supporter education is also a good example of the fact that non-docile actors are not the determinants of definitive network success or network failure. Instead, they have interests which help shape the nature of the implemented intervention. This gives rise to unique solutions, subsequently reforming and reshaping day-to-day practice. Non-docile actors do not necessarily dictate either the success or failure of building the ESL network, they are also important negotiators. They have not hobbled ESL, but indirectly contributed to creating the ad hoc solution of training method-supporters. The ESL educators have used their own experiences of, for instance, ESL hostile housing-supporters. They have subsequently created a network of ESL allies stationed on regular work places, positively influencing non-docile actors: trying to enroll them in the ESL network.

This is not the only ad hoc solution. Releasing ESL into social psychiatry reveals that the script of the manual, a script specifying for instance actors and actions, is insufficient in the sense that it fails to take into account the complex composition of actors in the world in which it is inserted. Hence, ad hoc scripts and solutions have been created to handle the discrepancy between ESL scripts and social psychiatric reality. ESL educators have created guides to “getting ESL into” both the investigation and the deployment plan. Similarly, both housing-supporters and heads of staff present their own solutions for enabling ESL in practice. A further example of this is the attempt to “get ESL into” regular salary negotiations. A head of staff reports that housing-supporters now receive a formal request for starting up ESL client work. In future salary negotiations, documented ESL work with clients will be one paragraph among others when determining wage levels for individual employees. In summary, ad hoc solutions with the purpose of enabling ESL are made in several arenas, by several different actors. The possibilities of controlling the actions of other actors are limited and the introduction of ESL gives rise to site-specific solutions to implementation problems, suggesting that these solutions are often the result of inventive individual actors, and not of central actor control.

Two Local Universalities – Practices of Order and Improvising

ESL feeds off of existing practices and infrastructures. To illustrate this further, I now turn to a comparison between the two housing-support units: unit A and unit B. A recurrent theme is the ESL manual's perceived weaknesses which vary between work places. In unit A, frequent complaints of the words psychosis, substance abuse, and independent (housing-supporters argue that these words frighten many clients) in the manuals prompted method-supporters to tinker with the manual, namely changing the words to more "soft" synonyms. These complaints was not voiced in unit B. Unit B has its own complaints and its own observations prompting other tinkering. In unit B, housing-supporters argue that clients often set too low goals for themselves when using the ESL manual. Housing-supporters have therefore invented ways to influence clients to set higher goals. In a meeting where housing-supporters gathered to discuss ESL, participants showed alternative ways of using the manual by adding blank papers "on the side", encouraging the clients to set "absurdly high" goals (such as living in huge castles) and then break them down to more practical goals (such as paying bills in time to save money), subsequently transferring them back to the original ESL manual papers. Tinkering of this sort results in site-specific transformations of the original ESL manual. As time progresses, the transformation can be expected to be more far-reaching.

The pre-existing world of housing-support both enables and prevents actions stipulated in the script of ESL. In unit A, the use of ESL relies upon already established practices of order. A tremendous amount of time, work and effort has been invested in aligning ESL with pre-existing practices of categorization and planning. Schedules, meetings, and organizing are prerequisites for carrying out any ESL client work at all. To simply bypass them and spring into action (this is sometimes suggested by outside actors), appears impossible. For ESL to be deployed in client situations, it first needs to be integrated into the practices:

Jonna, method supporter: It would be good if everybody had fixed time in their schedule that was ESL time. That you had the possibility to on the one hand make an appointment with us [individual meetings between housing-supporters and method-supporters] or that you should try to plan more meetings [workplace group meetings]. I think it is important that you speak of it all the time. But the time aspects many speak of, that the problem is that you don't even have time to sit down and read the material... You want to be more prepared so a fixed time in the schedule would be good. So that you can say: 'yes, but I am preparing for ESL work now'. We also need to make a plan of what is expected from you...

For ESL to be used, someone must actively incorporate it into existing practices. In unit A, method-supporters have gone through a lot of trouble taking the ESL manual apart, putting it

back together in a different order in large customized ESL binders which have been distributed among the different teams of housing-supporters. For the sake of pedagogy, the manuals have been transformed to fit the demands for existing practices of order among housing-supporters; ESL needs to be organized in the order which already rules the work place. Method-supporters have also created codes for ESL so that it can formally be typed in to time care (scheduling computer software) and they have created structured guides for introducing ESL to new clients. In addition to this, method-supporters have future plans for structuring the ESL manuals even further to align them even more with the already existing elements.

Unit B is characterized by other forms of practices. Here, few housing-supporters point out lack of time as something obstructing ESL work. In contrast to unit A, they here engage in ESL group meetings. The difficulties of gathering clients for participating in ESL group work are commonly known among many different occupational groups. As we saw earlier, the organization of social psychiatry is of an individualized character which in turn sets boundaries for the possibilities of carrying out ESL group work. In unit B, however, there are pre-existing practices of gathering clients, practices consisting of group dinners, and excursions. These pre-existing practices function also in carrying out ESL work: they make ESL group therapy possible. Of course, also in this case there is a need of work and effort for carrying out a successful ESL gathering, but the groundwork has already been laid. In contrast to the individualized character of the organization of social psychiatry, unit B has in the recent past instead been characterized by collective solutions since a substantial part of it is constituted by a psychiatry group accommodation which organizationally sets it apart from unit A. ESLs script, in this regard, resonates better with the unit B world:

A housing-supporter walks in carrying ESL introduction papers. The method-supporter has designed them himself. They are invitations for clients to an ESL information session before the 'real' group ESL sessions begin. Several housing-supporters say they already have delivered the information to their clients but one housing-supporter says in a loving, humorous manner: 'all of my clients have declined but I will give them these papers anyway, they won't get away that easily!' (**Excerpt from field notes**)

The housing-supporters all engage in this information campaign. The channels for spreading the information are infrastructures already in place and ESL feeds off of them. These practices go back quite some time in history and spare the housing-supporters from going through the trouble of establishing new routines. The favorable conditions already in place, in unit B, range from the material opportunities (this housing-support have facilities where clients can

meet, whereas unit A does not), oral planning, and informal cooperation. Below, a housing-supporter describes how group ESL therapy is achieved:

Linda, housing-supporter: In certain moments, it can absolutely be like ‘ah this is troublesome’ but it is a part of what you do all the time, constantly. You’re piecing together the schedule so that you can acquire as much as possible, and if I can’t do it on my own, then I’d just ask the group and say ‘If we are going to have this course I need help from you taking this client for a period of time if this is going to be a priority’.

Compared to the unit A, housing-supporters here do not have to engage in practices of order. Instead, they rely on verbal practices and practices of improvising. ESL does not need to be overly aligned with schedules or be organized extensively. Instead, it can be deployed rather swiftly. These aspects combined suggest that ESL feeds off of pre-existing infrastructures. ESL relies heavily upon the already existing world and pre-existing practices of housing-support. In some cases, the pre-existing world is beneficial for ESL. In some cases, it is not.

ESL in Action – a Process of Reduction

Leaving comparisons behind, I turn to studying the actual use of the manual in day-to-day practice. In using the manual, situated practices and the trajectories of different actors all play a part in negotiating and transforming the ESL manual.

For ESL to be deployed, housing-supporters’ permission is required. Housing-supporters that for different reasons are not fond of ESL sometimes do not even introduce the manual to their clients. In such situations, ESL never reaches its “final” destination: the client meeting. In studying ESL allied housing-supporters, their trajectories can be particularly evident as they deploy their contextual knowledge of clients (and their own interests), when negotiating the usage of ESL:

The method-supporter asks if someone wants to discuss a certain client. ‘I’ve got one’, a housing-supporter replies. The client is primarily having difficulties socializing with others. [...] ‘What chapter should I go for?’ ‘You can do Everyday Conversations’ [a chapter in the manual], the method-supporter replies, browses the ESL binder and finds the chapter: ‘There is a lot of role play in this section and it works well’. The housing-supporter remains silent and the method-supporter continues: ‘Or you can do the ‘abuse part’ in the manual, it’s made for substance abusers really but it should fit well also here’, she suggests: ‘It’s about setting boundaries for friends and family’. The housing-supporter has immediate objections: ‘There can be absolutely nothing with the words abuse or addiction in there’ [...] ‘If I show hir that, hir will just take off in the other direction’. The method-supporter reads the material,

concluding: ‘Yes, it actually says addiction in there and the word drugs do occur. But you can just remove them or use Tipp-Ex’. ‘Pick out the parts that work’, she continues. ‘Can you do that?’, another housing supporter wonders. ‘Yes, the ESL educators have authorized that’, the method-supporter replies. **(Excerpt from field notes)**

Based on the sayings of the housing-supporter, the method-supporter selects the parts she assesses relevant. The housing-supporter has immediate objections. Following a trajectory of contextual client knowledge, the housing-supporter prompts the method-supporter to discard certain elements of the manual and re-select chapters. The negotiation between them consequently leads to the transformation of an ESL section. The negotiations, as we can see, often involve many actors. Actors do not need to be present or specified in the manual, but still indirectly partake in the negotiations. In this example, relatively few actors are involved even if both clients and ESL educators are mentioned, but not present. Removing words or using Tipp-Ex is the proposed solution to the problem of introducing material to the clients that “does not fit”. This sort of tinkering can be seen as the result of multiple trajectories co-existing in the same situation. The ESL manual finally functions as a crystallizing instance, creating unique, new trajectories. The transformation does not end here, but continues both in the formal work with clients and elsewhere. When examining the work that has been conducted in the next step, in clients’ houses, the manual is additionally transformed. When housing-supporters introduce the already tinkered manual (a reduced material), the clients often tinker with it yet again.

The road from American primary research, to meta-analyses, to guidelines, and implementation is evidently long. The rigorous tests made in American inpatient care, and the results they generate, significantly differ from the use in Swedish practice. Visiting clients reveals that the transformation of ESL is a long process of reduction. From the rigorous American social skills training manuals that the NBHW refers to in meta-analyses, we see something rather different in the context of clients’ homes:

A client shows the ESL work that has been carried out so far. On the refrigerator there is a note held up by magnets: a weekly schedule from the ESL-binder. Each day has been assigned a specific task: laundry, cleaning etc. The client says that his in the past have had similar schedules at home. They were a common feature. The client also tells stories of previous relationships, family ties, jobs, ‘good’ and ‘bad’ social-workers, and medication issues. When selecting which chapters to work with in the ESL binder “it came naturally” to select the schedule since schedules have proven to be successful in the past, the client explains. **(Excerpt from field notes)**

Previous examples have been derived from in-office observations of housing and method-supporters. Here, the trajectory of the client is a trajectory of family ties, relations, and experiences from social administration. Introduced to the manual, ESL is once again transformed. As we saw, the client has been introduced to an already reduced material. The client chooses this particular ESL part of the manual since hir has a previously established routine of schedules: meaning that ESL feeds off of already established practices and infrastructures even in the context of individual clients' homes. This home can be understood as yet an arena for negotiations with no central actor control, and the client is also to some degree an autonomous negotiator. The road from rigorous meta-analyses, from thick manuals with specific scripts to a single schedule paper on a client's refrigerator can be understood as a process of reduction in addition to a process of translation. In all negotiations, the crystallization of different trajectories, when the manual encounters previous practices, and existing infrastructures, ESL is gradually reduced and transformed, sometimes beyond recognition. In a sense, ESL is being made flexible in relation to the practices in many different arenas: from educational settings, to in-office practices, and concrete client work.

Discussion and Conclusion

Essentially, this article has shown how ESL is, and already has been, transformed in relation to an array of elements in the world of social psychiatry. On the one hand, ESL serves the purpose of being a manualized standard. On the other hand, it is transformed to fit the world in which it is used. After a discussion on fluidity (Björk, 2014; Laet and Mol, 2000), I suggested that ESL can be labeled a flexible standard. The flexibility and transformation of ESL were shown in relation to an array of specific actors and elements. Initially, ESL was transformed to fit the organizational changes of psychiatry in the mid-1990s. This is the first example of making ESL more flexible. Next, actors in different ways involved in working with ESL also play a part in its transformation. Here, we see several examples of ad hoc solutions with the purpose of aligning ESL with the existing elements. The investigation and the deployment plan, two already existing documents in housing-support, are only two examples of objects which ESL is currently being integrated into.

The ESL manuals are adapted to different conflicting logics. The two frequently competing logics of good care and individual choice (Mol, 2008) are integrated in to the manual. This allows housing-supporters to first handpick interventions from the manuals on the basis of their contextual knowledge, subsequently letting clients choose independently

from a reduced material. In this way, both logics are managed and allowed to exist simultaneously.

Finally, the implementation of ESL is a process of reduction. This is exemplified by the fact that ESL, even in client work, is significantly tinkered with. The road from rigorous meta-analyses and thick manuals to clinical practice is long: sometimes only a tiny piece of paper ultimately remains. Obtaining local universality in the case of ESL, in Swedish social psychiatry, is a process of reducing and making ESL flexible in relation to the specifics of the pre-existing world, practices and infrastructures.

Previous theoretical frameworks indeed constituted valuable points of departure and a considerable part of the analysis is based on the pre-existing work of Timmermans and Berg (1997) and Mol (2008). Housing-supporters use of contextual knowledge when deploying ESL prompts a variety of tinkering: a phenomena observed also in many previous studies (Björk, 2013, p. e.g.; Timmermans and Berg, 2003, 1997). The analysis shows that implementing EBP cannot be rushed. The importance of time-consuming work and effort is essential when introducing new interventions such as ESL, which previous research also recognizes (e.g. Barfoed et al., 2012). The specific nature of ESL, however, requires some theoretical additions and developments. The analysis suggests that ESL is best understood as a flexible standard. This theoretical contribution supplements the notions of fluidity (Björk, 2014; Laet and Mol, 2000) and standardization, for example though through rigorous protocols (Timmermans and Berg, 2003, 1997). ESL is distinct in the way that it is an intervention between other interventions on a scale of fluidity and it is also unique in the way that it is being transformed to fit the specifics of Swedish social psychiatry, and does not aim for wider generalization.

This article comes with certain limitations. The analysis concerns only two single cases and the data was gathered during a limited period of time. This of course entails restrictions on my ability to draw any general conclusions about the nature of EBP in housing-support. The assertion that every case is unique should also generate the view that there are restrictions on my ability to comment on other cases. Weaknesses aside, case study design and fieldwork also in retrospect appear suitable. By adopting such approaches, this article has contributed to expanding the knowledge in a specific field of interest since earlier ANT studies have focused on a range of interventions and technologies, but not on ESL specifically.

In a broader context, this article suggests that the introduction of EBP is possible without valuable contextual knowledge loss among professionals. The fear that housing-supporters when introduced to EBP will inevitably become “mindless cooks”, threatening their

professional autonomy and contextual knowledge (Topor, 2014), appears unfounded in the light of these results. On the contrary, many (if not most) housing-supporters welcome ESL, arguing that it improves the legitimacy and status of the work they carry out. The results also challenge views of EBP as a strict, top-down, research laboratory system with little room of manoeuvre. The evolution of the manual does not take place in a research laboratory. Instead, the implementation process, with all its multiple arenas and various actors, can be understood as a giant laboratory where principles of trial and error are applied in making ESL “work”. Fear of a bias towards non-reflexive quantitative knowledge (Hammersley, 2005; MacLure, 2005) also appears to be unfounded, at least in this particular case. Similarly, the reworking of ESL is fairly distant from an ideal promoting randomized controlled trials and systematic reviews as the primary base of evidence-based knowledge (Chalmers, 2003; Oakley, 2003). In the light of the analysis, expecting full fidelity from professionals, or anticipating bypassing of subjective input when introducing new interventions also appears unreasonable.

Taking these lessons into consideration when planning the introduction of other interventions could lead to more realistic expectations of both benefits and downsides with EBP, instead of relying on idealized theoretical constructions. It can be argued that ESL would not gain a foothold in social psychiatry unless the various actors united and contributed to making it a more flexible intervention. A strict protocol is unlikely to have been as embraced as ESL has been. Similarly, the opposite can be held true: namely that too much fluidity and flexibility may lead to reduction and transformation beyond recognition. ESL is currently situated in between very strict and very fluid interventions and its future is uncertain. Time will tell to which extent ESL manages to keep its original characteristics and how extensive its adaptation to social psychiatric reality will be.

Parts of the ESL network stretches beyond the reach of this article. Acknowledging the main finding - the flexibilization of ESL - leads to the possibility of further covering this process by studying an even wider network. An aspect put aside in this article, is that the future ESL plans of various actors differ widely. Sometimes they are even contradictory. On the basis of the assumption that future negotiations will be extensive, leading to new editions of the ESL manual, future research can advantageously analyze such processes.

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Appendix 1 – List of Interviewees

Fictional name followed by title, in turn followed by the date and location where the interview was conducted.

1. “Mikaela”, head of staff (2015-04-01, Social administration facilities, Unit A)
2. “Kalle”, housing-supporter (2015-03-18, Unit A)
3. “Lisa”, housing-supporter (2015-04-07, Unit B)
4. “Jens”, method-supporter (2015-03-23, Unit A)
5. “Jonna”, method-supporter (2015-04-02, Unit A)
6. “Linda”, housing-supporter (2015-03-20, Unit B)
7. “Eva”, housing-supporter (2015-03-27, Unit A)
8. “Karin”, head of staff (2015-04-09, Social Administration facilities, Unit B)
9. “Kurt”, method-supporter (2015-03-24, Unit B)
10. “Kim”, ESL educator/psychologist (2015-04-28, Department of Sociology and Work Science)
11. “Tom”, ESL educator/psychologist (2015-04-22, Department of Sociology and Work Science)

Appendix 2 – Glossary

1. Housing-support – boendestöd
2. Housing-supporter – boendestödjare
3. Method-supporter – metodstödjare
4. Social-worker – socialsekreterare
5. Social administration – socialförvaltning
6. Head of staff – enhetschef
7. Deployment plan – genomförandeplan
8. Investigation – socialsekreterarens klientutredning
9. Psychiatry coordination - psykiatrisamordningen