**Process Evaluation: Engager Theory ‘If-Then’ Checklists**

Realist evaluation involves scrutinising how intervention components produce desired outcome patterns by examining the underlying causal pathways, or ‘mechanisms’ that enable or constrain outcome attainment. In this context, the ‘mechanisms’ are the ways participants reason or behave in response to the resource on offer. Mechanisms cannot be directly observed, and therefore we can only make inferences about causal effects. Therefore, we designed a novel mixed method interview we termed an ‘if-then’ checklist with two objectives in mind: 1) to assess fidelity; and 2) to uncover mechanism impact by exploring and cross-comparing participants and practitioners experiences of the intervention. The ‘if-then’ checklist involved asking participants and practitioners retrospectively, and in separate interviews, ‘if’ a certain component was delivered, did it ‘then’ lead to a change in the way they were generally thinking, feeling or behaving. For example, IF ‘my practitioner talked with me about my current difficulties’ THEN ‘Understanding my difficulties helped me get along with other people more easily’. While quantitative methods helped us systematically enumerate implementation, qualitative interviews gave us scope to explore experience and meaning from which we could glean impact.

The if-then checklist was structured in nature, using mixed-methods. The interviews were similar but worded slightly differently for practitioners and participants. Participants responded ‘yes’, ‘no’, or ‘don’t know’ to various ‘if’ and ‘then’ statements, and then were given the opportunity to elaborate qualitatively on their response with an example. Practitioners completed an ‘if-then’ checklist for each of their participants. For the ‘if’ statements, practitioners rated on a Likert scale (where 1=never and 4 =always) how often they delivered individual components for each participant. For the ‘then’ statements, practitioners rated on a Likert scale (where 1=strongly disagree and 5=strongly agree) the extent to which they agreed or disagreed with each of the resulting effects for each participant. Practitioners were also given the opportunity to provide qualitative detail/ explanation to their ratings. Some practitioners had already left by the time the if-then checklists were introduced so practitioners completed if-then checklists for a total of 121 of the 140 intervention participants. Participants were invited to complete the if-then checklist at the 6-month follow-up time point. A total of 35 intervention participants completed an if-then checklist. This low response rate was due to various factors:

* If-then checklists were introduced during the intervention so multiple participants from the 140 cohort had already received the intervention by the time they were introduced;
* Checklists were only offered to those participants attending the 6-month follow up and there was a 6-month follow-up retention rate of 66%, reducing the pool of prospective completers;
* Checklists were completed at the end of the follow-up so some participants were fatigued/ ran out of time and chose not to complete them.

A summary of the key findings can be found below and in tables 1 and 2. As shown, there was a substantial skew toward positive reporting of component delivery and effects. This may be due to various factors:

* Practitioners may have perceived the checklist as a competency audit and so may have been reluctant to report instances when they weren’t able to deliver the intervention as intended;
* Due to the retrospective nature of the checklist, practitioners may not have been able to recall the specific details for participants completing the intervention long before the introduction of the checklists;
* The addition of the checklist to the 6-month follow-up may not be an appropriate time to complete the checklist as in some cases participants were still receiving the intervention (and so could not complete the ‘ending’ questions); and in other cases participants were fatigued by the time they completed the outcome measures and opted not to complete the checklist;
* Relatedly, as the checklist was introduced part-way through the intervention it came to be seen as an ‘optional extra’ in some cases. For optimum completion rates, the checklist would benefit from being viewed as an integral part of research follow-up;
* The Likert scales may not have been sensitive enough to detect differences in delivery between participants, for example, a scale from ‘always – never’ may not be appropriate for a statement such as ‘I demonstrated care and respect’ because it fails to differentiate between a participant seen a handful of times and a participant seen consistently over a 5-month period. They may have ‘always’ demonstrated respect to both participants, but the amount of respect demonstrated over time (and any subsequent effects) remains unknown;
* Participants were reluctant to say anything negative about the support even if they didn’t receive much of the intervention;
* Participants may differ in the extent to which they are able to articulate the changes they see in themselves. Recalling specific conversations with practitioners may prove particularly challenging for them.

The use of a novel ‘if-then’ checklist for ascertaining delivery and effects from the perspectives of both the practitioner and the individual participant is potentially very helpful in uncovering causal pathways linking components to effects in realist complex interventions. Based on learning from the current project, we recommend that if-then checklists would benefit from being co-created by practitioners, used from the outset of the intervention, and completed immediately following the ‘ending’ of a participant from the intervention. Consequently, the checklist will be less likely to be viewed as a competency audit or optional extra to the research process, scale measures may be refined following practitioner input regarding relevance and acceptability, and higher completion rates may be achieved when the checklist is perceived as an integral part of the research process. It is also important to ensure practitioners understand the underlying theoretical basis for the checklist in order that their qualitative comments are framed in an ‘if-then’ manner, and underlying causal mechanisms are revealed.

Summary of the key findings

1. Trust and rapport

Practitioners reported that they ‘always’ demonstrated care and respect to participants in all but one case (99%, 120) (the other for whom it was ‘occasionally’ demonstrated) and by demonstrating care and respect they were able to gain the participant’s trust in most cases (82%, 100). In a majority of cases (85%, 103), practitioners said they ‘always’ or ‘frequently’ offered practical support; and that they were able to gain the participant’s trust as a result (81%, 96). In only 3 cases did they ‘never’ offer practical support.

*“You could see a change in the trust that he had; because we took him to places, and he had never been offered that kind of support before. We stuck with him and helped get him accommodation. He really wasn’t sure that he wanted it, but we stuck with him and helped him get accommodation. He was really grateful by the end of [release] day”.*

The majority of responding participants said that:

* The practitioner treated them with respect (33 of 33), and this showed them they could trust them (31 of 33);
* The practitioner showed they cared by helping them (32 of 35), and that this showed the participant they could trust them (30 of 32);
* The practitioner offered them practical support (32 of 35), and this practical support helped them to trust the practitioner (28 of 32).

*“[The practitioner] picked me up from gate, took me to get accommodation, then to [service], offered help and support with forms. I trusted her because she was there, offering guidance, giving help without wanting anything. It was overwhelming on release day; I probably wouldn’t have got there to the housing appointment without her. Would have started using [drugs] if she wasn’t there on that day”.*

1. The Mentalisation-based Approach (MBA)

Practitioners said they used the MBA toolkit ‘always’ or ‘frequently’ in around 40% of cases (50), but ‘never’ used it in a quarter of cases (33). In terms of the nature of interactions with participants, practitioners reported that they ‘always’ or ‘frequently’ used a not knowing, genuine and inquisitive therapist stance in 85% (93) cases, and only in 2 cases did they ‘never’ use this approach. Similarly, in 89% (108) cases practitioners ‘always’ or ‘frequently’ demonstrated support and empathy. In just over two thirds of cases (64%, 77) practitioners reported that they ‘always’ or ‘frequently’ used clarification and elaboration of links between thinking, feeling, and behaviour; but in 22 cases (18%) practitioners reported this ‘never’ happened. Practitioners agreed that participants gained a better understanding of their thoughts and difficulties as a result in two thirds of cases (64%, 70). Practitioners reported a similar proportion of instances where they ‘always’ or ‘frequently’ supported the regulation of arousal and exploration of alternative explanations/ perspectives (55%, 66; and 59%, 71 respectively). In around a quarter of cases, practitioners reported ‘never’ carrying out these actions for each (26%, 32; and 25%, 30 respectively). In around 40% of cases (44), practitioners perceived that the participant was able to better regulate their emotions as a result. Practitioners said that they used a strengths-based approach to support participants ‘always’ or ‘frequently’ in three quarters of cases (77%, 93), but ‘never’ used this approach with 20 cases (17%). Over a third (38%, 45) of cases became more self-reliant as a result.

*“He wouldn’t take much responsibility initially for what he’d done. He had a lot of anger, blamed everyone else. I spent a lot of time breaking it all down to get him to see where his responsibility might be and to reduce his anger. When out in the community, there were instances that might’ve led him to drink, we spent time breaking it down and seeing what other coping methods he could use other than drinking which he would have done in the past”.*

Most participants said that the practitioner talked with them about their current difficulties (33 of 34) and that they felt comfortable talking with the practitioner about their problems (30 of 34). Three-quarters of responding participants said being able to talk about their problems helped them better understand the way they were thinking, feeling and behaving (25 of 34) and half said this helped them get along with other people more easily (17 of 34). Around two-thirds of participants said that their practitioner helped them identify their strengths and believe in themselves (17 of 27) and a similar number said this meant they were able to do more for themselves (14 of 17).

*“She challenged my thinking to help me stay off alcohol and drugs, helping to make the right decision and go through with it. Being an alcoholic, it was a big challenge to not get pissed on release day. She challenged the idea of me going to meet my pad mate when I got released, asked me what would probably happen if I did that – drinking. She gave me an alternative”.*

1. Resource Mobilisation

Supporting participants to stay calm when meeting with other services was not commonly reported by practitioners. In more than half of cases (55%, 66), practitioners said they ‘never’ did this; and only ‘always’ or ‘frequently’ did so in 21% (35) of cases. Practitioners said that in 39% of cases (40) the participant reported they were able to get along with people more easily. Practitioners ‘always’ or ‘frequently’ liaised with other services to galvanise support in almost two thirds of cases (58%, 70); but ‘never’ did this in a fifth of cases (20%, 24). Advocating for participants in meetings with other services was another under-reported area, with practitioners ‘never’ advocating in 41% (50) cases. They ‘always’ or ‘frequently’ did this in under one third of cases (29%, 35). Practitioners did report that 53% participants (61) maintained engagement with other services and they perceived that in 41% of cases (49) other services worked better with the participant.

*“I liaised with [accommodation provider], [community therapeutic service], and his offender manager. The OM was really grateful for our input because I had a better relationship with [the participant] than she did, because she’d never really met him before. I think she was grateful that someone had a good understanding of him and we addressed and resolved the issue that almost led to his recall so she was grateful for our input”.*

Most responding participants said that on the day of release, their practitioner offered to meet them at the gate (30 of 33). Two thirds of participants wanted their practitioner to meet them at the gate (21 of 33); and a similar number met with their practitioner at the gate (19 of 33). Two-thirds of responding participants said that being with the practitioner on the day of their release (at the gate or elsewhere) meant that they were more able to deal with the first days outside (21 of 32). Most participants said that their practitioner offered support to help them attend appointments with other services (31 of 33) but fewer than two-thirds of these participants said that they were more able to keep their appointments because of this help (19 of 31). Almost three-quarters of participants said the practitioner worked with other services on their behalf (23 of 32); and 17 of these said this helped them to work with other services.

*“On his release day, it was his first time in prison, he didn’t have anyone else, it was all new to him. He’d lost his family, he didn’t know what he’d do on release. I was there with him on the day, and got told no so many times. He said I’m not staying on the streets I’ll be back in prison tonight. Managed to find somewhere in the end, we went back to an estate agent we’d seen earlier in the day, and got a flat for him. He always went on about that day after and he says if it hadn’t have been for me being there, he wouldn’t have had the start to rebuild his life again that he did. His release day was the biggest trust builder, as I think it always is”.*

1. A Good Ending

Practitioners said that they ensured participants felt supported once contact was coming to an end in less than half the number of finished cases (45%, 46 of 103), with almost as many ‘never’ receiving this support (39%, 40). In many cases this appeared to be due to unexpected lost contact, i.e. phone numbers no longer working, or eviction from accommodation with no forwarding address. Practitioners were still working with some participants at the time of completing the if-then checklist, which explains the 18 missing responses on this particular statement.

*“I checked that his support worker was going to continue working with him. I let his offender manager know that we were withdrawing support and I made sure the participant had my number in case he needed to get into contact if he ever needed it. I went through the Shared Understanding with him and talked to him about what his aims are. He said he would go to counselling when the time was right. He hopes to stay in [town] and maybe get a job. He is seeing his family and just appears to be quite happy and wanting a quiet life. He is quite surprised with how well he is doing and he just wants to keep things stable”.*

Fewer than half the number of responding participants said the practitioner helped them to plan what would happen when their support ended (13 of 28). However all 13 with a plan said this meant they were more able to keep working towards their goals after their support had ended.

*“Might not be seeing them anymore but they're still pushing you in the right directions. They helped me for 3 months with my problems and now I know what I'm doing. So easy to ignore post etc. Made things so much easier with a bit of help. It's changed things for me. Feel more confident about staying clean and sober with the help. I have a sneaking suspicion that things would have gone pear shaped without”.*

**Table 1: Total number of practitioner responses for each 'if' and 'then' statement**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | n responses (%) | | | | | | | | |
| IF statement | always | frequently | | occasionally | | never | total | missing |
| I offered practical support to the participant | 81 (67%) | 22 (18%) | | 15 (12%) | | 3 (3%) | 121 | 0 |
| I demonstrated care and respect to the participant | 120 (99%) | 0 | | 1 (1%) | | 0 | 121 | 0 |
| I demonstrated support and empathy | 96 (79%) | 12 (10%) | | 11 (9%) | | 2 (2%) | 121 | 0 |
| I used a not knowing, genuine and inquisitive therapist stance | 72 (60%) | 31 (26%) | | 16 (13%) | | 2 (2%) | 121 | 0 |
| I used clarification and elaboration of links between thinking, feeling and behaviour | 46 (38%) | 31 (26%) | | 22 (18%) | | 22 (18%) | 121 | 0 |
| I supported the regulation of arousal (under and over) | 32 (26%) | 34 (28%) | | 23 (19%) | | 32 (26%) | 121 | 0 |
| I explored alternative explanations/ perspectives | 29 (24%) | 42 (35%) | | 20 (17%) | | 30 (25%) | 121 | 0 |
| I liaised with other services to galvanise support | 31 (26%) | 39 (32%) | | 27 (22%) | | 24 (20%) | 121 | 0 |
| I provided support to help the participants turn up to appointments | 17 (14%) | 37 (31%) | | 37 (31%) | | 30 (25%) | 121 | 0 |
| I used a strengths based approach to support the participant | 54 (45%) | 39 (32%) | | 8 (7%) | | 20 (17%) | 121 | 0 |
| I supported the participant to stay calm when meeting with other services | 15 (12%) | 10 (8%) | | 30 (25%) | | 66 (55%) | 121 | 0 |
| I advocated for the participant in meetings with other services | 15 (12%) | 20 (17%) | | 36 (30%) | | 50 (41%) | 121 | 0 |
| I ensured that the participant felt supported once contact was coming to an end | 14 (14%) | 32 (31%) | | 17 (17%) | | 40 (39%) | 103 | 18 |
| THEN statement | strongly agree | agree | Neutral | | disagree | strongly disagree | total | missing | |
| I was able to gain the trust of the participant as a result of offering practical support | 60 (50%) | 36 (30%) | 9 (8%) | | 7 (6%) | 7 (6%) | 119 | 2 | |
| By demonstrating care and respect I was able to gain the trust of the participant | 62 (51%) | 38 (31%) | 11 (9%) | | 5 (4%) | 5 (4%) | 121 | 0 | |
| The participant gained a better understanding of their thoughts, emotions and difficulties | 33 (30%) | 37 (34%) | 23 (21%) | | 14 (13%) | 3 (3%) | 110 | 11 | |
| The participant was able to better regulate their emotions (affect) | 10 (9%) | 34 (31%) | 25 (23%) | | 33 (30%) | 7 (6%) | 109 | 12 | |
| The participant reported that they were able to get along with people more easily | 13 (13%) | 27 (26%) | 33 (32%) | | 25 (24%) | 6 (6%) | 104 | 17 | |
| The participant maintained engagement with other services | 27 (23%) | 34 (29%) | 37 (32%) | | 11 (10%) | 7 (6%) | 116 | 5 | |
| The participant became more self-reliant as a result | 18 (15%) | 27 (23%) | 34 (28%) | | 30 (25%) | 11 (9%) | 120 | 1 | |
| The participant was able to maintain engagement with other services | 19 (16%) | 23 (19%) | 60 (50%) | | 11 (9%) | 6 (5%) | 119 | 2 | |
| Other services worked better with the participant | 14 (12%) | 35 (29%) | 59 (49%) | | 6 (5%) | 7 (6%) | 121 | 0 | |

**Table 2: Total number of participant responses for each 'if' and 'then' statement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | n responses (%) | | | | |
| IF statement | yes | no | don't know | total | missing |
| My practitioner offered me practical support | 32 (91%) | 3 (9%) | 0 | 35 | 0 |
| My practitioner showed they cared by helping me | 32 (91%) | 2 (6%) | 1 (3%) | 35 | 0 |
| My practitioner treated me with respect | 33 (100%) | 0 | 0 | 33 | 2 |
| My practitioner talked with me about my current difficulties | 33 (97%) | 0 | 1 (3%) | 34 | 1 |
| On the day of release, my practitioner offered to meet me at the gate | 30 (91%) | 2 (6%) | 1 (3%) | 33 | 2 |
| I met with my practitioner at the gate | 19 (58%) | 14 (42%) | 0 | 33 | 2 |
| My practitioner offered support to help me attend appointments with other services | 31 (94%) | 2 (6%) | 0 | 33 | 2 |
| My practitioner helped me identify my strengths and believe in myself | 17 (63%) | 7 (26%) | 3 (11%) | 27 | 8 |
| My practitioner worked with other services on my behalf | 23 (72%) | 6 (19%) | 3 (9%) | 32 | 3 |
| My practitioner helped me to plan what would happen when their support ended | 13 (46%) | 12 (43%) | 3 (11%) | 28 | 7 |
| THEN statement | yes | no | don’t know | total | missing |
| Practical support helped me to trust my practitioner | 28 (80%) | 4 (12%) | 2 (6%) | 34 | 1 |
| Being cared for showed me I could trust them | 30 (91%) | 2 (6%) | 1 (3%) | 33 | 2 |
| This respect showed me I could trust them | 31 (94%) | 2 (6%) | 0 | 33 | 2 |
| I felt comfortable talking with my practitioner about my problems | 30 (88%) | 3 (9%) | 1 (3%) | 34 | 1 |
| Being able to talk about my problems helped me better understand the way I was thinking, feeling and behaving | 25 (74%) | 4 (12%) | 5 (15%) | 34 | 1 |
| Understanding my difficulties helped me get along with other people more easily | 17 (50%) | 9 (27%) | 8 (24%) | 34 | 1 |
| I wanted my practitioner to meet me at the gate | 31 (64%) | 11 (33%) | 1 (3%) | 33 | 2 |
| Being with the practitioner on the day of release meant I was more able to deal with the first days outside | 21 (66%) | 6 (19%) | 5 (16%) | 32 | 4 |
| I was more able to keep my appointments because of the practitioner's help | 19 (59%) | 11 (34%) | 2 (6%) | 32 | 3 |
| Identifying my strengths has meant I am able to do more for myself | 14 (58%) | 7 (29%) | 3 (13%) | 24 | 11 |
| The practitioner's support helped me to work with other services | 17 (59%) | 8 (28%) | 4 (14%) | 29 | 6 |
| This meant I was more able to keep working towards my goals after their support had ended | 13 (59%) | 5 (23%) | 4 (18%) | 22 | 13 |