**Engager Theory: Synthesis 3 results**

Synthesis 3 identified three main and five minor recommended refinements to the theory of the intervention.

*Main findings*

1. **Increased support for practitioners to understand fluctuating emotional states**

Practitioners had not been trained in sufficient competencies to challenge some participants on their thinking. This was particularly the case with participants who were overoptimistic about their release from prison only to regress once confronted with issues and challenges in the community. The gap in the theory of the intervention needs to be addressed to develop practitioner mentalisation competencies to spot different and changeable psychological states and give an appropriate response. We identified the need to increase the support offered to Engager practitioners for them to manage fluctuating emotional states both in training, manual content and perhaps most of all in supervision. Potentially a set of ‘if/then statements’ could be drawn up to support practitioners to identify emotional states, assess need and risk, and offer more tailored forms of support. Such a set of psychological ‘rules of thumb’ could help practitioners understand both the context behind the individual’s responses and the offers of support that could help activate mechanisms for change in their thinking/behaviour.

Some participants had limited capacity to make any changes and practitioners may be able to do little more than offer practical support. However, the process evaluation findings suggest that it is sometimes difficult to predict who would, and wouldn’t, respond well. Some participants made significant and sustained change when there was initial doubt over how they would progress. Practitioners need supervisory support to help decide whether to continue to support therapeutic change, and how much practical support to offer. This may help prevent practitioners falling into traps such as continuing to offer futile psychological support, fostering low aspirations for participants, or only investing in those they have a natural rapport with. Practitioner teams would benefit from scaffolded support where they initially receive frequent weekly supervision including boosted MBA training and dedicated supervision. This level of supervision would enable practitioners feel more supported and more confident in their decision-making. Supervision sessions may decrease over time as practitioner teams develop competencies to better respond to fluctuating emotional states.

1. **Making mentalisation more central**

MBA was posited as a supportive psychological approach complementing the underlying person centred logic of having a shared understanding and plan. The training focused mainly on practitioners’ ability to support an individual to reduce emotional arousal and think clearly. The centrality of MBA as a means of achieving change, and the interconnectedness between MBA and the shared understanding, became more apparent during top up training and supervision. MBA theory and practice was perhaps not originally articulated well enough for practitioners to value it as a very important aspect for sustained change. For example, self-understanding required individuals to recognise any tendency to become emotionally aroused and impulsive.

In refining the theory, practitioners will need to be supported in understanding why such offers of support are important. For example, practical support can be a means to build trust which is an important mechanism for undertaking therapeutic work; practical support should not be seen as an end in itself. The Engager Manual was very comprehensive and included a range of steps a practitioner might make to deliver flexible person-centred support. Consequently, while MBA featured strongly in the manual its importance was lost in the detail of steps and processes, and was not sufficiently emphasised in training and supervision, leading to a lack of practitioner confidence in using the techniques. For instance, we found several practitioners had a tendency to focus more on the practical components of the intervention than therapeutic work.

As well making MBA a more central part of the intervention theory, the following changes could help reinforce its delivery: A simplified section in the manual which focused on the core principles and values of Engager work bringing MBA and the shared understanding and plan together; enhanced training and top-up training; and ensuring team supervisors were well-trained in mentalisation to enhance supervision.

1. **Bringing epistemic trust into the theory of the intervention; as a key mechanism for undertaking therapeutic work**

The programme theory built around trust and engagement focused on how and what a practitioner might do to build trust with the participant. This often had a short-term effect in supporting them to be receptive of meeting with their Engager practitioner and accepting offers of practical support. For sustained change however, the process evaluation case studies results indicate that participants appreciated a practitioner who really understood them. In the five most successful process evaluation case studies positive mutual regard developed between the participant and practitioner; the practitioner could challenge the participant’s thinking and help them reflect on situations.

This suggests that the theory of the intervention could be refocused to make epistemic trust (an individual’s willingness to consider new knowledge as trustworthy and relevant, and therefore worth integrating into their lives) more central to the intervention. Epistemic trust is generated in the relationship when the participant believes that the practitioner has their best interests at heart. This is an important mechanism for change as it enables participants to be more receptive to mentalise on their problems and consider alternative perspectives on a situation. One potential conclusion is that without epistemic trust in place then all other aspects of Engager work were rendered less likely to have impact (developing goals, release day planning and support, and the shared action plan). While these components of the intervention might be focused participant’s most immediate and pressing concerns (i.e. stable housing), they are not underpinned by an in-depth shared understanding of the participant’s underlying needs and issues.

*Minor refinements*

* + Trust and Engagement

The process evaluation audit suggests that there was sometimes a long wait between researchers recruiting participants to the trial and their assigned Engager Practitioner making initial contact with them in prison. On average, participants were seen 22 days after their initial recruitment to the trial. Reasons for the delay are multiple and include barriers to prison access. However, process evaluation interviews with practitioners also indicate that some practitioners were of the view that the focus of the work revolved around the participants release day and their practical needs in the community. Training and research materials may have encouraged practitioners to see the intervention as primarily being about community work for prison leavers and consequently there was a lack of therapeutic work in prisons, particularly as the intervention had been framed as a prison-leaver intervention, practitioners may have been less focused on therapeutic work in prison. Some practitioners admitted that if they met with participants too regularly they would run out of things to say, demonstrating their need for more supervision to carry out preparatory therapeutic support in this context (e.g. for ‘honeymooners’). Practitioners couldn’t offer much practical support while participants were still in prison, which may explain why contacts were initially so infrequent.

Trust and Engagement work should be refocused to centre on developing the therapeutic relationship as suggested in the above section on epistemic trust. ‘Quick wins’, often of a practical nature, could still be a first step in developing trust. Most participants needed support towards supporting building relational competencies, for example, where they can consider other people’s perspective while maintaining a mutual positive regard. While practitioners had a high awareness that levels of trust would fluctuate and may need to be regained, there was a gap in the theory of intervention as to how to build and sustain trust in different scenarios and different psychological states. In addition, we would need to ensure that the person setting up the referral was clear on the realistic timeframe a person would be seen.

* + Meeting at the Gate

There was a question-mark through the trial on the function and effectiveness of meeting at the gate and whether this should remain as a core component. The process evaluation suggested that practical release day working was being used to fix the rapport that should have been established in the prison. It appears that for many trust and engagement work in prison was necessary in order for release day work to be psychologically meaningful and offer more than a practical assistance to meet basic needs. However, it was also shown that for those for whom practicalities prevented prison work (lock downs and short pre-release periods) release day work could be an important step to development of trust and understanding. Also, even if psychological work was not achieved, the practical gains of getting to housing and probation appointments, and supporting abstinence were helpful for some. It was therefore agreed that while not everyone would accept or benefit from release day working, it needed to remain as a core part of the Engager theory and practice, as for some it was key to gaining their trust and helping them to be more receptive to therapeutic work.

* 1. The Shared Understanding and Action Plan

There was little evidence that Shared Understanding formulations were used as a core practice and as a means to get to the crux of the participants’ needs and issues. Participant goals were often focused on practicalities and not helping them to address the underlying needs and issues surfaced from carrying out in-depth therapeutic work. Based on Engager Practitioner interviews, it appeared that there was often a resigned acceptance of participant’s capacities to make changes, which may explain why Engager practitioners focused their efforts on getting practicalities sorted for participants once released from prison.

Practitioners did not make frequent enough use of the resources (shared understanding sheets and action plans), and could have been better supported to utilise them in their sessions. It was suggested that the lack of completed paperwork could indicate a lack of structure to how they approached the work, it was likely to have been compounded by suboptimal IT support, office space and the need to use paper records and two health records systems. Evidence from the process evaluation case studies suggested that support in the community was often little more than a welfare check rather than an opportunity to support a participant’s capacity to mentalise and progress.

There was some doubt over whether the paper resources had any meaningful utility in the difficult circumstances in which practitioners operated. Only for a short period, in one site, did their use become routine. There was a tension between having a standard format to follow (of key bio-psycho-social domains as on the sheet) and the ambition of a narrative client led understanding. In theory paperwork can be useful for participants and can serve as a reminder about what they explored with their practitioner during a session. There is potential value in simplifying complex layers of interconnecting thoughts, feelings behaviours and actions for the participant to understand and recognise. In addition, Engager practitioners could use paperwork as a means to share content with other services. While in theory, the content of shared understanding paperwork should be participant- not practitioner-led, timeline data suggests that Shared Understanding paperwork was often completed after an Engager session with a participant and we are unsure of the involvement the participant had in putting the formulation together, or whether they would agree with what was recorded.

There was little evidence that practitioners regularly reviewed the shared action plan or altered steps towards goals on the basis of a shared understanding of the participants’ thoughts and feelings. In refining the theory, practitioners should receive more guidance and training on how to respond to fluctuating emotional states to prepare them for how to respond to, and review, participant plans.

Overall, while the shared understanding and plans were not used as much as they should have been, this can also be seen as a generic challenge for many the models of person centred and coordinated care currently being promoted globally. In refining the theory, there needs to be more support for practitioners to create shared understandings about how participants may think and act, and action plans that are individualised and based on likely responses to resource offers. Practitioners require more intensive supervisory support in the first few weeks of their recruitment to ‘get into the heads’ of the people they are working with rather than trying to fix surface level issues and concerns.

* 1. Liaison work with other agencies

A key part of the Engager practitioner role was to build relationships with key services in order both to optimise the participant and practitioner working with that agency and to create ongoing support to maintain the benefits of Engager after the intervention had ended. Practitioners were knowledgeable about local services and helping the participant attend key appointments; there was even evidence that MBA was used to support attendance, at times. However, in only a few of the 24 depth case studies did we see effective joint-working, where shared understanding and plans were developed together. Practitioners were sometimes not confident in their own role to share the participants’ plans and felt that they lacked authority with other services. Practitioners lacked direction in the theory of the intervention as to how to build relationships and work collaboratively, particularly as a previously unknown service in the health and criminal justice systems.

Problems of co-ordination between services are generic to a range of interventions and there are few examples of services consistently working together successfully in research studies of interventions. There is also a psychological tendency, amongst some practitioners, to want to work alone. We propose that were Engager to be operating as an accepted part of a system, where there was a culture of shared working, then such problems would be lessened. Alternatively, problems of co-ordination would also be reduced if the Engager functions were embedded within an existing services, rather than residing with a specialist team

* 1. Endings

There are few examples of practitioners achieving positive endings with participants. Partly this was due to events leading to disengagement. In many cases, other practitioners working with the individual - and the Engager practitioner themselves - didn’t believe that the participant would be able to sustain changes once Engager support came to a close. Therefore, Engager practitioners would sometimes prolong the ending, but often did not progress the participant onto another service provider who could take on the support. Participants who managed to achieve some of their goals, and make sustained changes, were disappointed that they would no longer be in contact with their Engager practitioner who they had built trust in. They were no longer in need of intensive support but would have appreciated to know that they could make contact in a crisis.

The problem of successful endings, and next-step plans, is common to many therapies and the limited set number of sessions approach to psychological therapy is unlikely to be helpful for this group. Practitioners need more support on how to achieve positive endings by including the participant in planning how, and when, they want the support to end. In refining the theory, we would try to ‘keep a door open’ for the participant to make contact should they feel the need too. We appreciate that some participants will not choose to make contact again, but the knowledge that support is there should you need it, may be enough to help sustain motivation to pursue goals.