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Holdsworth, Emma

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A Theory of Engagement in Group Offending Behaviour Programmes

Emma Holdsworth

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Abstract

Systematic reviews of offenders' as well as non-offenders' engagement research revealed inadequate and inconsistent definitions and assessments of engagement and an absence of theory. Furthermore there is no research on facilitators' engagement in offending behaviour programmes. A constructivist grounded theory methodology was employed to develop a theory of engagement in group offending behaviour programs that accounts for facilitators' engagement as well as that of offenders'. Interviews and observations of sessions were used to collect data from 23 program facilitators and 28 offenders (group members). Group members' engagement was a process of 'moving on', represented by a number of conceptual categories including early ambivalence, negotiating the group, and acknowledging and accepting. Facilitators' engagement was a process of building engagement, by personalizing treatment frameworks using *'the hook'*, a cornerstone of treatment similar to the therapeutic or working alliance. It also involved disarming group members and dealing with initial resistance, and establishing roles and positions in the treatment framework. There were a number of barriers to both group members' and facilitators' engagement identified that were rooted in programme and referral factors. The TEGOBP provides four distinct developments in engagement research as well as a number of important implications for research and practice that are discussed.

Chapter 1: Introduction: Research Rationale, Aims, and Thesis Structure

1.0 Research rationale

A primary factor in the decision to conduct this research was applied research conducted by myself, as research assistant to the Director of Studies, Dr Bowen, in collaboration with Wiltshire Probation Trust during 2010. The project involved the evaluation and re-development of its Supervision and Resource Centre Programmes (SaRCs) for community-based offenders, identified as using, or at low to medium risk of using, violence and interpersonal aggression, and who did not meet the criteria for accredited programmes. These are a series of activities aimed at working with offenders in groups to reduce reoffending that have been accredited by National Offender Management Services because they have been judged as evidence-based and congruent with the 'What Works' literature (McGuire 1995). The project also involved the development of training manuals and materials, and training workshops for all offender managers and programme tutors involved in the facilitation of the re-developed programmes.

In this evaluation, we identified a number of strengths and weaknesses of the programmes, but a particular concern was for the poor attendance and completion rates. A review conducted by Bowen (2011) provided evidence for employing solution-focused interventions that are offender focused rather than offence focused (Lee, Sebold and Uken 2004) on the basis that the former increases 'engagement' while the latter increases resistance. Therefore, following the SaRCs evaluation we concluded that there was a need to adopt a new, proactive and more engaging approach to the assessment of, and interventions for, these offenders. One of the key concepts of a solution-focused approach is that treatment should be offender focused, not offence focused (Lee, Sebold and Uken 2004) on the basis that the former leads to greater engagement, while the latter is more likely to lead to resistance. This required a considerable shift away from the traditional approach. Consequently, we re-developed the SaRCS with a core solution-focused ethos, retaining some of their original features that were identified by facilitators and offenders as useful, but these were incorporated within a solution-focused approach (Lee, Sebold and Uken 2004). Throughout the re-development process, engagement was a constant consideration, particularly in terms of how sessions should be facilitated to maximise it.

A brief search of the literature revealed frequent references to the importance of offender engagement (Lee, Sebold and Uken 2004, McMurran and Ward 2010) in offending behaviour programmes as well as offender motivation (Drieschner, Lammers and van der Staak 2004) or readiness for treatment (Ward et al. 2004). Offenders' readiness for treatment was conceptualised as facilitating treatment

engagement, which in turn was argued to precede behavioural change (McMurran and Ward 2010). Engagement therefore is an important link between the intervention and behavioural change. However, while models had been developed to explain offenders' readiness for treatment, such as the Multifactor Offender Readiness Model (MORM: Ward et al. 2004), and behavioural change, such as the Transtheoretical Model of Change (Prochaska and DiClemente 2002), no models or theories had been developed to explain the process of offender engagement.

The importance of offender engagement to the successful facilitation of group offending behaviour programmes became evident during the training to enable facilitators to provide the newly developed solution-focused programmes. Facilitators felt that a major obstacle in working effectively with offenders was dealing with (perceived) offenders' resistance. Moreover, facilitators' abilities to work effectively with offenders seemed to reflect their own engagement with programmes, which might be related to offender engagement. Although links between therapist characteristics and clients have been investigated in the wider literature on the therapeutic alliance (e.g. Ackerman and Hilsenroth 2003), little research attention has been paid to engagement in groups, and practically no attention has been paid to links between facilitators' engagement and offender engagement in offending behaviour programmes.

The process of conducting the evaluation and re-development of programmes for Wiltshire Probation Trust revealed gaps in the existing research that led to the aim of this research, and the development of a research question.

1.1 Research aim and research question

The aim of this research was to develop a theory of engagement in group offending behaviour programmes that can be used to enhance engagement and further develop programmes. The research comprised two parts: (i) establishing how engagement within clinical intervention settings has been conceptualised and operationally defined and the factors associated with successful engagement as it has been defined; (ii) exploring engagement from the perspectives of those involved in group offending behaviour programmes.

The aim of this research led to the research question:

> *What is the nature of engagement in group offending behaviour programmes, and what influences it?*

1.2 Thesis Structure

The structure of this thesis reflects the two-part structure of this research. Part 1 comprises systematic reviews of engagement research. Part 2 comprises the development of a theory of engagement in group offending behaviour programmes using a constructivist grounded theory approach (a discussion of the choice of methodological approach can be found in Chapter 2, Section 2.1.2). The rationale for this two-part structure and the order of presentation was based on a consideration of the long-standing and divisive issue of how to consider existing research in relation to grounded theory development, and where existing research should be positioned and presented in relation to the theory (Dunne 2011).

Researchers (Glaser and Strauss 1967, Holton 2007, Nathaniel 2006) have resolutely argued that grounded theory requires researchers to embark upon their research studies with no interview protocols or extensive review of the literature. This stems from an argument by Glaser (1967) that a review of literature may contaminate the data collection, analysis and theory development by leading the researcher to impose existing theoretical frameworks or conceptualisations upon the data, undermining the authenticity and quality of the emergent grounded theory (Dunne 2011). Charmaz (2006: 165) has also advocated the importance of avoiding imposing preconceived ideas on the research procedures and delaying the literature review. However, it can also be argued that this view undermines the ability of the researchers to remain aware of how preconceived ideas may influence his/her research and his/her ability to preserve the fidelity of the emergent grounded theory. 'The open-mindedness of the researcher should not be mistaken for the empty-mindedness of the researcher who is not adequately steeped in the research traditions of a discipline' (Coffey and Atkinson 1996: 157).

Furthermore there are a number of advantages of undertaking early literature reviews. These advantages include generating cogent research rationales and methodological approaches (Coyne and Crowley 2006, McGhee, Marland and Atkinson 2007), illuminating gaps, lapses, (Creswell 1998) or discrepancies in existing knowledge, and revealing how the phenomenon has been studied to date (Denzin 2002).

The main rationale for conducting this research was the lack of theory of offender and facilitators' engagement. This meant that there was little I could be exposed to that might then detrimentally influence the emergent grounded theory. Benefiting from the advantages of reviewing the literature early on to establish this lack of theory, while remaining aware of any influences exposure to the research has on the emergent grounded theory reflects what Dunne (2011) referred to as 'a middle ground'. I regarded this as the best approach to adopt in order to undertake this research and most effectively meet its aim. It was precisely the lack of theory and research into engagement that provided the impetus for adopting a grounded theory methodology in order to develop a theory of

engagement. For instance few researchers have employed an inductive approach to understanding offender engagement (Frost 2004, Frost, Daniels and Hudson 2006) and there appears to be no empirical research investigating the engagement of facilitators. Therefore the early stages of reviewing the literature proved advantageous to the formulation of the research question and informed methodological decisions.

At many points during this research I was conducting literature reviews alongside data collection. However, the interview schedules were deliberately developed independently of the reviews to avoid specific research foci, hypotheses, or research frameworks. The interview schedules were based on 'grand-tour questions' (Spradley 1979: 49) that were open-ended rather than focused on obtaining preconceived specific detail (the interview schedules are discussed in greater detail in Chapter 2, Section 2.3.3). During the process of reviewing the literature I made notes on the existing conceptualisations of engagement and their shortcomings, in terms of their comprehensiveness and utility in group offending behaviour settings. Making and reviewing these notes allowed me to consider how my own ideas about how engagement should be conceptualised were influenced by reviewing the literature. This process maintained a constructivist grounded theory ethos alongside benefiting from the advantages of conducting early literature reviews.

1.3 Chapter outline

The Chapters of the thesis are arranged on the principal of the two-part research structure. Following this introduction is the methodology (Chapter 2), which provides a brief rationale for the two literature reviews reported in Part 1 (the specific methodological procedures for which are detailed within each review), and the rationale for the methodology and details of the design, participants and procedures for Part 2. Part 1 also comprises Chapters 3, 4 and 5. Chapter 3 contains a review of non-offender engagement in psychotherapeutic treatment and the associated client characteristics, therapist characteristics and treatment factors and Chapter 4 a review of offender engagement in group programmes and the associated offender characteristics and treatment factors. A synthesis of the findings and conclusions of the two literature reviews is presented in Chapter 5. In Part 2, the analyses of group members' engagement (Chapter 6) and facilitators' engagement (Chapter 7) are reported. In Chapter 8, the theory of engagement in group offending behaviour programmes is proposed from synthesising the analyses of group members' and facilitators' engagement reported in Chapters 6 and 7. Finally, Chapter 9 concludes the thesis by drawing together Parts 1 and 2 with a discussion of the theory of engagement in group offending behaviour programmes, the limitations of the research, and the implications for research and practice.

1.4 Terminology

Throughout the remainder of this thesis, group offending behaviour programmes are referred to as GOBPs. The title of this thesis and the emergent theory is 'a theory of engagement in group offending behaviour programmes' but is hereon referred to as the TEGOBP.

Throughout the literature reviews reported in Chapters 3 and 4, for the purposes of nominal clarity and consistency with existing research, participants of the research reviewed are referred to as therapists, clients, non-offenders or offenders. The term 'offenders' is employed almost unequivocally throughout any research investigating interventions among this population, as evident in the literature review reported in Chapter 4. However, throughout the remainder of the thesis, offenders are referred to as 'group members'. Just as referring to individuals who attend psychotherapy as 'patients' is needlessly pathologising them (Bannink 2010), it is my contention that referring to individuals attending GOBPs (or in any other context) as 'offenders' needlessly perpetuates their identities as such. Furthermore, 'group members' more accurately defines their roles and positions within the TEGOBP. Therapists are referred to as 'facilitators', which is a sufficiently broad classification to include programme tutors as well as offender managers, who in the case of the participants of this research also deliver GOBPs.

Chapter 2: Methodology

2.0 Introduction

This Chapter begins with the design for both Parts of the research. This is followed by the design for the methodological procedures for developing a constructivist grounded theory (Part 2). An overview of the participants is then presented, followed by procedural details including: establishing ethics; how participants were recruited; the development and evolvement of interview schedules, and how sessions were observed. A detailed, comprehensive description of how the corpus of data was organised and analysed is presented. The Chapter concludes with a discussion of how the trustworthiness of the research was established.

2.1 Design

The most appropriate research methodology was derived from the research question; *what is the nature of engagement within GOBPs?* There are three types of assumptions I made at the outset of conducting this research which led to this research question. Firstly, I made two initial propositions about the nature of engagement based on a preliminary reading of the literature and previous collaborations with probation trusts regarding GOBPs:

i.   engagement in GOBPs is yet to be adequately conceptualised and operationally defined, and,

ii. engagement is likely to comprise a variety of inter-relating factors that can be theoretically explained in a way that is of use within GOBP settings

Secondly, my assumptions about engagement also determined what I perceived as relevant methodological approach to its study. The lack of theory, insufficient operational definitions and assessments, and lack of qualitative methodological approaches in engagement research all indicate that qualitative knowledge of engagement has been taken for granted. 'Research about *what a subject matter is* in all its real-world complexity is a necessary foundation for quantitative research (Wertz et al. 2011: 2)'. Therefore a TEGOBP is long overdue, the construction of which presupposes qualitative knowledge (Wertz et al. 2011). I therefore considered a qualitative, inductive, exploratory methodological approach as fundamental to exploring the perspectives of those involved in GOBPs, to develop a TEGOBP and move this area of research forward.

Finally, my general epistemological position and assumptions about knowledge and meanings impressed upon my choice of methodology, the methodological procedures, and the research output. I concur that meanings may correspond with real-world phenomena (Andrews 2012), but they are constructed and interpreted by participants, researchers, and the audience. Therefore there is an

ongoing process of construction, reconstruction (Charmaz 2006) and interpretation of meanings, that shape the future conceptualisations of the phenomenon investigated, and the application of research to practice. In this research, my interpretations of participants' constructions of engagement, and observations of programme sessions, will form a TEGOBP that is needed to provide a fine-grained explanation of the nature of engagement currently missing from existing research. The theory is then subject to interpretations that can help shape the future conceptualisations of engagement in GOBPs.

2.1.1 Part 1 – Literature reviews

The aims of the reviews in Part 1 were (i) to establish how engagement in treatment, including psychotherapy, counselling, or any programme targeting cognitive and/or behavioural change, has been operationally defined and assessed; and, (ii) which client or offender characteristics, therapist characteristics, and treatment factors are associated with engagement. In conducting these reviews, I was able to identify any engagement theories, definitions and assessments and assess their practical utility.

There are two distinct parameters that differentiate the two literature reviews, the first of which is the type of participants. The first was focused on client engagement, whereas the second was focused specifically on offenders. Offenders were excluded from the first review because there may be differences between the engagement of non-offenders and offenders that relates to how they are referred to treatment (Bowen and Gilchrist 2004). Furthermore, GOBPs target behavioural change in order to reduce reoffending, but behavioural change is not always a target in psychotherapeutic or counselling settings (e.g. Tryon 1992). It was necessary, therefore, to distinguish between these two different client groups in order to establish any key differences in how engagement is conceptualised among the two groups and explore why this might be the case. Differences in the engagement of client engagement and offender engagement have implications on engagement research and theory as well as practice.

The second distinction between the two reviews is the treatment setting. In the first review, research based on engagement in any psychotherapeutic setting, including one to one and group counselling was included, whereas in the second review the focus was on group treatment settings. Apart from the limited research on offender engagement in one-to-one settings, it was necessary to narrow the focus towards group treatment settings in order to provide a more focused backdrop for the TEGOBP developed in Part 2 to be interpreted against, to identify how the theory builds on the relevant existing engagement research. To this end, the literature review-based Figure of engagement presented in Chapter 5 characterises the roles of variables employed to operationally define or assess engagement in the existing research.

2.1.2 Part 2 - Why constructivist grounded theory?

From my assumptions about engagement, an inductive, exploratory methodological approach was perceived as relevant to addressing the research question by generating a theory to explain engagement. In determining the most relevant qualitative methodology, two essential criteria were established for the selection process:

i.   A qualitative methodology compatible with the research question and the type of knowledge it aimed to produce (theory), and;

ii.   A qualitative methodology compatible with my assumptions about knowledge and meaning (meanings correspond with real-world phenomena but are constructed and interpreted)

Constructivist grounded theory (Charmaz 2006) was the first methodology considered as compatible with these criteria. But the rationale, confidence and resolution to employ a constructivist grounded theory methodology emerged from comparisons with, and ultimately eliminations of, two other competing methodologies. Before discussing these comparisons, the similarities and differences between grounded theory and constructivist grounded theory, and clarification of terminology are important to establish.

2.1.2.1 Grounded theory and constructivist grounded theory

Grounded theory is recognised for being the most widely cited qualitative method in the social sciences (Bryant and Charmaz 2007). The classic grounded theory methods were first established by Glaser and Strauss (1967), who identified and articulated systematic, methodological strategies and procedures for social scientists to develop theory from research grounded in data (Charmaz 2006). Consequently, the established purpose of employing grounded theory was consistent with the first criterion of developing theory. The classic grounded theory practice includes methods geared towards systematically developing 'middle-range' theories that consist of abstract renderings of social phenomena (Merton 1957). The concept of middle-range theories is that they are (i) not so remote from the social process that they lack the ability to explain it in detail, but also (ii) not so close that they become too descriptive and unable to transfer to other similar social processes (Wertz et al. 2011). There are two important requirements of the proposed theory of engagement that can be directly aligned to this concept of middle-range theory:

i.   The theory must explain engagement in detail in order for engagement to be understood, and;

ii.   The theory should have a level of transferability (e.g. across populations or types of GOBPs) in order for it to have practical utility across different intervention group settings (please see Section 2.6 for a discussion of transferability).

Classic grounded theorists (e.g. Glaser and Strauss 1967) argued that theory should be discovered; that categories representative of meaning should emerge from the data separate from the observing researcher. This is reflective of the prevailing positivist paradigm at the time of grounded theory's inception and maximises the researcher's sense of legitimacy (Charmaz 2006), but it also minimises the researcher's sense of agency in the analytic process. Constructivist grounded theorists on the other hand, argue that theory is constructed as opposed to discovered (Andrews 2012). Therefore the researcher is regarded not as an observer, but as an integral part of the world and the research process, which accommodates my assumptions about how meanings are constructed and interpreted through research. With an emphasis on the importance of flexibility inherent within the classic approach (Glaser and Strauss 1967), Charmaz (2006: 9) proposed that researchers use basic grounded theory guidelines, flexibly, in their own ways. Rather than attempting to eliminate assumptions and subjectivities, I was able to employ them to guide the research process, and construct and interpret the phenomenon under investigation.

Ambiguity in terminology has arisen because the term 'grounded theory' has been used to refer to: a research method of comparative data analysis, often applied in an inductive research process; the theoretical product of that method; and to the broader methodological orientation integral to the processes of the grounded theory method. Bryant and Charmaz (2007: 2-3) differentiated between grounded theory (GT), which refers to the result of a research process, and to the grounded theory method (GTM) used in the development of that theory. Consequently the outcome of this project is a constructivist grounded theory (CGT), but the methodology employed to this end is a constructivist grounded theory methodology (CGTM).

2.1.2.2 CGTM and phenomenology

The evolution of classic grounded theory towards constructivism has resulted in greater similarities with phenomenology. In both phenomenology and CGTM subjectivity is emphasised and there are strong alliances with the social constructionist tradition (Wertz et al. 2011). Within the more contemporary version of phenomenology, an interpretative approach to analysis is employed (Smith, Flowers and Larking 2009). There is an emphasis on research as a dynamic process within which the researcher plays an active role. This is consistent with CG theorists' assumptions of the integral role the researcher plays. Moreover, there is an emphasis within both phenomenology and CGT approaches on the importance of analysing and understanding a phenomenon within its context; "we cannot separate either findings or analyses of these findings from their frame" (Wertz et al. 2011: 292). Where the two approaches differ is in their aims. Phenomenologists focus on the essence of participants' experience as they are lived (Wertz et al. 2011) and aim only to describe these in detail; whereas constructivist grounded theorists focus on how their experiences were constituted (Charmaz 2006) and aim to explain them. While the importance of context is emphasised within both approaches, the division between description and explanation leads to a further subtle distinction.

From a phenomenological perspective context frames experience, but context explains experience from a CGTM perspective. Phenomenologists restrict their views to the contexts they can see and then demonstrate; whereas constructivist grounded theorists look beyond at the implications of social contexts (Charmaz 2006), and consequently preserve the studied phenomenon within the social contexts and conditions they were produced within.

Phenomenology, particularly an interpretive approach, was considered as potentially appropriate for this research on the basis that its key strength is exploring and revealing details of a phenomenon, whilst acknowledging the researcher's interpretation as a part of this process. The lack of a clear understanding of what engagement constitutes calls for research to provide a detailed picture. But whilst phenomenology would result in rich descriptions of participants' experiences in GOBPs, these descriptions would be confined to the specific contexts within which the participants' experiences were embedded. Inferences about contexts of GOBPs and their potential influences on engagement would be discrepant with a phenomenological view, but not a CGTM perspective. Perhaps the most salient difference between the two methodologies however, which ruled out the use of phenomenology for this research, is that whilst a series of interpretative phenomenological analyses of participants' experiences in relation to engagement might have contributed towards a theory, phenomenology is not by design a method of theory construction, as CGTM is (Wertz et al. 2011). Consequently while phenomenology would reveal a very detailed and nuanced picture of individual experiences of engagement, it would not necessarily have explained what engagement is.

2.1.2.3 CGTM and participatory action research

Participatory Action Research was considered a potentially suitable methodology because its purpose is to generate knowledge to inform action (Dick, Stringer and Huxham 2009), improving a service (such as GOBPs) or practice through concentrating on the experiences and concerns of participants. This is similar to CG theorists' aim of generating theory through constructing the meanings of participants' experiences. But what sets PAR apart from more conventional research approaches are: shared ownership of research projects; community-based analysis of social problems; and an orientation toward community action (Kemmis and McTaggart 2008). PAR proponents critique research that is confined to generating ideology, and emphasise the importance of creating action and change from research (Lewin 1997), placing participants not as sources of data but as active within the research process. This view appears to be consistent with my assumptions about how meanings are constructed and interpreted by participants and researchers, but arguably takes a more functional approach by positioning participants as agents of action and change (Kemmis and McTaggart 2005). The key features of PAR include: planning a change; acting and observing the process and consequences of the change; reflecting on these processes and consequences; and re-planning (Kemmis and McTaggart 2008).

The attraction to PAR as a potential methodology was in relation to the wider aims that encompass this research. Engagement in GOBPs, whilst poorly conceptualised or understood in the research, is arguably the key element of programme success. The implications of a theory explaining the nature of engagement is that programmes can be developed more effectively, by targeting and enhancing engagement. The potential for the practical utility of a theory of engagement in programme development contributes towards the rationale for the current research. Consequently it was concluded that PAR would be appropriate to the research question 'how can engagement in GOBPs be enhanced?' However this is a question that can only be addressed once the nature of engagement and what it constitutes has been established, in order to focus on what it is that needs to be enhanced.

2.1.2.4 The selection of CGTM

Following the elimination of potential methodologies, a CGTM was selected as the most appropriate methodology to develop a TEGOBP. The intention is for the theory to form the basis of future research that can bring about positive action and change in the effectiveness of GOBPs.

2.1.2.5 Data collection

A triangular approach of interviews and observations of sessions was deemed appropriate for gathering sufficient data to fit the research task and to develop as full a picture as possible within the parameters of the research task (Charmaz 2006). Interviews provided the opportunity to enquire about participants' experiences and perspectives in relation to GOBPs and then further explore their idiosyncratic responses (Keats 2000). However as Cotton, Stokes and Cotton (2010) have argued, there are a few limitations of using interviews, notably:

i. Selectivity – participants may only report the aspects of their experiences that they feel fit with the researcher's perspective;

ii. Post-hoc rationalisations – participants may rationally explain their behaviour during sessions rather than describe step-by-step what guided their behaviour; and,

iii. Stereotyping – participants may provide a more stereotyped view than is actually the case if they are *observed*.

Combining interviews with observations of sessions directly addressed these limitations as it provided me with the opportunity to compare accounts of programme experiences with observations of programme experiences, and then verify and clarify the data obtained from both methods (Miles and Huberman 1994). As both the interview schedules and observational methods evolved in accordance with a CGT approach (Charmaz 2006), details of the process for developing and implementing these data collection methods are described in Section 2.5 (procedure).

2.2 Participants

A total of 51 participants contributed to this research from four probation trusts (referred to as numbers in the Tables), two of which share a programmes unit. Only demographic information that was evident (gender), or offered without asking (age of group members, experience of facilitators) was obtained. I did not consider not consider any further demographic information as of particular relevance to developing the TEGOBP, which is also supported by the lack of associations between engagement proxies and client/offender characteristics reported in the reviews in Part 1. However, further demographic information, particularly that which pertains to between session environments, such as living arrangements and employment status, may be worthy of consideration in future research.

2.2.1 Facilitators

Twenty-three facilitators took part including 15 females and 8 males (see Table 2.0). Facilitators interviewed and/or observed in sessions comprised programmes tutors with a breadth of experience ranging from 12 months to 15 years delivering one or more accredited programmes: Thinking Skills Programme (TSP: 19-session programme targeting self-control, social problem-solving, and positive relationships); Integrated Domestic Abuse Programme (IDAP: 27-session programme targeting respect, support and trust, accountability and honesty, sexual respect, partnership, responsible parenting, negotiation and fairness); Drink-Impaired Drivers' Programme (DIDs: 16-session programme targeting attitudes towards the use of alcohol, patterns of drinking and related behaviour, resisting pressure to drink more, understanding the effect of alcohol on driving skills); Sexual Offender Treatment Programme (SOTP: 38-session programme targeting relationship skills, attachment style deficits victim empathy); and Aggression Replacement Therapy (ART: programme targeting aggression and anger). Facilitators at one of the participating trusts also had experience of delivering non-accredited programmes based on the accredited programmes, which during the period of data collection were in the process of being re-developed from offence-focused programmes to solution-focused programmes by myself and Professor Erica Bowen (please see Section 1.0). Therefore some participating facilitators also had experience of delivering solution-focused brief programmes (SFBP: 10-session programmes targeting skills and strengths).

Table 2.0 Number and gender of facilitators interviewed or observed.

Probation Trust	Number and gender of facilitators interviewed	Number and gender of facilitators observed
1	6 females 4 males	2 females
2	3 females 2 males	
3 & 4	2 females	3 females, 2 males

2.2.2 Group members

A total of 28 group members took part including 19 males and nine females ranging in age between 18 years and 62 years. Approximately half the group members had attended more than one programme in the past although the interview concentrated on either the programme they had just completed or were in the process of completing. Details of the number and gender of group members interviewed or observed at each Probation Trust, and the relevant programmes can be seen in Table 2.1 and Table 2.2 below.

Table 2.1 Number and gender of group members interviewed at each Probation Trust and the programmes they were attending or had completed.

Probation Trust	No. and gender of group members interviewed	Programme	Attending or completed at time of interview
3 & 4	2 males	TSP	Attending
2	2 males	IDAP	Completed
1	1 female	DIDP	Completed
1	1 male	SOTP	Completed
1	1 male	SFBP	Completed
1	2 females	SFBP	Attending

Table 2.2 Number and gender of group members observed at each Probation Trust and the group programmes they were attending.

Probation Trust	No. and gender of group members observed	Programme/module	Delivery schedule	No. of sessions observed
3 & 4	7 males	TSP/social problem-solving	Daytime, twice weekly	3
3 & 4	7 males	TSP/social problem-solving	Evening, twice weekly	1
1	9 females	Non-accredited Women's Group	Daytime, once a week	4

2.3 Procedures

2.3.1 Ethics

In creating the ethics submission for this research, the code of ethics and conduct developed by the British Psychological Society (The Ethics Committee of the British Psychological Society 2009) was followed. Coventry University Ethics Research Committee approved the proposal for this research on 11th September 2012 (see appendix 1) but the National Research Council on behalf of National Offender Management Services (NOMS) initially rejected the proposal on the basis that research on offender engagement was being conducted and that accredited programmes were audited for the purpose of reviewing issues such as engagement. The application was revised to emphasise that the current research being conducted on behalf of NOMS focused on engagement in one-to-one settings, not group settings. Furthermore data from the auditing of accredited programmes were not currently published and therefore not available for the purposes of engagement research. The revised application was approved subject to modifications by the National Research Council on 30th November 2012 (see appendix 2). Following an agreement to comply with the modifications, authorisation was granted for the collection of data.

All ethical procedures for recruiting participants, collecting data and storing data were complied with. All participants were provided with participant information sheets (see appendices 3, 4, and 5), consent forms (see appendices 6, 7, and 8) and debriefs (see appendices 9, 10, and 11). Participants were guaranteed anonymity and provided with full details of the research, the role they were being invited to undertake, and their rights to withdraw from the study. Participating group members were

also informed that participating in the study and withdrawing from the study would in no way influence their position or sentence.

2.3.2 Participant recruitment

Probation trusts local to Coventry University as well as those who had engaged in previous collaborations with the university were selected for participation. I presented the aims of the project at face-to-face meetings with personnel at each trust (a summary of the communicated aims can be seen in appendix 12). Each trust agreed to provide access for the recruitment of participants for interview or to be observed in group programme sessions.

In order to recruit participants, a summary of the aims of the project and what was required of participants was emailed for circulation to offender managers and programmes tutors at each probation trust (see appendix 13). Probation staff willing to be interviewed then contacted me by email. Probation staff who were willing to, also briefly discussed the research and what was required to participate to members of any group programmes they were facilitating. Probation staff then contacted me by email to either refer me to group members who had agreed to be interviewed, or to arrange for group session to be observed.

2.3.3 Interviews

The formulation of the interview schedule and my approach to setting up the interview process was guided by Spradley's (1979) discussion of ethnographic interviewing, particularly the importance of developing rapport and eliciting information. The latter is dependent on the former (Spradley 1979), and perhaps more so among facilitators who are regularly audited for their effectiveness in programme work, and among group members who may experience reluctance or resistance to answering questions generally following on from their offence. The rapport process that is integral to eliciting information is characterised by initial apprehension, exploration, cooperation, and participation (Spradley 1979).

Apprehension can be experienced by both the interviewer and the participant and can be overcome through talking; the use of descriptive questions invites participants to talk and allows the interviewer to actively listen. Consequently the initial questions of the interview schedule were descriptive, asking participants to describe a typical session in the programme they most recently attended. This is known as a 'grand-tour question' (Spradley 1979: 49), e.g. "can you talk me through a typical session? So tell me about how you settled in the room, what the group talked about, and what I would have seen you doing." During the interviews, some of these grand-tour questions were followed up by mini-tour questions (Spradley 1979) such as "when you say you did some role-play, can you talk me through that? So what would I have seen you doing?" What appeared to help reduce apprehension and set the scene for the use of these descriptive questions in this research was that I admitted at the beginning of

interviews to never having observed a programme session before. Consequently participants appeared to feel more inclined to offer full and comprehensive descriptions of their programme experiences. Furthermore a focus on what participants were 'doing' through grand tour and mini tour questions was useful for generating data compatible for the constructivist grounded theory coding process of gaining a strong sense of actions and sequences (Charmaz 2006, Glaser and Strauss 1967).

Exploration follows initial apprehension as the interviewer and facilitator begin testing the terrain of the interview and whether they can trust one another. Spradley (1979: 46) described three features of exploration that facilitate rapport building: (i) repeated explanations – this was achieved as I clarified that the focus of the interview was purely on participants' experience of programmes; (ii) restating what informants say – I repeated and sometimes re-worded key phrases used by participants to clarify their meanings; (iii) do not ask for meaning, ask for use – asking for meaning may be interpreted by participants as containing a judgemental component (Spradley 1979) which might be a likely case with some of the participants in this research. Therefore clarification of meanings was obtained by asking questions such as; "so when you say you were looking out for red flags, can you tell me where you were and what you were doing at the time?"

Cooperation and participation both occur when participants feel settled in their role of teaching the interviewer (Spradley 1979). Although Spradley's (1979) discussion of rapport applies to a series of ethnographic interviews taking place over time, there was evidence in this research of rapport leading to both cooperation and participation. Participants on a number of occasions during the interview process corrected me in the pursuit of mutual understanding of meaning. As clarification of meaning, without directly asking for meaning was to be a feature of interview schedules framed within an inductive, exploratory methodological approach, terms such as engagement and the more general use of terminology that may impress pre-conceived concepts upon the data was avoided. I sought advice from a member of staff at one of the probation trusts who is an ex-offender about interview terminology and how to phrase questions in a way that would be respectful, easy to understand, and invite candid responses from participants. The resulting advice was that I should maintain a balance of simplifying terms whilst remaining credible to participants; i.e. to not employ phrases or terms assumed to be familiar to participants that would not ordinarily be familiar to me.

The resulting interview schedules were designed to ask descriptive, clear, unambiguous questions that could be expanded upon during interviews (appendices 14 and 15). The aim of these questions was to both explore participants' experiences of programmes that would reveal the nature of their engagement, but also provide the opportunity to address the foci for this empirical research summarised at the end of the thesis rationale. The interview schedules evolved throughout the data collection and analytic procedures (appendices 16 and 17) to reflect the refinement of questions

resulting from previous interviews and initial coding of that data. This allowed for the evolving interview schedules to follow-up, explore and expand these codes (Charmaz 2006 48).

Arrangements were made to interview participants at the premises of the relevant probation trust. I explained to each participant the purpose of the research, what type of questions would be asked, their rights to withdraw from the study, how the data would be used, and that interviews would take approximately half an hour to one hour. Participants were also informed that transcripts would be forwarded to them by the beginning of September 2013, giving them an opportunity to review their comments and make changes if required.

A total of 26 interviews were conducted and audio-recorded (see Tables 2.0 and 2.1) and ranged in length between 19 minutes and 92 minutes.

2.3.4 Session observations

A participatory or non-participatory approach can be employed in observational methods (Lincoln and Guba 1985). A particular benefit of the former is that participants become familiar with the observer and subsequently their behaviour becomes less influenced by the act of being observed (Cotton, Stokes and Cotton 2010). However at the same time, a crucial part of observation is 'to make the familiar strange' (Cotton, Stokes and Cotton 2010: 464) and subsequently catch important details. Therefore while participants need to become familiar with the observer, the observer needs to maintain a remote position from that which is being observed. Important details on the subject of engagement during a session may well become overlooked if I became overly familiar with the subject by participating in sessions. In order to maintain distance but allow for participants to become familiar with me, my intention was to adopt a non-participatory approach and observe groups over a number of sessions where possible.

Observational methods can also be formal or informal (Robson 2002). A formal method imposes a structure and direction on what is to be observed, whereas an informal method allows the observer considerable freedom in what information is gathered and how. The benefits of the former are higher validity and reliability, but at the cost of a loss of the complexity and completeness achieved through an informal method (Robson 2002: 313). Because constructivist grounded theory is an inductive approach to research (Charmaz 2006), an informal method was preferred over a formal method. Consequently, a non-participatory, informal observational method was employed for this research.

A total of eight sessions (see Tables 2.0 and 2.2) were observed and audio-recorded as this enabled a more accurate and detailed recording of events (Cotton, Stokes and Cotton 2010) than using field notes alone. An audio recording was preferred over a video recording on the basis it would produce less 'reactivity' to the recording device (Cotton, Stokes and Cotton 2010). A daytime Thinking Skills Programme (TSP) group was observed over three sessions and an evening TSP group was observed

for one session. The observation of the evening group was for the purpose of comparing it with an identical daytime session in terms of content, but this session was the last in the module and therefore the only one for this particular group that could be observed. A non-accredited Women's Group was observed for four sessions of a 10-session programme that focused on personal goal work, discovering personal skills and strengths, and social problem-solving from a solution-focused perspective. Initially it was intended that all the remaining sessions of the Women's Group be observed, but this was concluded at session five when one of the participants asked a facilitator whether I was observing or participating (please see appendix 18 for a summary of this issue).

Facilitators discussed the research with the group in the session prior to the first session being observed. Consent was required from all facilitators and group members and obtained by the facilitators of each group. Facilitators also spent a few minutes before each subsequently observed session checking that participants were still happy for the session to be observed. I sat at a distance from the group and made sketches of how the group and any props (flipcharts) were positioned in the room. Any particularly notable observations on the behaviour of the group that could not be captured by an audio-recording were noted in order to provide context for the data. Initial codes were also noted to guide subsequent observations in order to follow-up, explore and expand on these codes (Charmaz 2006: 48).

2.4 Data Analysis

Initial interview and audio-recorded session observation data were transcribed in detail, with pauses, interruptions, and other audible features of the interviews such as laughter noted within the transcripts. Initial coding of all the transcripts was conducted word-by-word, line-by-line, systematically to prevent me imputing ideas or knowledge (Charmaz 2006) gained from conducting the two literature reviews in Part 1. Initial codes were given a number and a brief description that included frequently used words in the data; 'in vivo codes' that preserved participants' meaning within the codes (Charmaz 2006) . Initial codes were then entered on to an excel spreadsheet, alongside participant identification information, programme information, and the line numbers of the respective transcripts (see Section 2.4.1 below).

Once similarities in initial codes were established, I created focused codes by selectively attending to concepts emerging from the data. This type of coding allowed for direction in the interpretation of the data and the synthesis of larger sections of data than line-by-line initial coding (Charmaz 2006). I wrote memos about the focused codes to help me keep track of conceptual ideas and links between the data and the focused codes. Memo writing also helped me to think through and question the adequacy of focused codes in their explanation of the data and the direction of further coding. As Charmaz (2006) proposed, focused coding drew my attention back to earlier initial codes to refine the

interpretation of them in accordance with the direction offered by the process of focused coding. Consequently initial codes that had originally seemed random or difficult to reconcile with other codes became reinterpreted and integrated within a higher level of conceptualising the data. This higher level of conceptualising data also had to account for discrepancies that were emergent within the focused codes. For example a focused code that evolved to become the subcategory *knowing about offending and on-going behaviour* revealed an inconsistency among facilitators' perceptions about the relevance of knowing this information to engagement. While some participants perceived it as a resource, others perceived it as a barrier to engagement. What was important during the development of focused codes is that such discrepancies were revealed (Charmaz 2006) rather than 'smoothed out' in order to retain significant facets of the data. Focused codes were then entered onto the spreadsheet alongside their relevant initial codes (for an example see appendix 19).

The focused codes across a subset of data including three transcripts were compared to refine the codes and to begin to develop tentative conceptual categories. These focused codes and conceptual categories were then employed to analyse further data when it was obtained as a method of theoretical sampling (Charmaz 2006). The grounded theory logic is to construct categories through comparative methods of analysing data (Charmaz 2006); thus focused codes and tentative categories were employed in the analysis of further data to advance the analysis and develop the TEGOBP. A particular example of this was a focused code - *thinking about change* which emerged from the analysis of the first group member's transcript. A focus on linkages between programme content and what group members were doing in between sessions was then incorporated within the interview schedules for further data collection. The focused code ultimately became the subcategory *seeing self as an agent for change*. Tentative conceptual categories were inserted into the spreadsheet alongside their relevant focused codes and potential subcategories (see appendix 20).

Conceptual categories were further refined through a systematic process of moving backwards and forwards through the codes. Refinement occurred through moving from the conceptual categories through the focused codes, back to the initial codes, and sometimes back to the originating data to check the cohesiveness, inclusiveness, and logic of the conceptual category. This process, as well as searching through the spreadsheet for previously unaccounted for focused codes, contributed to the process of axial coding. Axial coding reveals relationships between conceptual categories and sub categories, and the properties and dimensions of subcategories (Charmaz 2006). Axial coding is not always employed in a CGTM but was useful to the present research on a conceptual rather than a descriptive level to help develop frames for concepts. A particular example of this was in the conceptual category **Building engagement: Personalising treatment frameworks,** which comprises *improvising* and *making programmes relevant.* A frame proved to be particularly important to understanding this conceptual category and also to depicting its properties (subcategories) and structure (see Figure 7.2 in Chapter 7).

Once conceptual categories and their relevant subcategories had been established, they were conceptualised together as a process of theoretical coding; 'weaving the fractured story back together' (Glaser 1978: 72). The theoretical coding helped to develop a cohesive narrative around the conceptual categories and revealed the core conceptual categories of **moving on** in group members' engagement, and that **facilitating engagement** was at the core of facilitators' work. Figures were developed to depict these narratives in order to check and refine the order and inter-relations of conceptual categories and subcategories, as well as ultimately providing the reader with a visualisation of the narratives of the processes of engagement.

2.4.1 Extract coding system in the analyses

During the process of analysing the data a coding system for data extracts was developed to link the codes with the data they originated from.

2.4.1.1 Extract codes for Chapter 6

Participating facilitators had varied levels of experience of delivering accredited and/or non-accredited programmes. At the beginning of each interview, the participant and I discussed which programme would be the main focus of the interview. If there was to be more than one programme focused upon, I asked the participant to state which programme they were referring to. The extract codes begin with the participant's number, followed by either:

        M – Male;

        F – Female.

This is followed by programme information:

        A - Group programmes that have been accredited by National Offender Management Services (NOMS);

        NA - Group programmes that have not been accredited by NOMS, or;

        GEN – participant is referring to programmes in general, or it is not clear what type of programme the participant was referring to.

If the participant was referring to an accredited programme (A), this is followed by a code that indicates what the programme was:

        ART – Aggression Replacement Therapy;

        IDAP – Interpersonal Domestic Abuse Perpetrator Programme;

        SOTP – Sex Offender Treatment Programme;

        TSP – Thinking Skills Programme;

        DID – Drink Impaired Driving Programme, or;

        AGEN – participant is referring to accredited programmes in general.

During the time of data collection the non-accredited programmes (NAs) were in the process of being re-developed from offence-focused programmes to solution-focused programmes. Consequently if the participant was referring to an NA, this is followed by a code which states the type of programme:

OF – offence-focused, or;

SF – solution-focused.

The final part of the code indicates the page numbers the extract is taken from in the transcript.

For example (9 M NA SF 421-425) refers to an extract of data from participant number 9, who is a male facilitator, referring to a non-accredited solution-focused programme, and the location of the extract is between lines 421 and 425 in the participant's transcript.

2.4.1.2 Extract codes for Chapter 7

Participating group members had completed, or were in the process of completing, either an accredited programme or a non-accredited solution-focused brief programme. The extract codes begin with the participant's number, followed by either:

M – Male;

F – Female.

This is followed by programme information:

A – Accredited by National Offender Management Services (NOMS), or;

N SF – Non-accredited solution-focused brief programmes.

If the participant was referring to an accredited programme (A), this is followed by a code that indicates what the programme was:

DID – Drink Impaired Driving Programme;

IDAP – Interpersonal Domestic Abuse Perpetrator Programme;

SOTP – Sex Offender Treatment Programme, or;

TSP – Thinking Skills Programme.

The final part of the code indicates the page numbers the extract is taken from in the transcript.

For example (33 M A TSP 73) refers to an extract of data from participant number 33, who is a male group member, referring to an accredited programme, which was Thinking Skills Programme, and the location of the extract is line 73 in the participant's transcript.

2.5 Research trustworthiness

2.5.1 Credibility

The concept of credibility relates to the positivist equivalent of internal reliability (Shenton 2004). In qualitative research terms, this deals with how congruent the findings are with reality (Merriam 1998). However, from a constructivist grounded theory perspective this congruence is more accurately between the findings and the participants' experiences, i.e., not one single reality. Each participant's experience of group programmes is likely to differ, and these differences become apparent under the scrutiny of data analysis. However, differences in experiences go on to form part of the overall

resulting theory. What is important is that each participant's experience and the differences between them are as accurately represented as possible by the research findings. The following provisions were made following the guidelines of Shenton (2004) to promote the credibility of this research.

The adoption of well-established research methods. Constructivist grounded theory originates from traditional grounded theory, which is one of the most well-established qualitative research methods employed within the discipline of Psychology (Charmaz 2006).

i. *The development of early familiarity with the culture of participating organisations.* The recruitment of one of the probation trusts to this research was through previous collaborations with Coventry University, that I was involved in. Consequently familiarity with the culture of probation trusts and how they work with group members in GOBPs had already been established.

ii. *Triangulation.* The methodology for this research involves both interviews and observation of sessions. Brewer and Hunter (1989) have argued that while both these methods in isolation have reliability limitations, the use of these methods in concert exploits their strengths. Session observation provides important background, contextual data to help inform the interpretation of interview data. Both sets of data can also be used to corroborate or verify important themes or features of the data.

iii. *Peer scrutiny of the research project.* Because the research is being conducted as a PhD, there is in place a systematic procedure for the research to be evaluated by the Director of Studies and the PhD supervisory team at regular intervals. Furthermore a colleague who is a senior research assistant in forensic psychology at Coventry University scrutinised the analyses to check for inconsistencies and anomalies. Thus the credibility of the analyses and how they were reported in Chapters 6 and 7 was satisfied.

iv. *Member checks.* The accuracy of the data collected is one of the most important aspects of credibility (Lincoln and Guba 1985). Consequently all participating facilitators interviewed were contacted and asked if they would like a copy of the transcript of their interview so that they could review that what they said was what they meant to say. This also provided participants with an opportunity to amend or offer any further information they felt was relevant. Three participants requested a copy of their transcript, but no amendments or additional information was required. Apart from one group member who requested the transcript be posted to his address, transcripts were not sent to group members as contact was via their Offender Manager. The verification of the research findings through member checks has also been advocated by Brewer and Hunter (1989) and Miles and Huberman (1994). Participating facilitators who expressed an interest to do so at the time of being interviewed,

were invited to review the theory and inferences as these originated from their dialogue. One participant requested a copy of the theory which was submitted to the participant, but no feedback was received.

2.5.2 Transferability

The concept of transferability relates to the positivist equivalent of generalizability (Shenton 2004). I view the nature of the subject under investigation; engagement in GOBPs, as embedded within its general context. Consequentially the TEGOBP can only be fully understood within the context of GOBPs. The limits of the context are to be established as part of the analytic procedure, in terms of whether, and the extent to which, the resulting theory might be transferable and applied to other similar contexts (e.g. group programmes delivered in prison, group programmes targeting adolescents in youth offender institutions, or group programmes for self-referred, non-court mandated individuals). Lincoln and Guba (1985) argued that the researcher cannot make inferences about the transferability of the theory, as the researcher knows only the sending context. Within the sending context of the TEGOBP are a number of diversities, including:

    i.   the programmes observed or focused upon during interviews;
    ii.   group members' offence type and offence histories;
    iii.   group members' experience of programmes; and,
    iv.   facilitators' training and experience of delivering programmes.

The diversities within the research context may span some, but not all, of the diversities that exist within GOBPs. Consequently the transferability of the TEGOBP might be inferred, but only established through further enquiry.

2.5.3 Dependability

The concept of dependability relates to the positivist equivalent of test re-test reliability, which in qualitative research terms is problematic (Marshall and Rossman 1999) because my interpretations are tied to the situation and context of the study. However Lincoln and Guba (1985) proposed that credibility can pave the way for dependability; specifically through the use of overlapping methods such as interviews and observations. Consequently the research design may be regarded as a prototype model (Shenton 2004: 71), because both observations and interviews have been employed to collect data, so that the emerging conceptual categories of one can be employed to corroborate those emerging from the other. Shenton (2004) argued that to address dependability more directly, the process of the research should be reported in detail to allow for future research to replicate the process, if not with the same findings. I have made efforts to create transparency throughout this Chapter, to ensure that the processes involved in conducting this research are reported in clear detail.

2.5.4 Confirmability

The concept of confirmability relates to the positivist equivalent of objectivity (Shenton 2004). In order to achieve confirmability, I needed to ensure as far as possible that the research findings are the result of the experiences and ideas of the participants rather than my own ideas and preferences. Confirmability can be achieved through the following:

i. *Triangulation.* Miles and Huberman (1994) considered triangulation a key criterion for confirmability. This was achieved in the research through the use of interviews and session observations that helped reduce any biases I may have held and helped verify themes and features of the data.

ii. *Admission of predisposition.* Miles and Huberman (1994) advocated transparency of the researcher in terms of their position in relation to the research. My predisposition for this project is discussed in Section 2.1.2 (design) and includes my two assumptions that (i) engagement has yet to be sufficiently operationally conceptualised or defined; and, (ii) engagement is likely to comprise a variety of inter-relating factors that can be theoretically explained in a way that is of use within clinical group settings.

iii. *Detailed methodological description.* Ultimately the reader will determine the extent to which the resulting TEGOBP and the data it emerged from are acceptable. To this end, it is my responsibility to ensure the transfer of sufficient knowledge regarding all the procedures involved in this project, as has been detailed in this Chapter.

2.6 A note on style

Throughout the writing of Chapters 6 and 7 in Part 2, the style reflects my position in terms of the development of a constructivist grounded theory. I have assumed that the interview data provided by participants is an honest reflection of their perceptions of their experiences, and consequently their perceptions of engagement. My observations of sessions helped to clarify and support interpretations of interview data. My writing style is intended to reflect my positivist regard of the data and an assumption that the reader recognises the emergent theory is based on my interpretations of participants' perceptions of engagement as well as my observations of programme sessions. There is at times however, a shift towards the use of hedging language when the narrative is more constituent of data interpretation than description. Data extracts are presented throughout both Chapters to illustrate how my interpretations have been arrived at and evidence how conceptual categories and subcategories were formulated.

2.7 Summary

The literature reviews comprising Chapters 3 and 4 were differentiated by participants and treatment settings in order to provide a broad overview of how client engagement has been conceptualised across various psychotherapeutic settings as well as a more focused look at engagement in group treatment settings. In Chapter 5 the literature-review based figure depicts the existing conceptualisations of engagement, providing the backdrop for interpreting how the TEGOBP reported in Part 2 fits within the existing engagement research.

A constructivist grounded theory methodology was selected for analysing the interview and observational data of 28 group members and 23 facilitators. The selection of this methodology was based on the research question: what is the nature of offender and facilitators' engagement and what influences it; my general epistemological position; and, an examination of competing methodologies (phenomenology and PAR). The interview scheduling and process was guided by Spradley's (1979) discussion of ethnographic interviewing, and involved a total of 26 interviews. A non-participatory, informal method was employed for observing a total of eight programme sessions.

Efforts towards achieving research trustworthiness were achieved through: familiarity with the culture of participating Probation Trusts, peer scrutiny of the research (supervisory team) and participant checks on transcripts and the emergent theory(credibility); recognition of diversity and its limits among participants (transferability); the use of a prototype model for design (dependability) and triangulation methodology and detailed methodological description (confirmability).

Part 1:
Systematic Reviews of Engagement Research

Chapter 3: Client engagement in psychotherapeutic treatment

3.0 Introduction

The aim of this Chapter is to present a review of the research on clients' engagement in treatment, including psychotherapy, counselling, or any programme targeting cognitive and/or behavioural change. It provides a broad overview of the research on engagement of non-offenders in any psychotherapeutic setting to provide a backdrop for a more focused review of the research on engagement of offenders in group settings (Chapter 4). The literature review was published by Clinical Psychology Review in June 2014 (the full reference for which is provided below). In the interests of avoiding any potential copyright issues, this Chapter constitutes the word version of the accepted, pre-published, unedited article.

Holdsworth, E., Bowen, E., Brown, S., and Howat, D. (2014) 'Client engagement in psychotherapeutic treatment and associations with client characteristics and treatment factors'. *Clinical Psychology Review* 34, 428-450

Chapter 4: Offender engagement in group programmes

4.0 Introduction

The aim of this Chapter is to present a review of the research on offenders' engagement in group programmes. This narrows the focus of the literature reviewed in Chapter 3 and reflects the population and treatment setting to which the research presented in Part 2 directly relates. The literature review was published in Aggression and Violent Behavior in March 2014 (the full reference for which is provided below). In the interests of avoiding any potential copyright issues, this Chapter constitutes the word version of the accepted, pre-published, unedited article.

Holdsworth, E., Bowen, E., Brown, S., and Howat, D. (2014) 'Offender engagement in group programmes and associations with offender characteristics and treatment factors'. *Aggression and Violent Behaviour* 19 (2), 102-121

This article has been removed due to third party copyright. The full text is available on Curve at https://curve.coventry.ac.uk/open/items/e3d956a3-920c-4e68-84f9-000f46e89ab6/1/

4.2 Summary

The literature review of offender engagement in group treatment settings confirms that offender engagement has thus far been insufficiently conceptualised, theorised, and defined. The review provides a Figure which organises engagement variables as engagement determinant variables (motivation, programme responsivity, counsellor rapport, peer support, social support, the out of session environment), engagement process variables (attendance, participation or involvement, homework or out of session behaviours, self-disclosure), and engagement outcome variables (completion/dropout treatment satisfaction, behavioural change). In terms of associated factors, demographic factors and historic factors were highly equivocal in terms of how they were associated with engagement, although historic factors tended to discriminate completers from non-completers in the community rather than prison, possibly because of the mediating influence of environmental factors. Some psychosocial factors were associated with offender engagement (e.g. hostility, impulsivity, decision-making) while others were not (e.g. anger, addiction severity, attitudes towards women and violence), potentially because of the extent to which these factors are relevant to offenders' abilities to work in group treatment settings. There were equivocal findings of associations between motivation and engagement, indicating its susceptibility to fluctuation over the course of treatment. The few treatment factors investigated (learning new skills and strategies, role-play, identifying with other group members at a more advanced stage of change, therapeutic relationship/counsellor rapport) were more consistently, positively related to engagement. How these findings compare with those of the broader review of client engagement across different psychotherapeutic treatment settings will be discussed in Chapter 5.

Chapter 5: A Synthesis of the Engagement Literature Reviews

5.0 Introduction

The aim of this Chapter is to synthesise the findings and conclusions from the two literature reviews reported in Chapters 3 and 4. This synthesis underpins the characterisation and organisation of the variables employed to define engagement in the existing research into a literature review-based Figure of engagement (Figure 5.1). The associated offender characteristics and treatment factors are identified to help interpret and elucidate the TEGOBP reported in Part 2.

5.1 Characterisation and organisation of engagement variables

The same underlying variables to define or assess engagement were used in both reviews, with a few differences that can be seen in Table 5.1 below. As can be seen, only some of the variables were employed in the research reviewed on the engagement of non-offenders whereas all of the engagement variables were employed in the research reviewed on the engagement of offenders.

Table 5.1 Engagement variables investigated in offender and non-offender engagement research

Engagement variable	Literature review
Attendance	Offender and non-offender engagement
Completion/dropout	Offenders' engagement
Participation or involvement	Offender and non-offender engagement
Out of session behaviours or homework	Offender and non-offender engagement
Therapeutic relationship or counsellor rapport	Offender and non-offender engagement
Treatment satisfaction	Offender and non-offender engagement
Treatment motivation	Offender engagement
Peer support and social support	Offender engagement
Self-disclosure	Offender engagement

Three key arguments made in both reviews were that: (i) engagement has been insufficiently defined, with sometimes only one proxy (such as attendance) employed; (ii) different variables have been employed as proxies for engagement, and; (iii) a lack of theory has contributed to confusion about what constitutes engagement in treatment. Some authors have assessed variables such as counsellor

rapport (e.g. Dowling and Cosic 2011, Joe et al. 2002), or peer support (Joe et al. 2002) as constituents of engagement while others have conceptualised these variables as determinants of engagement (e.g. Boardman et al. 2006, Moyers, Miller and Hendrickson 2005) or motivation to engage in treatment (Drieschner, Lammers and van der Staak 2004). Consequently there seems to have been a conflation of terms, possibly because variables that have been established as associated with treatment outcomes have been employed as engagement proxies.

The offender research in particular has also focused on completion rates or dropout rates as indices of engagement (e.g. Cook et al. 1991, Marinelli-Casey et al. 2008); yet these rates can only retrospectively infer engagement and only if completion is qualitatively assessed in relation to treatment objectives. Consequently, completion rates represent one outcome of engagement. These foci in the literature may have contributed to the tendency to miss important variables that indicate that engagement in the process of change is occurring, such as out of session behaviours or homework, assessed by very few researchers (e.g. McCarthy and Duggan 2010). While each of the variables employed to define engagement are relevant to engagement, distinguishing between their functions and how they are interrelated and influence one another is important for the development of clearer understanding of engagement in treatment and change.

The findings in relation to the engagement variables from the two reviews are drawn together and presented in Figure 5.1. The engagement variables are organised across a temporal dimension divided into three treatment phases: pre-treatment phase; during treatment phase; and post-treatment phase. This discrete temporal dimension is useful to demonstrate the occurrence of each variable in relation to the occurrence of treatment. Certain variables (e.g. attendance, participation) can only occur during treatment, while others such as treatment motivation exist before as well as during treatment, as does their influence on other variables. Engagement determinant variables exist at both the pre-treatment and during treatment phases, while in contrast, engagement process variables are all treatment-related behaviours that occur during the course of treatment. The engagement process variables are thus clearly differentiated from all the determinant variables in Figure 5.1, which are either cognitively-based (e.g. treatment motivation), or dependent on others (e.g. counsellor rapport, peer support).

Pre-treatment

During treatment

Post-treatment

Treatment ceases at the point offender stops attending

Social support / out of session environment

Pre-treatment motivation

In-treatment motivation

Motivation to continue with changes

Attendance

Peer support

Participation or involvement

Self-disclosure

Out of session behaviours or homework

Completion or dropout

Therapeutic relationship

In-treatment satisfaction

Post-treatment satisfaction

Figure 5.1 Characterisation and organisation of variables employed to define engagement in the existing research.

Key for Figure 5.1

Engagement determinant variables

Engagement process variables

Engagement outcome variables

Relationships established in the studies reviewed   ⟶   ⟵⟶

Relationships argued within review conclusions   ----⟶   ⟵----⟶
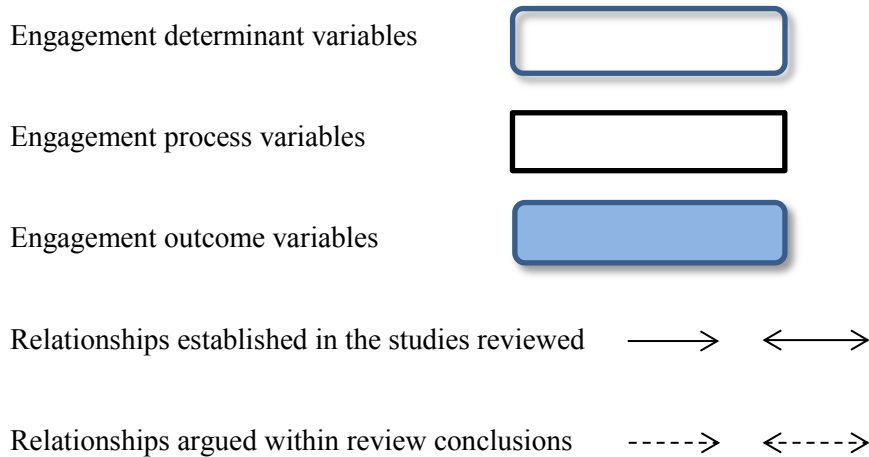
Engagement outcome variables exist during treatment and at the post-treatment phase, which is from whenever the offender stops attending treatment sessions (ranging from after the first session to after the final session). The figure demonstrates the relationships among each of the engagement variables. Each of the engagement variables and their influences on other variables in the figure are now discussed in more detail.

5.1.1 Engagement determinant variables

The therapeutic relationship and peer/social support are interrelated with treatment motivation. Motivation evolves over the course of treatment, existing beforehand as a factor contributing to treatment readiness (Ward et al. 2004), changing during treatment (in-treatment motivation) through the influence of treatment factors (e.g. therapeutic relationship) and developing into post-treatment motivation, a drive to continue maintain or continue to make treatment-related changes.

The therapeutic relationship exists during treatment and is interrelated with in-treatment motivation and has a diffuse influence (Scott and King 2007) on all the engagement process and outcome variables. It has a reciprocal relationship with in-treatment satisfaction but it also has an influence on post-treatment satisfaction, as the therapeutic relationship can be central to offenders' retrospective ratings of their treatment experience (Lee, Uken and Sebold 2007).

Peer support is the influence of other offenders on engagement within the treatment sessions. It is reciprocally related to in-treatment motivation, and has a direct influence on treatment participation. Social support is the constant influence of offenders' social networks on engagement. I proposed in the review of offender engagement that although not employed as a proxy for engagement, the out of session environment (e.g. prison or the community, living with parents or alone) is also likely to have a constant, significant influence on engagement. These factors have a diffuse influence on motivation to engage in treatment as well as a direct influence on participation and out of session behaviours or homework, mirroring the influence of peer support on treatment participation. The offender characteristics and

treatment factors associated with engagement determinant variables according to the literature reviewed in Chapter 4 can be seen in Figure 5.2 below.

```
┌─────────────────────────────────┐           ┌──────────────────────────────────────┐
│ Peer support │ Social support   │           │      Offender characteristics        │
│              │ Out of session   │◄────────► │      Positively associated with:     │
│              │ environment      │           │  Confidence, self-esteem, self-efficacy, │
└─────────────────────────────────┘           │   motivation, treatment readiness    │
        ▲              ▲                       │                                      │
        │              │                       │      Negatively associated with:     │
        │              ▼                       │  High antisocial scores, criminal thinking │
┌─────────────────────────────────┐           │          style, hostility            │
│      Treatment motivation       │           └──────────────────────────────────────┘
│                                 │◄────────►
└─────────────────────────────────┘           ┌──────────────────────────────────────┐
                                               │      Offender characteristics        │
                                               │      Negatively associated with:     │
                                               │        Substance dependency          │
                                               └──────────────────────────────────────┘

┌─────────────────────────────────┐           ┌──────────────────────────────────────┐
│ Counsellor rapport / therapeutic │           │      Offender characteristics        │
│         relationship            │◄────────► │      Positively associated with:     │
└─────────────────────────────────┘           │  Decision-making, motivation, treatment │
        ▲                                      │              readiness               │
        │                                      │                                      │
        ▼                                      │      Negatively associated with:     │
┌─────────────────────────────────┐           │   Cold-heartedness, criminal thinking │
│      Treatment factors          │           │  style, denial, depression, hostility, │
│      Positively associated with: │           │            risk-taking               │
│  Treatment satisfaction, learning new skills, │           └──────────────────────────────────────┘
│  use of psycho-educational material, positive │
│          group attitude          │
└─────────────────────────────────┘
```

Figure 5.2 Offender characteristics and treatment factors associated with engagement determinant variables

Note: Associated offender characteristics and treatment factors were included if there was a finding of an association with the engagement determinant variables in at least one study, or at least one study more than the

5.1.2 Engagement process variables

Attendance, participation, out of session behaviours or homework, and self-disclosure constitute what offenders 'do'; they are their active efforts within and between treatment sessions. Attendance is of limited value as a proxy for engagement but a certain amount is needed to allow for the occurrence of other engagement variables. In other words attendance is a necessary condition for engagement.

Participation or involvement is a key, multifaceted engagement process variable representing a range of discursive, reflective, and pro-active behaviours within treatment sessions. Out of session behaviours or

homework likewise represents any treatment-related behaviours occurring between sessions. These two variables are distinct but become linked when disclosures of out of session efforts towards change are made in treatment as a form of treatment participation.

Self-disclosure may be a key engagement process variable that reveals the extent of engagement in treatment as well as change. While self-disclosure have been researched in relation to the disclosure of offending behaviour (Frost 2004), self-disclosure of efforts and changes are also important, and of particular relevance to strengths-based programmes.

The offender characteristics and treatment factors associated with engagement process variables according to the literature reviewed in Chapter 4 are presented in Figure 5.3.

Attendance

Offender characteristics
Positively associated with:
Having been incarcerated for longer

Negatively associated with:
Use of alcohol/substances

Treatment factors
Positively associated with:
Court-ordered to treatment/drug court, positive perception of programme/organisation policies, learning new skills, use of psycho-educational material, identifying with others who have changed

Participation & involvement

Offender characteristics
Positively associated with:
Employment, female, having been incarcerated for longer, decision making, social support, motivation, positive outlook

Negatively associated with:
High scores for antisocial, histrionic, narcissistic, borderline, criminal thinking, denial, depression, hostility, impulsivity, psychopathy, risk-taking

Treatment factors
Positively associated with:
Court-ordered to treatment/drug court, positive perception of programme/organisation policies, treatment satisfaction, treatment progress, learning new skills, use of psycho-educational material, drama/role-play, pre-treatment programme, identifying with others who have changed, positive group attitude

Out of session behaviours/homework

Offender characteristics
Positively associated with:
Being evasive or ambivalent towards treatment

Negatively associated with:
Impulsivity, psychopathy, being defensive or opposed to treatment

Treatment factors
Positively associated with:
Counsellor rapport, treatment matched to stages of change identifying with others who had changed

Self-disclosure

Offender characteristics
Negatively associated with:
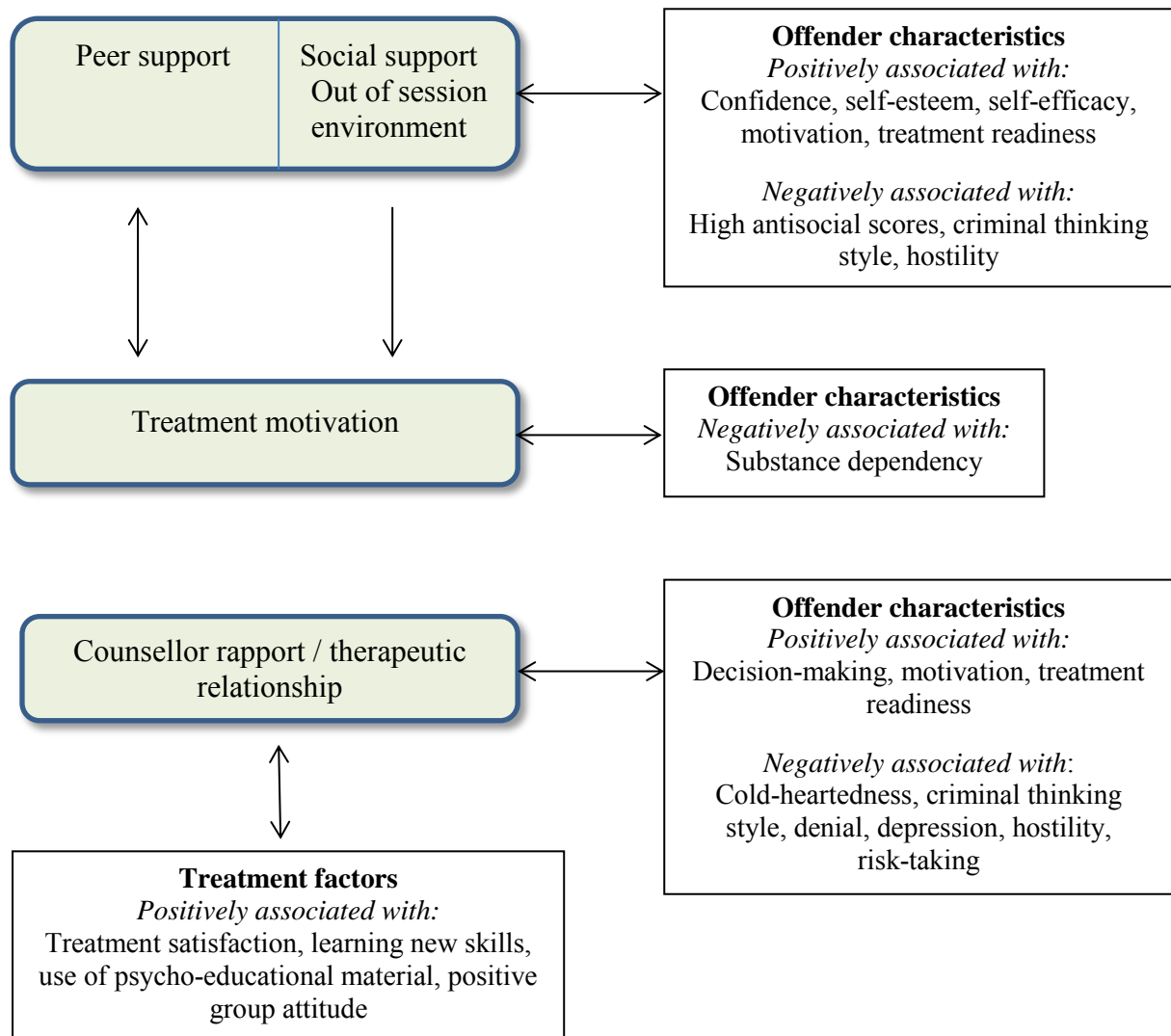Being evasive or ambivalent towards treatment

Figure 5.3 Offender characteristics and treatment factors associated with engagement process variables

Note: Associated offender characteristics and treatment factors were included if there was a finding of an association with the engagement process variables in at least one study, or at least one study more than the number of studies that found no association.

5.1.3 Engagement outcome variables

Treatment satisfaction, completion, and dropout are engagement outcomes. Treatment satisfaction is conceptualised here as offenders' perceptions of treatment gains or benefits, as opposed to early perceptions of treatment suitability, which are more likely to be determinants of engagement. In-treatment satisfaction can begin to occur after the first session, and continue to exist through the course of treatment as well as after treatment. Post treatment satisfaction is likely to be more stable than during treatment satisfaction because it incorporates reflections of treatment experience as well as treatment outcomes. In-treatment satisfaction on the other hand, is likely to be prone to a high degree of fluctuation through the course of treatment (e.g. Simpson et al. 2012). High treatment satisfaction but possibly low engagement may accompany perceptions of an undemanding session but the reverse may be the case for more demanding sessions. Thus in-treatment satisfaction represents a series of potentially different engagement outcomes following each session that may not necessarily correlate with engagement process variables.

Completion or dropout is of limited value in assessing engagement, on the basis that offenders may have completed treatment with minimal participation, or conversely participated a great deal, but dropped-out early. Completion or dropout can only be used to retrospectively infer if engagement did (or did not) occur during treatment, and only it if is qualitatively assessed in relation to treatment criteria. Thus completion or dropout are considered here to be more complex engagement outcomes based on the quality of engagement process variables (participation and out of session behaviours) and influenced by social support and the out of session environment.

The offender characteristics and treatment factors associated with engagement outcomes variables according to the literature reviewed in Chapter 4 can be seen in Figure 5.4.
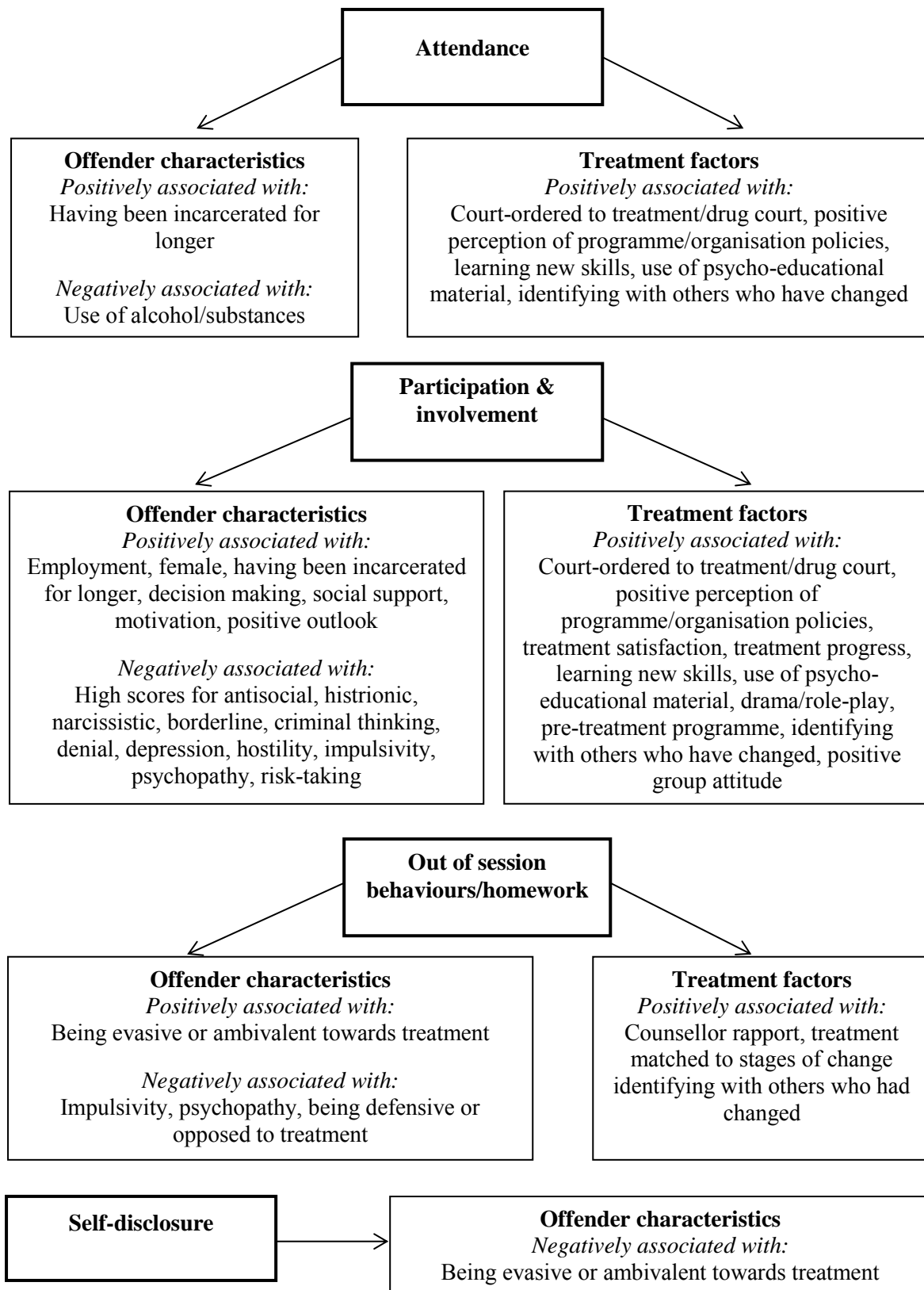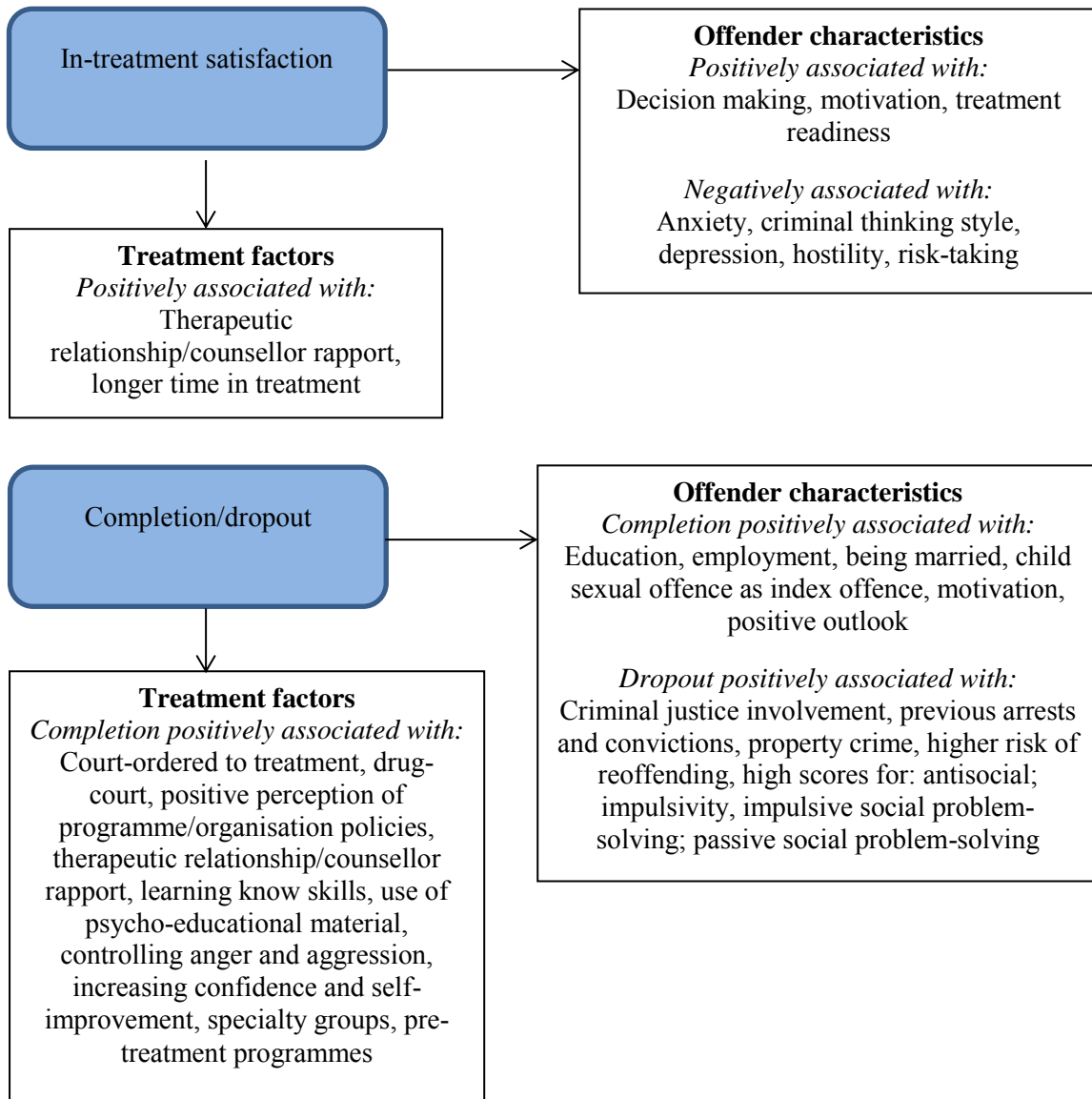
Figure 5.4 Offender characteristics and treatment factors associated with engagement outcome variables

Note: Associated offender characteristics and treatment factors were included if there was a finding of an association with the engagement outcome variables in at least one study, or at least one study more than the number of studies that found no association.

5.2 Summary

Common to both literature reviews was the finding that engagement has been insufficiently and inconsistently defined and assessed, and there is a lack of engagement theory. There were common proxies for engagement across both reviews but research on the engagement of offenders has particularly relied upon completion and dropout rates. There were some differences in both reviews in the roles assigned to engagement variables such as the therapeutic relationship and counsellor rapport (i.e. whether they were conceptualised as determinants or constituents of engagement). A literature review-based Figure of engagement was proposed that organises and characterises the roles of the variables employed to define

engagement in the existing research. The variables are organised across a temporal dimension of pre, during, and post treatment, and distinguishes between engagement determinant variables, engagement process variables, and engagement outcome variables. The offender characteristics and treatment factors related to each of the engagement variables were identified to build a more detailed picture of the nature of offender engagement, and provide important points of reference to interpret the TEGOBP reported in Part 2.

Part 2:
The Development of a Theory of Engagement in Group Offending Behaviour Programmes

Chapter 6: Group members' engagement in Group Offending Behaviour Programmes

6.0 Introduction

The aim of Part 2 is to develop a theory of engagement in GOBPs. The focus of this Chapter is on the aspect of the theory that emerged from the interview data from the participating group members and observations of programme sessions. All the data extracts are accompanied by a code describing the source of the extract, as per the coding system presented in Section 2.4.

6.1 Moving on

Throughout the data, irrespective of programme type, group members' descriptions of how they experienced programme sessions constituted a sense of personal journey. Moving on was about group members progressing from the point of referral through the programme and *learning* something, either about their behaviour and why they had offended, or about strategies that would help stop them from reoffending. These personal journeys comprised a range of emotional processes and behavioural processes that were inter-related. For example *feeling apprehensive* about the programme and change led to group members *relating to other group members,* which in turn helped mitigate feelings of anxiety and apprehension. Likewise, *coming to terms with the past* and *offending behaviour* represented important emotional turning points that led to group members taking the initiative and *making changes,* all of which represented important steps in the engagement process and moving on. *Making changes* also strengthened one of the drivers for engagement and moving on, which was about *feeling things change. Relating to facilitators* and *realising programme relevance* had an important influence on group members' efforts, such as *working together as a group,* and *making self-disclosures.*

The conceptual categories that constituted 'moving on' accounted for group members' personal journeys but 'where to' and 'where from' were not referred to. In other words their orientation when discussing their experiences attending the GOBPs was rooted in what was going on at that time; i.e. what was going on when they found out about the programme, and what was going on when they were attending the sessions. *I'm feeling already that, you know, I'm getting there.* (38 F SF 150-151)   However, it was implicit in the data that their experiences of being involved in GOBPs was about moving away from what had brought them to the programmes in the first place.

Figure 6.1 depicts group members' engagement in GOBPs as moving on, which has eight conceptual categories. Three of these categories represented drivers, or emotional and motivational factors influencing

engagement. **Internal drivers for 'moving on'** existed throughout, having a pervasive impact on all of the processes involved in moving on, whereas **in-session drivers** had a more specific influence on working within programme sessions. **Feeling ambivalent** existed before and at the start of programmes and represented an emotional phase group members experienced that had an influence on their subsequent engagement. Four of the eight conceptual categories concerned behavioural processes related to the emotional consequences involved in moving on, which were: **negotiating the group**; **working as a group**; **acknowledging and accepting**; and **taking the initiative.** These conceptual categories comprised group members' behaviours and efforts to move on throughout the course of the programme. The final conceptual category, **perceiving barriers to moving on** had a pervasive influence on each of the other processes involved in engagement. Each conceptual category comprises a number of subcategories that are shown in Figure 6.1. In addition, there are further subcategories in 'negotiating the group, and 'perceiving barriers to moving on' which are discussed in their relevant Sections.

6.3 Internal drivers for moving on:
6.3.1 Getting through it;
6.3.2 Wanting to learn about self;
6.3.3 Seeing self as an agent for change;
6.3.4 Feeling things change

Pre-programmes

During programme sessions

6.2 Feeling ambivalent:
6.2.1 Feeling unprepared;
6.2.2 Feeling apprehensive but motivated

6.4 Negotiating the group:
6.4.1 Establishing a position: Making social judgements & comparisons with other group members;
6.4.2 Relating to group members

6.5 In-session drivers for moving on:
6.5.1 Relating to facilitators;
6.5.2 Realising programme relevance

6.6 Moving on as a group:
6.6.1 Working together as a group;
6.6.2 Engaging each other;
6.6.3 Making self-disclosures;
6.6.4 Learning from each other

6.7 Acknowledging and accepting:
6.7.1 Coming to terms with the past;
6.7.2 Coming to terms with offending

6.9 Perceiving barriers to moving on:
6.9.1 Programme & referral factors;
6.9.2 Facilitator characteristics & behaviours;
6.9.3 Group member characteristics, behaviours, & the group environment

6.8 Taking the initiative:
Making changes

Figure 6.1 Group members' engagement as 'moving on'

Key for Figure 6.1

Conceptual categories influencing engagement

Conceptual categories comprising the engagement process

Relationships between conceptual categories

Relationships between subcategories   - - - - ->   <- - - - ->

6.2 Feeling ambivalent

Before moving on, group members experienced ambivalence that influenced the first sessions and the early stages of group members' journeys. This ambivalence seems to have been a mixture of emotions they experienced as they anticipated what the programme would be about, what would be expected of them, and what other group members would be like. These emotions were in many cases influenced by how group members were referred on to programmes and how much information they were given about them. This conceptual category comprised two subcategories: *feeling unprepared* and *feeling apprehensive but motivated* that together comprised group members' feelings of ambivalence.

6.2.1 *Feeling unprepared*

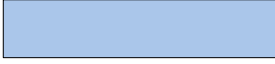A number of group members experienced a feeling of being unprepared. One participant reported experiencing a period of feeling low at the time he was referred on to the programme, which left him feeling as though he was not mentally in the right position to attend.

> *I am usually a proper outgoing person but for a few months there I was just going in myself, you know what I mean, and that is what I was saying, I didn't have it in my head to come and do this course.* (33 M A TSP 73-74)

The participant seems to have felt as if he needed to be in the right mental state before attending the programme. He may have considered that the whole experience of 'doing' the programme would be mentally challenging, and therefore required mental preparations.

In some cases group members experienced a degree of uncertainty over what to expect. This generated feelings of unpreparedness in relation to not only the programme but also the 'people'; i.e., other group members.

> *...the situation of the people ...I didn't know what to expect.* (39 F N SF 32)
> *...the first three sessions, everybody was a bit tight, because we didn't know what to expect.* (23 F A DID 810-813)

Seeing others in the group feeling unprepared was attributed to the shared experience of not knowing what to expect. Everyone being 'tight' may have indicated a general lack of willingness to be involved in programme tasks and make disclosures among group members. The fact that the participant perceived that this lasted over the first three sessions indicates that it took a while for the group to settle and become involved in programme tasks. One participant reported how his feeling of unpreparedness through not knowing what to expect was compounded by seeing other group members not wanting to be 'there' on the programme, which made it difficult for him to be 'there', or be involved.

> *...just didn't know what to expect and of course I'm sat with a whole bunch of other guys as well who don't wanna be there quite frankly, so it was quite hard.* (42 M N SF 63)

6.2.2 *Feeling apprehensive but motivated*

Feelings of apprehension were apparent in participants' accounts, probably as a consequence of feeling unprepared and not knowing what to expect.

> *I was a bit anxious, nervous, apprehensive.* (42 M N SF 63-66)

In one case these feelings were specifically in relation to the other group members, and the prospect of meeting them.

> *...maybe a little bit apprehensive of the other people, just meeting different faces,* (39 F N SF 30-31)

However, these feelings were mixed with motivation and curiosity, as one group member positively looked forward to what the programme might involve.

> *I was looking for anything I can take away from the course which would help me and in any way get what I wanted to achieve.* (42 M N SF 240-242)

He seems to have been open-minded about what he could take away from the programme that would help him get what he wanted to 'achieve', which was perhaps a goal he already had in mind. This motivation and curiosity may have become an important internal driver for moving on, attracting him back to attending and participating in future sessions. But when combined with feelings of apprehension at the start of programmes, the contrasting emotions contributed towards ambivalence.

6.3 Internal drivers for moving on

There were a number of internal drivers for engagement and moving on that existed throughout group members' personal journeys and experiences on the programmes. These acted as motivators that helped create momentum and encouragement and comprises four subcategories: *getting through it; wanting to learn about self; feelings things; seeing self as an agent for change;* and *feeling things change.*

6.3.1 *Getting through it*

The process of moving on sometimes reflected an on-going motivation of some participants to simply 'get through the programme', which they saw in others as well as themselves.

> *There were some people there, the two people in the army are there because they're there and they consider the group as having to get through it. This is what you have to do.* (25 M A SOTP 547-549)

The participant perceived others as being there because they were mandated to attend the programme, but by referring to other group members, he does not appear to have considered himself in the same position. Similarly, another participant identified 'some people' as wanting to go through the motions and get the programme completed and out of the way, although he did include himself as one of those mandated to attend.

> *I know some people come on this programme because we are told to come here, they just want to get it done and out of the way.* (33 M A TSP 355-356)

Another participant admitted attending the programme to satisfy court requirements, perceiving that she did not really 'need' to complete the programme, which seems to suggest she may not have perceived any personal gain or benefit from attending the programme, or at least did not want to portray these.

> *I didn't really need to do it, but I did it because I needed something for when I was back in court* (39 F SF 16-17)

Even needing 'something' for when the participant was back in court may have been an instrumental motivating factor for attending the programme. The prospect of the alternatives also served as a strong motivator for another participant, not only for completing the programme, but putting in effort and 'giving it a go'.

> *I said 'well look, you know, I am going to have to give it a go because otherwise it's jail'* (33 M A TSP 55-56)

Another group member stated he was only concerned with not getting into trouble again.

> *...the only thing I am bothered about is getting into trouble again. Obviously make sure I am here on time because if I get a breach I am back into court.* (35 M A TSP 78-80)

While this group member reported only being 'bothered' about getting into trouble or going back to court these were arguably key aims of the programme, and therefore effective drivers for him to attend the programme and move on.

Getting through the programme was also a driver for one group member in a less obvious or detectable way.

> *So they asked me questions* [about empathy] *I couldn't answer, so I did the best I could to answer, cos I was giving them what I thought they wanted to know. So what I had to do was*

>*to think; what would I do if I had, you know, think you've got a lot of empathy, then what would you say about that? And so I just said that.* (25 M A SOTP 299-304)

This was perhaps a slightly different type of driver to getting through the programme to satisfy court requirements and staying out of trouble, because the group member perceived himself as only giving an impression of involvement to move on, as opposed to being 'genuinely' involved to move on. But nonetheless, getting through the programme may still have been sufficient enough driver to move on.

6.3.2 *Wanting to learn about self*

Two participants reported a desire to find out information about themselves, and why they had behaved in certain ways in the past, and why they may still behave in certain ways. There was an expression of hope that represented an important personal driver to engagement and moving on.

>*...personal situations, so obviously myself and other guys having issues with their exes and that's really, the key was to why.* (42 M SF 231-232)

A female participant perceived that learning about herself was about discovering how other people affected her. What emerged in the next extract seems to be her personal reflection on how problematic relationships resulted in her behavioural patterns, and that knowing why these patterns came about may help her to break them.

>*...making us aware of how other people affect our actions, a bit more of that like why do we work like that? Why is it? Like we do things because of other people and we can make a decision purely focusing on ourselves or what's important to us, rather than doing it because somebody else told you to and why we do that.* (39 F SF 217-220)

Simply being faced with what she already knew about herself seems to have been regarded as redundant in her learning. Learning something about herself was constructed as needing to know something new and insightful.

>*I suppose you can't be told what you already know, that kind of thing I suppose. I'm looking for something that I don't already know, something...somebody to say to me something - go away and try it, like that, just think like that for 10 minutes and do it that way.* (39 F SF 227-229)

6.3.3 *Seeing self as an agent for change*

Participants revealed what appeared to have been a sense of themselves as agents for change, and therefore responsible for moving on.

>*They're here to help you but you've got to be willing to be helped.* (21 M A IDAP 391)
>*You are the one that needs to achieve it, no-one else can really, obviously you can get help and support but if you want them goals you have got to go and do it yourself.* (35 M A TSP 195-196)

Facilitators were positioned as supporting change and there appears to have been a matching of desire ('them goals') with the work needed ('do it yourself') as a simple, task/reward logic. But the simple

task of asking for help, through recognising the need for help, may have been the important first step towards moving on and achieving change.

> *My key thing was I asked for help. I said I really need help and I want to get to the bottom of this.* (21 M A IDAP 84-85)

By stating he 'wanted to get to the bottom of this' the group member wanted help to explain the reason he was there, the reason he had offended, which was his internal driver for engagement and moving on and engaging in the programme.

6.3.4 *Feeling things change*

A sense of progress and feeling things change were important internal drivers for moving on. One participant reported feelings things change the moment he started the course.

> *When I started the course, things started changing. I felt things change and being happy and things like that.* (22 M A IDAP 286-287)

This feeling of happiness was shared by a female group member but she began to feel differently before the programme had even begun.

> *I feel happier, happier that there's something out here to help me, you know, it wasn't until I went into court, I was feeling the way I did and it started to happen, I knew that something was out there for me to help me…*(38 F SF 159-161)

She may have known she needed some help, and simply knowing that the programme might offer this was enough for her to perceive a feeling of change that spurred her on through the programme. This made the programme enjoyable, seemingly to the surprise of one participant who then became intrigued as to how much more he could learn and progress**.**

> *It sounds a bit weird saying I enjoyed it but I felt like I was learning something and I was getting somewhere…it's long* [2½ hour programme session] *but it doesn't feel that long once you're cracking on with it and I suppose it's got to be that sort of time for everyone to sort of put their bit in. So you feel like you're getting somewhere and you're intrigued to sort out the next chapter and things like that, the next module and the stuff you're thinking about that you want to sort of bring to the group.* (21 M A IDAP 74-82)

Intrigue and curiosity were important drivers for moving on. The participant was considering what to 'bring to the group' indicating he had reflected in between sessions on aspects of the programme and had considered what would be relevant to contribute in the next session.

> *I was quite looking forward to going back to the group on a Tuesday and having my say and write down my goal and just stay positive really.* (42 M SF 312-314)

A sense of progress seems to have had a cumulative effect over the course of the programme, whereby a participant felt the programme had become easier over its course.

> *…but I felt better coming out than when I went in. And I think the more of the weeks have gone on, the easier it is.* (39 F SF 202)

Feeling things change and a sense of getting somewhere was a driver for taking the initiative and making changes but in turn, making things change generated feelings of progress.

6.4 Negotiating the group

This conceptual category reflects how group members went through a process of negotiating and navigating their way around the group at the start of the programme. Firmly linked with the conceptual category 'feeling ambivalent', group members' mixed emotions about attending the programme and not knowing what to expect, particularly in relation to people, i.e. other group members, led to them wanting to establish a position in the group by making social judgments and comparisons with others. This paved the way for relating to other group members and forming relationships and working alliances. This process of negotiating the group may then have alleviated feelings of ambivalence as group members then moved on as a group (Section 6.5). The social judgments and comparisons group members made, and the group member inter-relations were common amongst the participants, transcending programmes and consequently group phenomena. Negotiating the group comprises two subcategories: *establishing a position: making social judgements and comparisons with other group members;* and *relating to group members,* each of which comprise further subcategories.

6.4.1 *Establishing a position: Making social judgements and comparisons with other group members*

Participants revealed stereotypical views, perceptions of group hierarchies, and comparisons along a number of dimensions that enabled them to establish their positions in their groups.

6.4.1.1 Stereotyping offenders

Two participants reported being shocked by how other group members did not resemble the preconceptions they held about what they would be like.

> *My vision of it was gonna be sitting in the room with a lot of guys, with skinheads and Doc Martin boots, combats and stuff like that...it was a big shock.* (22 M A IDAP 51-54)
> *...and obviously before you attend these things you have preconceptions of what it's gonna be like, I was quite shocked at how normal all the people appeared to be.* (25 M A SOTP 8-10)

This 'shock' indicates that they had preconceptions that other group members would be like. There appears to be a form of stereotyping of domestic violence offenders as looking and dressing in a way that conveys an impression of being physically abusive. Although in the second extract the participant did not state what he had preconceived other sexual offenders attending the programme might 'appear' to be like, in both extracts the participants seem to have separated themselves from the broader group of offenders, as if their preconceptions of what offenders would appear to be like were based on stereotypes they did not consider themselves to reflect.

Conversely another participant categorised himself as an offender, and consequently, far from being shocked, he found other group members to be what he was expecting.

> *...because we are all offenders and things like that, you just seem to be a bit more, you know like, I don't know, a bit more lively type of thing, so yeah, I suppose that is what it was, but I was expecting that anyway.* (33 M A TSP 84-86)

Another participant reported no preconceptions or expectations.

> *I was open minded about it cause I think that you have to be open minded with something like this because we're all gonna come from different backgrounds.* (38 F SF 35-36)

The perceived likely differences between group members as opposed to their similarities meant this participant kept an open about what to expect.

6.4.1.2 Recognising a hierarchy

Participants implicitly constructed hierarchies in terms of positions and roles that other group members would then be perceptive to. This implicit hierarchy may have been more perceptible when group members joined the group at different times, which was the case when programmes were delivered on a rolling format. Negotiating the group was particularly difficult for a participant who perceived that the group was already 'established'.

> *It's quite intimidating at first, especially when you go into the group that is already sort of established because there's gonna be a bond and a clique between certain people and there is an inner group, let's say eight people, there's instant, there's like a hierarchy - who talks and who decides and one just listens...it's quite...yeah, I spotted that within the first five minutes.*
> (22 M A IDAP 56-60)

The group member quickly perceived the implicit structure of the group, the hierarchy, and the associated informal group rules that had been established prior to his joining the group. Informal rules from the established hierarchy dictated group members' roles, who spoke and who listened, and while this was obvious to the participant, it made him feeling intimated, as if someone new joining the group might be regarded by the other group members as disruptive to the established hierarchy. Being the 'new' group member may have made him wary, at least initially, which may have in turn hindered his ability to relate to other group members, work as part of the group, and move on (see Section 6.8.3).

6.4.1.3 Comparing age

For some participants, how old group other members were was indicative of what stage they were at in terms of their thinking in relation to their offending behaviour. Participants were able to see how other younger group members were going through experiences they had already gone through.

> *...so sometimes when they* [other group members] *are on about money and things like that, I just think sometimes yeah, I have done it in my youth.* (33 M A TSP 125-126)

However one participant reported how difficult it was for people of his age and older to be grouped with other younger, 'strong-headed' group members, who were seen by him as representing the stereotypes of domestic violence offenders

> *...but there will be difficult times in group sessions when you've got men of my age - late 30s 40s, possibly 50s plus, then you've got the younger group up to 30s, like from 18 to 30. They're very strong-headed, they want to be out there to be deemed as though they're the man, 'I'm gonna show my friends that I'm not gonna be pushed around by no woman' - stereotyping.* (21 M A IDAP 119-123)

The participant ma have perceived it as 'difficult' working with other younger group members because they were going through experiences he had already surpassed, but also because their 'strong-headedness' disrupted other group members' abilities to engage and move on.

There was a dilemma recognised by one participant who saw the age of younger group members as preventing them from being able to 'take on' the programme whilst recognising how much they needed the programme to prevent matters getting worse. Therefore there the participant perceived a sense of timeliness in relation to programmes, an optimum time when group members should 'take it on'.

> *But there's also members of the group that you think; you're too immature to take this on, being in the wrong time of your life. But then there was the one guy, I'm thinking you need this more than ever mate, cos you're gonna end up fucking your life up. And I really felt for him, you know.* (22 M A IDAP 434-439)

There may have been feelings of frustration and powerlessness to help some of these younger group members, although the participant did form a bond with one group member whom he took 'under his wing'.

> *There was a guy on the course, I looked at him and we got on...and I thought shit, that's like me when I was like 21 sort of thing, you know and I sort of looked after him a bit.* (22 M A IDAP 54-56)

Recognition of similar characteristics helped the development of a bond, whereby the participant took on the position of mentor. The positions of mentor and mentee may have created a relationship that helped both group members to move on.

6.4.1.4 Comparing levels of aggression and seriousness of offending behaviour

Group members' problems with aggression emerged as being an important point of comparison. One participant attending a domestic violence programme used his perceived aggression levels among other group members to position himself within the group, which in turn underpinned his perceptions of how bad his past behaviours had been.

> *... listening to other people's problems and thinking, crikey! I haven't done that bad or I have done worse than this gentleman. Obviously in the group sessions there's people at different*

levels of aggressiveness and whatever behaviour they've done wrong. I don't know whether they count it in grades 1 to 5. I consider myself... I would probably say I was a 3 – medium, which wasn't good. (21 M A IDAP 29-34)

The participant positioned himself in the middle, expressing some disappointment at his offending behaviour. This way of measuring his past behaviours was different to how he had previously assessed his behaviour.

Then I see it on a different scale [own offending behaviour]. *I see, or I have seen, I should say, the men that have done worse than I've done, going on scaffolding poles, banging on the windows and threatening to take lives and stuff like that. That makes a person like me in between, not so bad or really bad.* (21 M A IDAP 42-48)

Another participant attending a sexual offending treatment programme made comparisons on perceptions of seriousness of offending behaviour rather than levels of aggression, classifying other group embers as either 'lesser' or greater offenders. He speculated that his position of being a 'lesser offender' may have been due to his ability to 'rationalise' his offences.

I never felt really that bad about it and from the people in the group I seemed to be the lesser offender of all of them. Either that or maybe I'm able to rationalise it better than them. But it was useful in that respect, it was useful to meet other people. (25 M A SOTP 928-931)

The participant may have considered himself to be more insightful than the others, which may have led him to believe he was in a better position compared to others - not only in the group, but also within the wider group of sexual offenders. More extreme offenders were construed by him as more in need of the programme, and those who would benefit the most from the programme.

I think for the people that have had the more extreme offences, I mean none of them are contact offences in the group but the ones that have, one of them has actually been in prison, for those people I think the more extreme their offences were, the more they're gonna get out of it and they're the ones that seem to talk more as well, and when they talk it seems to be flowing out of them as though they've wanted to say this. (25 M SOTP 950-955)

Similarly to domestic violence offenders who distanced themselves from the younger 'strong-headed' group members, the group member here seems to have stood back and regarded the rest of the group as being needy of the programme. In conjunction with considering himself as a lesser offender, or at least more capable of rationalising his offending behaviour, the position he established in the group may have led him to minimise his offending behaviour and thereby the extent he thought he might benefit from the programme.

6.4.1.6 Comparing levels of effort

In contrast to comparisons on age, levels of aggression, and seriousness of offending behaviour, a female participant made comparisons on levels of effort. This may have been because she was comparing group members attending a solution-focused programme that does not focus on offending

behaviour and is very goal-oriented. She compared her own participation in the first three sessions with that of other group members whom she thought had not made an effort to become involved in the programme.

> *...some people don't wanna make themselves involved, so they're not happy about being here but if they're not happy about being here, participating in it, then why did they agree to the order? You know, you don't agree to do something and then you're not gonna participate. I just feel that, I've been participating, getting involved, it's gonna be more enjoyable.* (33 F SF 122-126)

She constructed a choice among group members about being on the programme because they had 'agreed to the order'. This perception of group members having a choice, and then making the most out of that choice, may have strengthened her resolve to differentiate herself from non-participating group members, positioning herself as someone who because she had committed to the programme, was then going to make the most out of it and enjoy it.

6.4.2 *Relating to group members*

Establishing a position by making social judgements and comparisons among group members was often followed by the development of relationships and alliances among group members. A number of group members referred to how they related to others in ways that developed shared identities, group cohesion, as well as relationships with specific group members.

6.4.2.1 Shared identities

A number of participants from different programmes reported an important benefit of being in a group, of not feeling alone; that there were others who were in the 'same boat'. This feeling reflected a sense of shared identities, which was perceived by participants as having a calming effect, positively influencing their abilities to engage and move on.

> *...but they've realised that they're not the only one that's been in this situation similar to theirs, at least they're start feeling a bit more relaxed and at ease and contemplating more into the course.* (38 F SF 82-85)
>
> *...so you're not the only one in the boat, you're not on your own, there's quite a few people in the same boat as you.* (21 M A IDAP 26-29)

Shared identities led to strong feelings of unity among some group members. One participant found a way of getting other group members on her 'side' by making a statement about her personal situation that she anticipated they shared.

> *I stood up and turned round and I said 'what, I'm an alcoholic and I'm proud of it', and two of the blokes stood up with me and said 'so are we, and we're proud of it', and that was straight away I had half the group on my side.* (23 F A DID 73-75)

The anticipation of shared identities had prompted the participant to make a self-disclosure, which then strengthened some of the group members' sense of unity in their predicaments. This sense of unity from shared identities may have encouraged group members to define their own predicaments. 'We're proud of it' portrays a united group members' declaration of their predicaments that may have been qualitatively different from how group members may have declared their predicaments independently.

Being among others with similar past experiences was perceived by one participant as beneficial in terms of how he viewed his past experiences. He put his own position into perspective by relating to other group members and considering their positions, which then had the effect of making him feel more fortunate than he had done.

> *It's done good for me because I've met these other guys and I realise now I don't feel so hard done by, I've met other people, real people.* (25 M A SOTP 911-912)

6.4.2.2 Group cohesion

There was evidence that group members perceived a bond throughout the whole group that reflected group cohesion. One participant reported how they had all formed an emotional attachment to the group.

> *It was like being in a group of people that you've known for so long…We were all down there, waiting for our taxis but even when the taxis arrived it was all hugs, we're not gonna see each other anymore. After 15 weeks you become so attached.* (23 F A DID 541-545)

Another participant reported perceiving a 'bond' and mutual understanding among group members that meant the group became a 'proper group'.

> *As time goes on you get sort of...you become a proper group and you do bond and there's a bit of banter in the room and things like that. You sort of warm together and everyone sort of understands each other's lives a little bit so you ignore the cameras and what not and things just flow.* (22 M A IDAP 114-117)

Group cohesion seemed to also function as a distraction from some of the formalities of the group environment in a way that helped 'things flow', indicating that group members were able to move on with the benefit of sensing group cohesion.

6.4.2.3 Choosing certain people

There was evidence that some group members formed bonds that developed into friendships or alliances with 'certain people', and that these friendships took time to develop.

> *I think it takes a couple of weeks for the group members to talk to one another. You kind of establish the friendship with certain people.* (39 F SF 206-209)

'Certain people' may not have been those who group members perceived as being similar to them, but those who they might have perceived as also being different from the rest of the group.

...society views me and him the same, society – disability, gay…it's a disease you know and

so me and him we get on, in fact I always walk home with him. (25 M A SOTP 603-607)

The participant seems to have perceived they were both marginalised by society and this shared status served to create a bond between them. But regardless of the basis on which alliances with particular group members were formed, they were very strong, such that group members were unwilling to be parted from their friends.

So we, the two of us, we all, it worked out so that we were all split into their little

groupies…they did try and split us up a couple of times, put a folder over there, one over

there, one over there, cause when you come in, your folders were on the chair and we just got

our folders and moved. We didn't like change. (23 F A DID 277-285)

The friendships and alliances group members formed with one another were of importance to their willingness to work. Being moved away from friends may have felt as though they were being controlled by facilitators. Intra-group friendships took a while to establish and therefore once established, group members were reluctant to work with other group members.

6.5 In-session drivers for moving on

There were two drivers for engagement and moving on that had a more specific influence on group members' engagement and working within programme sessions. The two subcategories are *relating to facilitators* and *realising programme relevance*.

6.5.1 *Relating to facilitators*

How group members related to facilitators emerged as an important driver that influenced their abilities to move on and work their way through the programme. Participants positioned facilitators as members of the group rather than authoritarian figures.

We're not deemed to be in the group and it's oh I'm the facilitator and you're doing what I'm

saying. It's not an army. We're all in the group, even the facilitators are in the group. (21M

A IDAP 171-173)

A reference to 'an army' suggests the participant held a preconception that the programme context might have been likened to a military-type context, which was far different from his actual experience in which the facilitator was seen as one of the group.

Another participant reported the resilience of a facilitator, who managed how she responded to group members in a way that cemented her position as one of the group.

She's just got this bubbly giggly personality and you know even though they ripped into her,

a couple of the blokes, 'oh so you're going on your hen party, ooh you're gonna get drunk',

she said 'I'm gonna have a few'. (23 F A DID 531-533)

The group members seem to have been 'testing' the facilitator to monitor her response and use this information to form opinions of her. The participant evidenced respect for the facilitator as she reflected on how the facilitator demonstrated leadership of the group while at the same time maintaining a good rapport with them.

> *And then everyone just went 'shh silent', so she managed to get control of the group back cause once someone starting talking that was it, we were lost in conversation…She played with you but was still in charge. So she gave a little, but took back which was …You just knew right, ok, time to shut up, we won't talk no more. But we could give her a witty comment back and she didn't take offence by it, which was nice. (23 F A DID 593-606)*

The following exchange was observed between a facilitator and a group member and reveals how the facilitator used humour and courteousness to command respect.

> Group member: *If she said like Monday night we'd have understood what she meant like.* (31 M A TSP 139)
>
> Facilitator: *Who's she, the cat's mother?* (31 F A TSP 140)
>
> Group member: *XXXX* [facilitator's name] *then.* (31 M A TSP 141)
>
> Facilitator: *Thank you.* (31 F A TSP 142)

The same facilitator was perceived by another group member as capable of balancing the positions of leading the group, while being one of the group. This led him to relate to the facilitator in a respectful way.

> *I'd say like XXXX because I think she is down to earth and like you can see she is a down to earth girl.* (35 M SF TSP 179-180)

Facilitators might have been perceived as 'down to earth' because of how they communicated with group members, on a level that reflected an understanding and possibly empathy towards group members' situations.

How facilitators communicated with group members was about listening and letting group members talk, knowing when to offer advice.

> *Do you know what? The biggest thing is she listens, that's one thing I always know, she listens and she doesn't throw anything in - she will let you talk and ... when the time is right then she will talk to you but she will listen to you erm ... she is, I don't know what it is about her, she's just got...she cares...it's not a job if you know what I mean. Some people can treat things as if it's a job, come in do the hours and clock off. She does care. (22 M A IDAP 187-191)*

The participant perceived a sense of equal stakes in their conversations, sharing important and meaningful discussions with a facilitator who showed him care. The participant struggled to define what it was about the facilitator that meant he could relate to her but she made him feel important, and that his progress and ability to move on were important.

Relating to facilitators was also about seeing how facilitators related to each other.

> *...him and XXXX* [female facilitator] - *they've got a really good bond together and come across really well together like a marriage, like a bit husband and wife.* (22 M A IDAP 175-176)

The nature of the domestic violence programme may have invited this participant to monitor and form impressions about how co-facilitators related to one another, as good example of how men and women can relate to one another. This may also have encouraged him to relate to the facilitators.

> *XXXX's* [female facilitator] *really really good and I could talk to XXXX* [female facilitator] *and I think most....do you know what? She cares, she genuinely cares and that comes across and there was quite a few lads in there that could talk to XXXX* [female facilitator] *and then there was quite a few guys that would come confiding in XXXX* [male facilitator] *as well.* (22 M A IDAP 176-177)

Seeing other group members witness the same positive caring traits strengthened the participant's perception of the bond between the co-facilitators, and his claims for how approachable they were. His ability to relate to the facilitators may have instilled faith in him that they would guide him on his journey and help him move on.

6.5.2 *Realising programme relevance*

Realising how programmes were relevant to their lives was an important driver for group members to work through programmes. This subcategory is comprised of four further subcategories: *perceiving relevance to strengths; perceiving relevance to problems; perceiving a lack of relevance;* and *facilitators' ways of making programmes relevant.*

6.5.2.1 Perceiving relevance to strengths

Most of the participants made inferences about the extent to which they perceived relevance of the programmes to their own personal lives. One participant attending a solution-focused domestic violence programme spoke about the programme's broader relevance and how it could be applied not just to relationships, but to other areas of his life.

> *We're all looking to better ourselves, from this positive relationship programme, not just our partners but working life, friends just anything you can apply it to really.* (42 M SF 332-334)

The perceptions of a number of personal gains from attending the programme was likely to have had a continual, positive influence on his engagement, by seeing how he could improve different areas of his life by being involved in the programme.

Another participant perceived a solution-focused programme as functioning to draw out her own personal strengths and skills that she would not have otherwise considered.

> *I suppose in a way it's bringing out what I'm good at. I know my skills and my strengths but I suppose it's in everyday life I do something and, do you know what, that's a skill. I wouldn't*

have thought that if I wasn't doing the course….cause it's not something we normally do. So no actually - that's a strength. It's bringing positive thinking to everyday life. (39 F SF 289-293)

There seems to be a sense of empowerment at being able to draw on her existing strengths and put them to greater use in a way that would make a difference. This may have proven to be a powerful motivating force, encouraging her to find out what she could achieve.

6.5.2.2 Perceiving relevance to problems

Group members attending accredited domestic violence programmes focusing on offences rather than strengths took longer to see the relevance of the programme, but saw relevance in how the programmes applied to their abusive behaviours as opposed to how they could draw upon their personal resources to make improvements to their personal lives.

…at the beginning of the session you might think; ah this isn't me but I always flip the coin over to the other side and look at it from another angle. Maybe it wasn't directly that session, the type of abuse, but it has similarities to the other types of abuse you think; ah if I turn it around…(21 M A IDAP 440-443)

Another group member revealed perceptions of varying degrees of relevance of different aspects of the programme to his personal life.

…there's certain bits of that will apply more to certain people than to others. It's not, you know, you can have a certain chapter of that - that is all about it, it all comes home. Then there's other ones like, nah...but there's little snippets in there that you can sort of see it in your own life, but then there's certain ones that you're thinking shit; that's proper home truths. (22 M A IDAP 337-340)

His reference to 'home truths' may have been about him recognising links between aspects of the programme and past experiences or his offending behaviour, indicating a type of emotional relevance.

I came into one session and I burst into tears… it upset me to that extent that I thought; I'm failing again - is it my fault? (22 M A IDAP 350-352)

Exploring issues was important to his realisation of how aspects of the programme applied to his personal life. The cumulative effect of these realisations seems to have been self-discovery, which may have had a positive influence on him moving on.

..the thing is you see it and you think; oh that doesn't really apply to me until you actually explore it, that's when you realise yes, there's bits, there's sections in it that do apply to me yeah, but some of them the whole thing all comes home to you - that is all about, it's a major part of your life, it's a major part of your make up. (22 M A IDAP 346-349)

Seeing himself from within the framework of the programme enabled the participant to make connections across a number of his relationships.

Do you know what? I've been a bastard whether it's previous relationships or relationships before that, there's relevance [of the programme] *in all of them.... relevance in all of them.* (22 M A IDAP 387-388)

6.5.2.3 Perceiving a lack of relevance

One participant revealed how he forgot the programme content because of a perceived lack of relevance.

Yeah because sometimes I kind of forget like but I don't really remember it [programme content] *obviously I remember a few bits and bobs that can help you out but it is not really relevant to me…It is more relevant to other people innit?* (35 M A TSP 161-165)

The participant separated himself from other 'people', possibly the other group members, and possibly more broadly, offenders, whom he perceived the programme was relevant to. Identifying himself differently to the rest of the group in terms of programme relevance may have perpetuated his perceived lack of relevance in the same way that self-discovery enhanced another participant's ability to perceive relevance and make connections across different relationships. Thus perceptions of relevance may have had a positive influence on engagement for some group members while perceptions of a lack of relevance had a negative influence on engagement for others.

6.5.2.4 Facilitators' ways of making programmes relevant

One participant felt that perceiving programme relevance was down to facilitators' ways of putting information across, to demonstrate the relevance of programme content to group members' personal lives, and that in the absence of facilitators demonstrating the relevance of the programme, group members would not be able to engage, or move on.

…it is the way they put it [programme information] *across isn't it…I think they have got to be able to do that because otherwise no one is going to be engaging in it and things like that.* (33 M A TSP 112-115)

The use of the word 'engaging' in this extract revealed that this was perceived by this participant as what occurred as a direct result of how facilitators put programme information across and how they demonstrated programme relevance to group members, which were important drivers for moving on.

6.5.2.5 Red flags

'Red flags' were identified by two group members attending a Thinking Skills programme as something they remembered very vividly, and felt were of relevance to their personal lives. They reported understanding the logic of identifying factors contributing to their problematic behaviour, and how it was of importance to helping them change their patterns of behaviour. However, one group member saw the concept as impractical in real terms, only making sense in the 'classroom'.

The red flags when they are on about red flags, if you can clock your own red flags then basically you are going, you know, you take time to think and I know sometimes it is sound

saying that when you are in the classroom and things like that, but at the time, especially for the offence I am here for, you know, you haven't really got time to think; hang on red flags this and that, well I don't, my head must not work like that. (33 M A TSP 139-143)

The participant's initial reflection of the relevance of red flags to his behaviour was that they would not work for him because of how his 'head worked'. He also speculated that most of the people he knew would perceive red flags as impractical.

And I bet 90% of the lads will say that, not fighting anything like that, you haven't got time to think; hang on a minute, because that second you take to think, you know, you are probably going to end up on the back of something. (33 M A TSP 147-150)

Interestingly, he went on to change his opinion as he explored the relevance of red flags within the interview. He had remembered the concept of red flags the most, and the presence of this knowledge may have been preventing him from getting into the 'situations' that made red flags impractical in the first place.

…that is the thing that is sticking in my head off this course is the red flags, because if you know what is going to happen sometimes, you know, you are going to be more willing to, try and get yourself out of that situation. (33 M A TSP 163-166)

The knowledge of red flags was implicitly underpinning his willingness to get out of difficult situations. This indicates a subtle but important change in the participant's perceptions of how he viewed and handled situations that were previously led to problematic behaviour. This was a change also perceived by another participant who had attended the same Thinking Skills Programme. When asked if he had made any changes during the course of the programme, he responded:

Not really, just, obviously, getting out, well like the red flags, like people who I hang around with, or can't afford to do anything more because I will just get slammed - do something stupid and go to jail - it isn't worth it. (35 M A TSP 63-69)

The participant may not have perceived the relevance of red flags as much of a change, but avoiding them was his strategy for staying out of jail, an important driver for moving on.

6.6 Moving on as a group

Following on from having established a position in the group, a process of working in the programme was moving on as a group, merging efforts and interests to work through the programme together as a group. This conceptual category comprises four subcategories: *working together as a group; engaging each other; making self-disclosures;* and *learning from each other.*

6.6.1 Working together

Participants from three different programmes reported how they had experienced working as part of a group, feeling like they had worked together with everyone else in the group as opposed to working through the programme on their own. This emerged as being an important way of moving on.

> *…everybody worked together, everyone…near the end when there were only a few of us left it became, so like they'd write something on the board and you'd get sort of half way through and someone else would say something else or someone else would say something, so it always ended up everyone worked together and it became, you know it became comfortable cos everybody worked together, so it was nice.* (23 F A DID 297-303)

'Comfortable' indicates the participant experienced a benefit from this team effort whereby group members felt they were making progress by making efforts towards achieving the same goal. Another participant reported an awareness of the power of the group for working together as a whole.

> *…it just seems like it is just one group, everyone just puts in their bits and bobs but now and again they break us down into two halves of groups and that, but I think as a whole I can, the whole group works better as one, do you know what I mean?* (33 M A TSP 93-95)

Even though the group was split up for some tasks, working together as a whole group was constructed as more effective, creating greater momentum, because of the underlying power the group had when they all contributed and worked together. When a group was split up in different ways, this led to one group member identifying himself and the other group members as being 'different'.

> *…it was weird because some of us would split up and be a different bunch of guys in a different group.* (42 M SF 127-129)

This feeling of being 'different' in a different group may have referred to different ways of working and behaving that was dependent on how group members worked together.

6.6.2 Engaging each other

There was evidence that group members engaged each other during sessions. This is subtly distinct from *working together as a group* because the focus was not on what they achieved as a whole group; it was more a case of *how* they achieved it, which was frequently through group discussions. When group members were asked about what was going on when they were involved in a programme session that they felt was going well, one participant responded:

> *it's a discussion, when it's explored and opened that's when you... and when you get to the end of it, and you actually write in your control log…because some control logs were easier to write than others, and I think the ones that are the easiest to write are the ones that you really feel like there's a bit of match* [with what was discussed]. (22 M A IDAP 564-662)

Discussions within the group, when topics were explored and opened up, created a perception of discovery of the meaning of topics and how it was of relevance to him, which then enabled him to apply what he had discovered to his control log (homework).

The discovery of meaning and relevance in topics seems to have come from within discussions, but group members regarded the variety in other group members' perspectives as contributory to these discoveries, which helped shed light on the nature and diversity of the topics discussed.

> *You need other group members, sometimes it brings something forward for you, we could be sat one to one talking, and it's constantly…it's all your own thoughts or whoever you're talking to, may say something they experienced, cos it's a group so they're so varied, that there's different perspectives of things and you can kind of maybe look at things through someone else's eyes.* (39 F SF 238-241)

The potential power of group members to engage each other in the programme and move on together as a group meant that in one participant's opinion, this was more helpful than the facilitators.

> *The most helpful thing was not so much XXXX and XXXX* [facilitators], *it was listening to the group, to other guys' point of view, answer situations and you know, stuff you explain about, something that went on and why it went on, what you were feeling at the time, what you reacted and how you reacted, other guys would be like, 'yeah I agree' and other guys would be like 'nah…' and the discussion just flows.* (22 M A IDAP 303-329)

The discussion among group members, as they explored their thoughts and feelings, seems to have taken on a life of its own – 'the discussion just flows'. This may have evoked a perception of progress and moving on together as a group. The participant's perceptions of the importance and power of group members engaging each other to move on as a group did not undermine the role of facilitators who were construed as being in an important position of orchestrating discussions, encouraging group members to engage each other and allowing the freedom for discussions to flow and evolve.

> *XXXX, XXXX* [facilitators] *just directed in the right direction, that's all but it got to your head, and before you know it people are opening with other things then.* (22 M A IDAP 307-309)

6.6.3 *Making self-disclosures*

Most of the participants reported an inclination to make self-disclosures about their past and their problems within sessions as a function of group members engaging each other in discussions. They expressed a need to get matters out in the open, and this seems to have been an important turning point in moving on.

> *…if you don't say what's on your mind at the time it's just gonna brew and stew inside the following week or you might blow out on somebody else after the group and that's not good for anybody.* (42 M SF 343-345)

The participant anticipated what would happen if group members did not talk openly in the group, as if the act of talking in the group was a type of release of pent-up frustration, a form of cathartic therapy that prevented them from losing control. The group environment emerged as one of safety, where group members were able to speak freely and without any potential negative repercussions.

Furthermore, one female group member perceived that making self-disclosures in the group was of therapeutic benefit, a form of counselling as group members acknowledged and accepted matters that were bothering them. This benefit seems to have been specifically attributed to the 'group in itself', as opposed to an objective of the programme.

> *…there are a lot of things that women wanted to moan about, which was bothering them and I think it's quite good, you know. I felt like the group in itself was kind of a therapeutic counselling group as well.* (38 F SF 55-57)

Making self-disclosures within the group was not construed as mandatory by one participant:

> *…if you don't wanna talk about it don't talk about it, but like I said I've always gone into all the group sessions with an open mind. If I've got something to say, I'll get it off my chest.* (21 M A IDAP 457-459)

This informal agreement seems to have fostered an environment that encouraged group members to speak freely only when they wanted to. On the other hand, another participant felt that talking was something they *had* to do because it was one of the reasons he perceived they were there, as if it would have been senseless, or a lost opportunity, not to have talked about the reason they were all there.

> *…when you're in the room with guys that are similar in offence, you've got to talk about it. There's a reason everyone's here so...let's just open up and find out why, just the danger is it does come along with a lot of regrets.* (22 M A IDAP 503-505)

Making self-disclosures was constructed as a vital part of moving on but he participant also reflected on the downside, that the process of going through their problems would be accompanied by negative emotional experiences as they came to terms with their offending behaviour (see Section 6.5.2). But some of these negative emotions were not just from talking about offending behaviour or problems in the past. One participant spoke of on-going events that had affected his emotional state while he was attending the programme.

> *That day I came in came straight to him spoke to the facilitators, burst into tears I didn't go to the group and then I had a couple of sessions after to get my act together and I came back in when I was comfortable.* (21 M A IDAP 388-390)

While some participants expressed the need to talk about the past and on-going problems, female participants attending a solution-focused programme felt it was beneficial *not* to have to discuss their offending behaviour, so that they were not in any way judged by others for what they had done.

> *I thought that part of it was good that we weren't allowed to know what each one has done because obviously it's bad enough committing the crime that you've commit, even more so, that happened to be judged or frowned upon for what we've done.* (38 F SF 75-77)

The participant had perceived that her knowing about her crime was punishment enough without having to discuss it, which would not be useful to moving on. A further participant reflected on the

importance not of what was disclosed, but how it was disclosed and what purpose it served. She felt it was still acceptable to talk about the past, but in a way that was productive, constructive, and helped everyone move on.

> *I wouldn't talk about the past in a negative manner…I would have done it in a more positive manner, rather than talking about going counselling, talking about what's happened, being miserable like why waste time now, talking about the past, being miserable when you're missing what you're doing now?* (39 F SF 170-177)

Her reflections that disclosing events from her past brought back too many negative emotions, led her to conclude that this as a waste of time.

> *It's hard but I don't think you should waste too much time on continuingly going over your past because you're making yourself miserable by thinking about it. What's the point?* (39 F SF 184-186)

Unlike considering making self-disclosures as an important turning point in moving on, participants attending the solution-focused programme were more focused on the future, or the positive aspects of their past. There seems more of a sense of purpose and positive action to moving on that making self-disclosures would only inhibit by slowing group members down.

6.6.4 *Learning from each other*

This subcategory is subtly distinct from *engaging each other* as the focus here was on what group members were able to learn from one another as a result of working together, and engaging each other in discussions. It has explicit links with *establishing a position in the group: making social judgements and comparisons with other group members* (Section 6.3.1) because as some group members positioned themselves as older and more experienced than younger group members, they took on the role of mentoring these other group members. In doing so, they were learning from each other.

> *…listening to others* [other group members] *their problems, I could say in the group, I would say, 'oh wouldn't it have been better if'…I'm not trying to be sexist or anything but he got this argument with this lady about, his partner, about this washing up and he wanted her to do it before she sat down. And I said to him, 'but wouldn't it be better for you to have got up and said 'don't worry my dear you've done the dinner, I'll wash up or shall we do it together?'* *Wasn't that nice rather than saying 'you lazy blah blah blah'* (21 M A IDAP 61-69)

Talking through another group member's problem enabled the participant to offer a different perspective, perhaps from a position of experience from having been in similar situation, making his perspective credible. The participants whom reported having helped other group members seem to have taken pride in being able to do so.

I was in the same situation as he was in… He was so pleased, "so great XXXX is gonna be here" so I got through to him a little bit. I just made a slight bit of difference to him. I'm not saying I was a cure for anybody but…(21 M A IDAP 180-183)

A participant also revealed the value he perceived from gaining insight from another group member's experience of a situation he was about to face.

…there was a guy on the course and he was just currently going through the contact centre to see his kids and I remember talking to him…he was telling me about his girls and the one girl having the nightmares because of the whole contact centre and things like that and it's made sort of me realise that it's maybe not what I wanted to do with my kids. (22 M A IDAP 260-265)

Other group members' views might be perceived as valuable because group members may not have other people they can talk to that share their predicaments. Perhaps in recognition of this, one participant reported proposing to facilitators the potential of employing experienced group members to come and talk to groups.

I was like, 'well how do we know this works? Have you got anyone that has come out the other end? That can talk to us?' And she was like 'no, but one day we will' and I think that's a really good idea that we can bring someone in that has done it to sort of prove that it's worthwhile doing. (22 M A IDAP 231-234)

To 'prove that it's worthwhile doing' suggests the participant had wanted evidence that the programme worked. Others who had completed the programme and benefited from it, were constructed as a credible source that would potentially endorse the effectiveness of the programme and help instil faith in new group members that the programme 'would help them move on'.

6.7 Acknowledging and accepting

There were a number of important turning points in group members' personal journeys that represented the process of acknowledgement and acceptance. This process was important to moving on and taking the initiative, to making changes. This conceptual category comprises two subcategories; *coming to terms with the past* and *coming to terms with offending behaviour*.

6.7.1 Coming to terms with the past

Two participants revealed how their personal journeys caused them to reflect a great deal on their pasts as a way of explaining their offending behaviour. The participants were on different programmes (domestic violence programme, sexual offender treatment programme) but in both cases their fathers' past behaviours were what they focused on.

It's pretty much what my father did, and at that time 90% of his tantrums were through alcohol. And I've seen where my mother's been hit and shouted at, names called, told that she

was pathetic and useless and things like that. Through the geese* where the little boy was involved in obviously it's a dummy it's not a real boy, it's a dummy boy. He's shouted at, called useless as well, which I was as well, yeah exactly the same thing. So it was probably quite upsetting, I actually sat down and thought about it. (21 M A IDAP 310-316)

*Geese theatre provides drama-based group work for offenders. The participant's emotional upset at having reconciled childhood events with what was portrayed in the session, seems to have led him to think through how these events may have been responsible for his own later offending behaviour.

Yes it did make me feel very uneasy. That session took a lot of thinking about and I went away from it thinking very hard about it. It made me question myself. (21 M A IDAP 434-435)

A further group member revealed how he had analysed the fear and abuse he suffered at the hands of his father during his childhood.

I wasn't close to my father because he was a horror, I was really scared of him, I was really frightened, the most frightening man I have ever seen in my life even to this day you know. His idea of punishment was holding me out the window by my legs. And I realise now how weird I was because I was hanging out this, three floors up and I was looking at this shed and it had like tarmac on the roof you know, and it had nails in it and I was actually counting the nails in the tarmac. (25 M A SOTP 363-371)

While the group member did not specify what aspect of the programme may or may not have caused him to reflect on his relationship with his father and this past event, his reflections emerged from discussing his experience of the programme; hence, in some way the programme had caused him to acknowledge his past as a way of explaining how he was (and possibly his offending behaviour).

6.7.2 *Coming to terms with offending behaviour*

Three male participants reflected on how their experiences on the programmes made them come to terms with their offending behaviour, which for one participant occurred through his recognition of his own behaviour in an example of domestic violence shown to them through a video.

...the first two sessions I came in, how come that's me? Cos we had these videos played to us, I think; I've done that - why have I done that? Because obviously you can't see yourself, your behaviour, but when you see the similarities to you on the TV you think; yeah I've done it. And then you go into the deep discussion about why did he do it, why did he go out for a drink and say he wasn't gonna get drunk, and he has come out and got drunk and got violent with his girlfriend. (21 M A IDAP 225-230)

The participant revealed his awareness of his own blind spot to his behaviour, therefore seeing behavioural similarities in someone else was what he needed to come to terms with his offending behaviour. Facing the 'truth' was constructed as an important turning point for everyone to be able to move on.

I think everybody has to face it, you've got to face the truth and you can't go and live your life a lie. (21 M A IDAP 375-377)

The deep discussion of the behaviour watched on the video enabled the participant to break things down and understand the lead up to the offending behaviour, and in turn perhaps his own offending behaviour. A further participant identified a similar experience on a thinking skills programme from having had a group discussion.

…when you break it down like that, because I don't really look at things like that, but when you break it down, and you think; you know what – yeah. I have seen this happening and you still just carried on. (33 M A TSP 184-186)

This discussion provided him with insights into his own behaviour that may have helped him understand it more and move on.

6.8 Taking the initiative

Taking the initiative portrays what group members did in between sessions that evidenced what they were doing about moving on and comprises *making changes* as a result of the previous emotional and behavioural efforts towards moving on. For some group members, making changes was a product of forming relationships with group members and moving on as a group, and having (for some group members) acknowledged and accepted past events. The changes group members made contributed to them *feeling progress,* through a sense of getting somewhere, which strengthened this particular driver for moving on.

6.8.1 *Making changes*

Some participants reported taking the initiative and implementing changes in between programme sessions. There were important links established between programme content and one participant's personal situation from realising programme relevance, an important driver for engagement and moving on (see Section 6.5.2), such that he made use of these links by implementing changes in between sessions.

…but then a few things sort of clicked and I thought; ah actually that stuff can be very useful and I can use that in between the sessions. (42 M SF 305-307)

Another participant discussed how it was important to work on her goals in between sessions, and that she did not want to disclose her efforts to others because monitoring their responses to any changes she made was important to her.

I try not to talk to people about my goals too much cos I don't want them to know what I'm doing. I wanna see how they react not knowing what I'm doing. (39 F SF 261-262)

This evidence of implementing changes in between sessions may have made important contributions to group members' perceptions of getting somewhere and moving on, strengthening their internal drivers for moving on (particularly *seeing self as an agent for change* and *feeling things change* , Sections 6.3.3 and 6.3.4), even if they were guarded about disclosing them. But one participant reflected on how this sense of progress and making changes was almost unavoidable because it was perceived as a requirement of the programme.

> *Because it says something there and it's making you do it, not making you but, like you know you'll be back next week, and you're gonna have to have something to write down and say, you're gonna have to go and do something and try something, so it's making you go out there and change or try something new*. (39 F SF 151-154)

The programme seems to have represented an important driver that pushed the participant into trying something new, to make changes, but this pressure was welcomed by her. Another participant reported implementing a number of changes because of the programme.

> *I've already started changing my routine, my pattern and everything that's been done before, so I'm feeling already that, you know, I'm getting there.* (38 F SF 150-151)

'Getting there' indicated she experienced a sense of moving on to somewhere, not specified, but better than where she had come from. Recognising their own efforts and the changes they had made was of importance to these group members in moving on, and may have motivated them to continue making changes. However, 'making changes' only emerged from the accounts of the participants attending solution-focused programmes. Although all GOBPs focused on personal goals and change, the primary focus of solution-focused programmes was on goal-work, implementing changes, and reporting on these changes as a programme requirement.

6.9 Perceiving barriers to moving on

Participants perceived a number of barriers throughout their experience from the point of referral to their attendance to each session that had an impact on the different processes involved in their engagement and moving on. These barriers can be classified as: *programme and referral factors; facilitator characteristics and behaviours;* and *group member characteristics and behaviours and the group environment*. These classification categories form the subcategories of this conceptual category and are depicted in Figure 6.2. As can be seen, there are overlaps in these domains where some characteristics and behaviours of facilitators originate from programme and referral factors (e.g. facilitators' lack of clarity in communicating programme content originates from prescriptive, text-based materials). All group member characteristics, behaviours and the group environment perceived as barriers to engagement and moving on can be seen to originate from either programme and referral factors (e.g. group members fearing reprisals from making self-disclosures originates from knowing

that programmes were being recorded), or facilitator characteristics (e.g. resistance among group members originates from perceiving facilitators as aggressive).
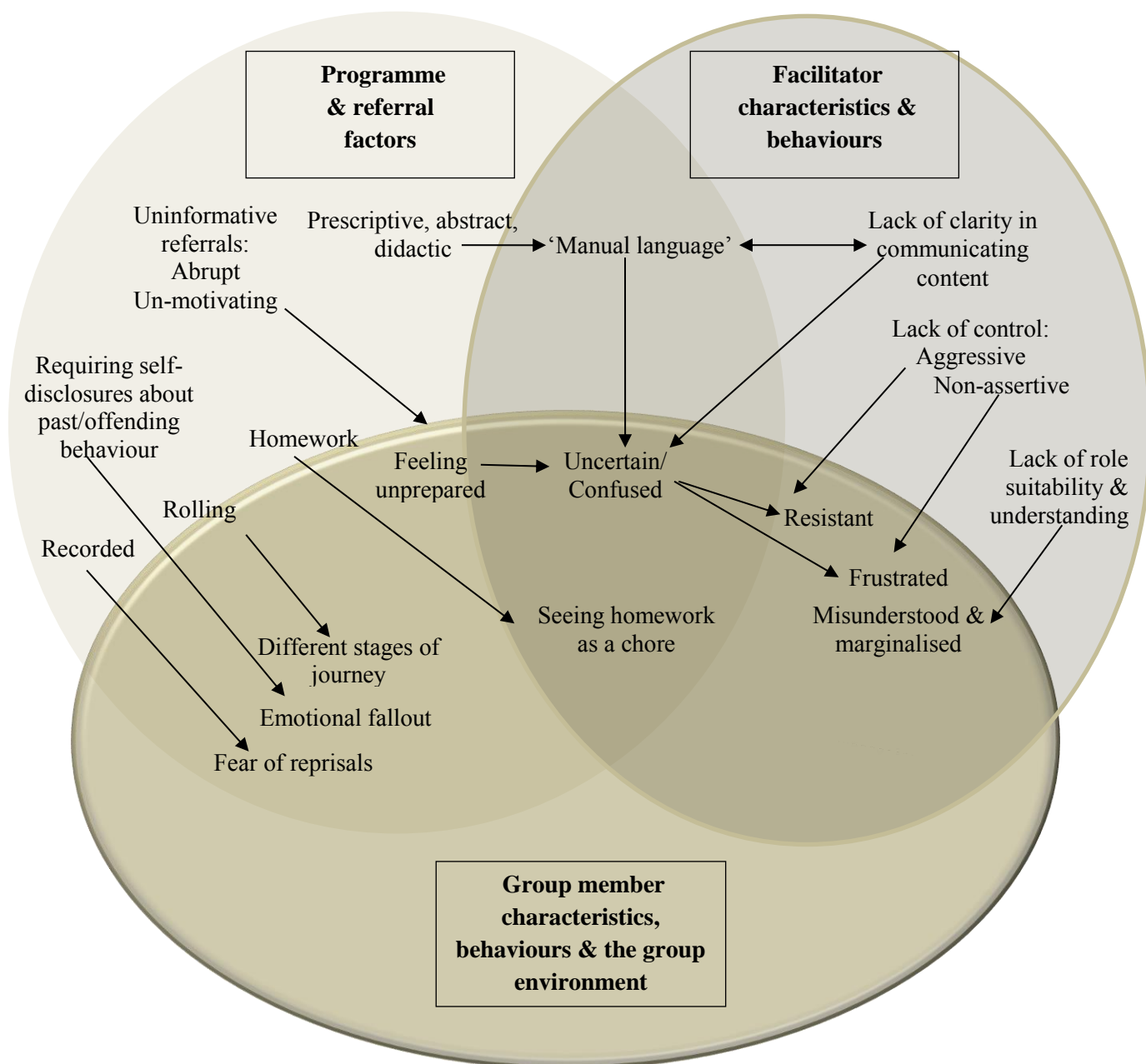

Figure 6.2 Barriers to moving on

6.9.1 Programme and referral factors

6.9.1.1 Uninformative referrals

The most commonly reported issue causing a barrier to moving on was uninformative referrals. Five of the nine participants interviewed referred to a lack of information about the programme and feeling

unprepared (Section 6.2.1). In the following excerpt the participant had been expecting to go to prison, an entirely different outcome to being referred on to a programme.

> *I had all my bags packed waiting to go, and they said the only thing we can put, but they* [crown court] *didn't explain it to me because there weren't much chance of me getting it.* (33 M A TSP 38-46)

> *I don't feel like there's a lot of information.* (39 F N SF 57-58)

A lack of information in one instance was also perceived alongside what seems to have been a sense of abruptness and lack of care at the point of referral.

> *...the judge was quite snappy, you're doing it or you're not doing it, your choice if you don't wanna do it – 'stuff you' basically.* (23 F A DID 745-746)

> *I just thought; what a waste of bloody time. Fourteen weeks of me going up and down to frigging Swindon for them to say, 'don't drink and drive'.* (23 F A DID 762-765)

There was a generally negative perception held by the participant about the programme that stemmed from perceiving the judge's indifference to whether or not she went on the programme and perhaps to her general welfare. Another participant reported similar experience in relation to a court referral.

> *Courts, 'it is a Thinking Skills Programme, it helps you out'. That was it. I didn't get any information or have no choice to do it. I had to do that or go in jail.* (35 M A TSP 9-12)

Another participant reported witnessing a sense of 'shock' because of a lengthy referral as opposed to an abrupt referral.

> *Some of them seem to be in a state of shock still over it because when this happens you get kept on hold for a year, I got the impression that's part of the punishment.* (25 M A SOTP 13-15)

The participant's construal of a delay as punishment may have contributed towards negative perceptions about the purpose of the programme, which may have in turn had a detrimental influence on his motivation to engage.

While a lack of information led to feeling unprepared, one participant suggested that too much information might also have a negative impact on group members' motivation to attend.

> *Not too much because that just scares people away…but enough to just sort of make you feel more comfortable.* (23 F A DID 833-837)

Information not just about the programme but also about what the other group members might be like helped some group members see the relevance and personal 'benefit' of attending the programme.

> *she just said: that there will be other young ladies there and you know, we can all, get round together and you know, maybe if we all look at different experiences, then you know, it might be of benefit for me to be in the group.* (38 F N SF 14-17)

Feelings of ambiguity about both the programme and other group members were mitigated by a motivating, personalised referral on to the programme.

6.9.1.2 *Prescriptive, text-based materials*

Prescriptive text-based materials proved particularly problematic for one participant, who found it difficult to engage because he was unable to read some of it.

> *…some of the questions I mean I couldn't really answer yeah, and they didn't have them printed in large format so I couldn't read them either.* (25 M A SOTP 283-284)

The use of power-point presentations also frustrated him, as he perceived that facilitators were sufficiently practiced and knowledgeable of the manual content to deliver the sessions without their use.

> *…less power-point presentations because I can't bloody see them anyway and they don't say much - only a few words They could speak, I can't get on with these power-point things you know, it's a waste of bloody time, they've done this course so often they could actually do by heart I should imagine.* (25 M A SOTP 934-938)

However, apart from simply experiencing difficulties reading the text, he also found it difficult to identify with some of the prescribed scenarios he was presented with

> *…because they were coming from somebody else's point of view, I mean I was supposed to put myself in a situation which I couldn't do.* (25 M A SOTP 285-287)

A lack of being able to identify with prescribed scenarios may have reflected his perceptions of a lack of relevance of the situation, such that he was unable to identify with it or make any personal links with the scenario.

6.9.1.3 *Seeing homework as a chore*

Group members generally had only negative perceptions about homework, which they regarded as a chore that in some cases caused discomfort. One participant recalled seeing other group members experiencing discomfort at the task of having to disclose what they were drinking during their attendance on a drink-impaired driving programme.

> *…drinks diaries, a lot of people didn't like that, they had to write down what they drank.* (23 F A DID 218-219)

Another participant directly and immediately related programme homework to experiences of school, which if negative, would probably have negatively impacted his motivation to complete homework tasks.

> *I know it is like, you know, it is classed as homework and you think of school straight away.* (33 M A TSP 238-240)

It may have been a lack of motivation to complete homework or environmental factors that meant another participant was unable to complete it at home.

> *... I come early* [to the programme session] *and do it.* (35 M A TSP 152)

Other participants reported completing their homework between sessions but only because it was a programme, not because they saw a particular personal benefit in completing it.

> *I do it because I have been asked to do it, I wouldn't choose to do it but (laughter) but because I have been asked to do it, I do it.* (23 F A DID 255-256)

> *I do it because I have to.* (35 M A TSP 155)

Group members observed in a session seemed slightly annoyed when they felt that they were 'given' homework by the facilitator. One group member checked this with another group member.

> *Is this homework? Has she just given us homework?* (30 M A TSP 300)

6.9.2 Facilitator characteristics and behaviours

There were three characteristics of facilitators identified as problematic but only by three participants and generally only by one participant in relation to each subcategory.

6.9.2.1 Lack of control

Facilitators were perceived by two participants as having a lack of control over the group. This lack of control was construed as responsible for sessions becoming chaotic and difficult. A lack of control was identified as a particular issue if temporary facilitators were drafted in to cover the session.

> *I think it was about sexual awareness or something like that there was...it just got all blown out of proportion and the whole two and a half hours turned into arguments about rape and things like that, and it was very uncomfortable for a lot of people in there and then the next one after, XXXX* [usual facilitator] *did and sort of rounded it back in to what the module was about. I felt quite awkward cos it just felt like a waste... all the barriers, the barriers went up with everyone, but I think how it was put over, it's what put their barriers up.* (22 M A IDAP 138-144)

The reference to other group members' 'barriers' going up indicates how obvious the evidence of the negative impact the facilitators' lack of control was. The participant attributed the reason for these barriers going up to how content was delivered, as opposed to the potentially contentious content (sexual awareness) itself.

> *it just got railroaded into something completely else. I think it was put over quite aggressive and you ... the dynamics in that group wasn't great anyway, there was a lot of guys in there who...look I shouldn't be here this is....no one was taking anything on board and then basically be told you're raping people in the group.* (22 M A IDAP 154-157)

From the participant's perspective, the group members were already resistant; hence he evaluated the situation and deemed the aggressive delivery as only making matters worse by enhancing resistance.

A female group member also revealed a sense of frustration at perceiving facilitators as lacking control over the group, but because of a lack of assertiveness as opposed to an aggressive delivery style.

They need to be a bit more, I don't know, they need to sort of stand up and say, 'right!' Be more forward, much stronger with their voice vocally, they're in charge, let them be heard. (39 F SF 133-135)

The participant also admitted her frustration from seeing facilitators not controlling how much time other group members were using up to make self-disclosures.

… not talking when somebody else is talking but somebody can talk for 15 minutes and you sit there and you think; you know I'm not being nasty, that's nice and she's sharing or whatever but that's 15 minutes out of the hour and a half, not being spiteful just….maybe there should be an egg timer. (39 F SF 107-110)

What emerged was the need for group members to observe assertiveness among facilitators that leads to equity in time allowed for group members to make self-disclosures, and that a lack of this created a barrier to moving on.

6.9.2.2 Lack of suitability and understanding

One participant perceived a lack of suitability of one of his facilitators, which may have meant he found it difficult to relate to her.

XXXX's [female facilitator] *ok but I don't think, again I don't know whether it's my misogyny coming out here but I don't really think, I don't think she's suitable for the role somehow. Especially as they have no female offenders at all.* (25 M A SOTP 666-668)

The participant reflected on how his own personal preference had influenced his judgement of the facilitator as unsuitable for a role he felt should be occupied by only male facilitators, perhaps because of the nature of the programme (sexual offender treatment programme). He qualified his judgement on the basis of there being no female offenders, suggesting an assumption of gender symmetry between facilitators and group members for 'role suitability'. The participant also made a judgement about the facilitator's age as well as gender, creating a contrast between himself and the facilitator (this group member was male and reported being 60 at the time of interview).

it always seemed to me rather odd when I met her…that here's a woman who's thirty plus and talking to a man of my age about sex and I did tell her I think this is unseemly (25 M A SOTP 586-588)

Vocalising his perception of a lack of appropriateness to the facilitator may have been a mild form of protest to having to discuss matters with her. He revealed how difficult it was to make personal self-disclosures to a female facilitator.

I think that obviously that XXXX being a man is able to more to understand this but I think any female with him could probably do with a little more understanding of how difficult it is for men to say these things when there is a woman present. (25 M A SOTP 1038-1041)

The participant referred to the facilitator as being unable to understand his 'situation', which ironically was a situation that prevented him from being able to put himself in a 'situation'.

I mean I was supposed to put myself in a situation which I couldn't do. I don't think XXXX [facilitator] *really understood erm what the situation is with me, I don't think they really understood.* (25 M A IDAP 287-289)

This feeling of not being understood may have led to his speculation over why facilitators appeared to be choosing other group members over him to begin discussions and engage other group members.

I couldn't work out why they were choosing someone to start, they choose someone who hasn't got much to say so they get through them quickly, or he was older so he would be able to cope with it more than this young lad, although they did choose the young lad before most of the older ones. They haven't got round to choosing me yet, I don't know why that is, but I have an idea why that might be. (25 M A SOTP 754-759)

There seems a sense that the participant felt marginalised by facilitators who did not understand him, and that this posed a barrier to him relating to facilitators and moving on.

6.9.2.3 Lack of clarity in communicating content

One participant reported experiencing difficulties, as well as witnessing other group members' difficulties, in interpreting what appears to have been 'manual language' employed by a facilitator.

…some things felt very repetitive erm and he [facilitator] *was doing his best to get it across but it did feel like he was a bit like a broken record at times, erm, and a few of the words and wordings, we're a bunch of guys – we'll understand lay man's terms as if you, stuff like objectiveness, it's like ... what's it in real terms?* (42 M SF 375-378)

Wanting programme content to be communicated in 'real terms' suggests content was perceived as communicated in an abstract way, leaving group members feelings confused. Furthermore his reference to the repetitiveness of the facilitator's delivery indicates the participant perceived that the facilitator found it difficult to understand the content himself and translate it into 'real terms', compounding the group member's confusion about the content.

6.9.3 Group member characteristics and the group environment

Some participants identified characteristics of themselves and other group members that they recognised were barriers to their engagement. This subcategory comprises two further subcategories: *penalties for making self-disclosures* and *different stages of the journey*.

6.9.3.1 Penalties for making self-disclosures

While making self-disclosures (see Section 6.5.3) was a way of acknowledging and accepting the past and problems, two participants revealed perceptions of negative consequences to listening to other group members making self-disclosures and discussing offending behaviour within the group.

I've gone into some of the meetings and I'm head shot because I'm thinking; shit - if I hadn't been like that then my life would be different now. That's hard. (22 M A IDAP 399-400)

> *...when you're in the room with guys that are similar in offence, you've got to talk about it. There's a reason everyone's here so...let's just open up and find out why, just the danger is it does come along with a lot of regrets.* (22 M A IDAP 503-505)

There seems to have been an important dilemma experienced, because while the participant felt it was necessary for group members to talk about their offending behaviour, he also reflected on the 'danger' in doing so. The need to talk may have been perceived as necessary to moving on, but he spoke of the emotional fallout he experienced from having 'opened up' during sessions.

> *...because you then get opened up and then sort of, you start talking about things, that's when the realisation kicks in what you've been like and things like that. It can bring a lot of regrets though.* (22 M A IDAP 393-395)

Coming to terms with the past (see Section 6.5.1) may have helped one participant raise meaningful questions that helped him move on, but with an emotional cost.

> *It touched a sore point in me that made me very sad and I was thinking, and I questioned, am I a good father?* (21 M A IDAP 425-426)

Emotional fallouts were not just those resulting from self-disclosures during sessions, but also from on-going events during the course of the programme that created physical barriers to engagement and moving on.

> *That day I came in, came straight to him spoke to the facilitators, burst into tears I didn't go to the group and then I had a couple of sessions after to get my act together and I came back in when I was comfortable.* (21 M A IDAP 388-390)

> *I came into one session and I burst into tears… that's why I ended up having to do them catch-ups*… it upset me to that extent that I thought; I'm failing again - is it my fault?* (22 M A IDAP 350-352)

* 'Catch-ups' are sessions group members complete on a one-to-one basis with programme tutors if they miss group sessions.

A further perceived penalty for making self-disclosures by one group member was the knowledge of the programme being recorded.

> *but cos it was being filmed and that you've got that paranoia that if I'm gonna say something now it might get used against me...do you know what I mean?* (21 M A IDAP 108-110)

The group member perceived a lack of freedom to express him-self through fear that what he would say would be on record and used against him somehow. Even if what the group member wanted to say was innocuous, his fear of later reprisals for what he disclosed prevented him from making self-disclosures, and potentially from engaging and moving on.

6.9.3.2 Different stages of the journey

A feature of some accredited programmes was that they were delivered on a rolling-basis, whereby group members started the programme at different points and were therefore at different stages in their journey. For one participant, joining an already established group presented difficulties in terms of relating to other group members (see Section 6.4.1).

> *It's quite intimidating at first, especially when you go into the group that is already sort of established because there's gonna be a bond and a clique between certain people* (22 M A IDAP 56-58)

However, even when programmes were not rolling, group members were aware of other group members being at a different stage of their journey. If group members perceived others as being unprepared or uninterested they saw it as having a negative influence on those that were at a more advanced stage, those who were ready to work and participate.

> *…one half of the group was clearly not interested in being there, so it was a bit unfortunate for the other group that wanted just sort of wanted to get the head down and listen and do what was asked and participate basically.* (42 M SF 91-94)
>
> *And it can get a little bit frustrating cos someone we'll say something and it's like: why don't you do that and so that and there's like a block or something. That can be a bit…it's frustrating. It's not a negative, it's a personal frustration thing for me, looking at someone else, someone else is talking, a group member, and I know the answer to it or a way to get about that, or I was there six months ago, so in six months you will be fine. It's frustration but nothing major.* (39 F SF 247-252)

The participant described this as a personal frustration - seeing other group members as behind her in terms of journey seems to have had the effect of pulling her back a little, which was contrary to *learning from each other* (Section 6.4.5) where group members moved on by recognising their different stages and benefiting from listening to each other's experiences. It may have been a sense of futility for the participant if she was trying to assist another, but was unable to help mobilise them because of a 'block'. Hence moving on may have only worked if group members perceived themselves as useful in teaching others as well as learning from them.

6.10 Summary

'**Moving on**' captured group members' sense of personal journey from the point of being referred on to the programme, to their experiences in each programme session, and constituted eight conceptual categories: **feeling ambivalent**; **internal drivers for moving on**; **negotiating the group**; **in-session drivers for moving on**; **moving on as a group**; **acknowledging and accepting**; **taking the initiative**; and **perceiving barriers to moving on**.

Participants reported *feeling unprepared* because they were uncertain about what to expect, particularly in terms of other group members. Seeing other group members whom they perceived as being resistant combined with feelings of unpreparedness had a negative impact on the first few sessions. Feelings of unpreparedness gave way to *apprehension* and anxiety, but this was also combined with feelings of *motivation* and looking forward to programmes; hence the combination of these feelings constituted group members' **feelings of ambivalence.**

Internal drivers for moving on were the motivating factors that had an influence on group members' abilities to move on. These drivers included simply *getting through it,* which on the surface appeared almost like going through the motions to satisfy court requirements but in fact revealed very relevant motivating factors such as staying out of trouble. *Wanting to learn something about themselves* they did not already know, particularly about relational patterns and new strategies they could adopt were also a motivating factor. Group members positioning themselves as *agents for change* right from the beginning was also an important driver for engagement and moving on.

Negotiating the group at the beginning of programmes was an important and early stage of moving on that involved e*stablishing a position by making social judgements and comparisons with other group members* and *relating to group members.* Establishing a position revealed that group were sometimes surprised by the normality of other group members and perceived implicit hierarchies that sometimes made establishing a position in the group difficult. Comparisons were made on age, levels of aggression, and seriousness of offending behaviour, or levels of effort to work on the programme in order to establish a position. Relating to group members by recognising shared identities, developing group cohesion, and forming relationships with particular group members reflected the development of important foundations for engagement and moving on as a group.

In-session drivers for moving on were motivational factors having a specific influence on group members' efforts to work within and between sessions. *Relating to facilitators*, and perceiving them as one of the group, someone who cared and listened was important, as was *realising programme relevance.* However there were perceptions of the relevance of programmes to strengths and perceptions of the relevance of programmes to offending behaviour, which seems to have been a function of solution-focused versus offence-focused programmes. Perceiving a lack of relevance was associated with group members' not identifying themselves as one of the group, but perceiving relevance was construed as down to how facilitators delivered information. Group members personalised the concept of *'red flags'*, which helped them to stay out of trouble. Feeling things change was a driver for implementing changes, and in turn making these changes led to feelings of change, creating an important mutual relationship that enhanced both motivation and engagement.

An important part of moving on was **moving on as a group**, progressing through the programme by *working together*. There were perceptions of the power and value of groups working as a whole, as

well as evidence that group members perceived themselves as working differently depending on who they were working with. An important and powerful aspect of moving on as a group was group members *engaging each other* in discussions that flowed freely and provided a sense of momentum. Group members were able to demonstrate relevance of topics to each other and were conceived as more credible sources of perspectives than facilitators, whose position was constructed as orchestrating discussions in the 'right direction'. This led to group members making *self-disclosures,* however group members' opinions were divided on the issue of making disclosures, with some feeling it was imperative to being able to move on, and others, who were attending solution-focused programmes, seeing self-disclosures of the past or offending behaviour as a 'waste of time'.   As a consequence of discussions and self-disclosures, group members *learned from each other* by benefiting from each other's similar experiences, predicaments, and important insights.

An important turning point in some group members' journeys was **acknowledging and accepting** their problems, or the reason they were all on the programme. *Coming to terms with the past* was in some cases important for *coming to terms with offending behaviour*. Group members revealed how they started **taking the initiative** with facilitators' support in helping them *make changes*. Group members attending solution-focused programmes revealed how they had implemented changes in between sessions from having seen programme relevance, constructing the programme as an important driver in pushing them to make these changes.

Group members **perceived barriers to moving on** that included *uninformative, un-motivating referrals* that contributed to **feeling ambivalent**. *Prescriptive, text-based materials* were problematic as was *homework*, which was generally considered *as a chore*. Facilitator characteristics perceived as problematic were few and only considered by one or two group members in relation to each characteristic. However, facilitators' *lack of control* over the group, *a lack of suitability* to the role *and understanding* of group members, and a *lack of communicating content clearly* were perceived as problematic and therefore barriers to engagement and moving on. The dilemma of having to come to terms with the past or problems and make self-disclosures, with the *emotional fallout* that sometimes ensued was revealed by two group members. One group member also worried about the repercussions of making disclosures in the group, knowing that it was recorded. Recognising that group members were at *different stages of their journeys* provoked some older and more experienced group members to help group members they perceived as younger and less experienced, but it was also frustrating for some group members, who saw others who needed to spend time talking about their problems, slowing down the process of engagement and moving on.

Chapter 7: Facilitators' engagement in Group Offending Behaviour Programmes

7.0 Introduction

The aim of Part 2 is to develop a theory of engagement in GOBPs. The focus of this Chapter is on the aspect of the theory that emerged from the interview data from the participating facilitators and observations of programme sessions. All the data extracts are accompanied by a code describing the source of the extract, as per the coding system presented in Section 2.4.

7.1 Facilitating engagement

Participants referred to themselves as either 'programme tutors' or 'offender managers' but throughout the data it was apparent that they felt they facilitated engagement, i.e., engaging group members was not just part of their work, it was the sole aim of their work. Facilitating engagement comprised a number of processes that were inter-related. Preparing for sessions was about *planning with co-facilitators*. During sessions, facilitators employed two key strategies of *improvising* and *making programmes relevant* as a means of dealing with resistance, *encouraging group members to engage each other,* and sustaining engagement by *exploring and staying in the moment.* Resources of facilitating engagement, particularly *being confident and understanding programme content* and *knowing about group members as people* were influential in *improvising* programme content and developing *'the hook',* key strategies for building engagement.

Figure 7.1 depicts facilitators' engagement in GOBPs which is represented by seven conceptual categories, one of which was **resources for facilitating engagement.** These were resources facilitators could draw upon throughout their work and that therefore had a diffuse influence on each of the processes involved in facilitating engagement. Five of the seven conceptual categories comprised processes involved in facilitating engagement, one of which was **preparing for engagement** prior to every programme session and which similarly to resources for facilitating engagement, had a diffuse influence on the subsequent processes of facilitating engagement. There was a key conceptual category representing the process of **building engagement: personalising treatment frameworks** which had an influence on every other aspect of facilitating engagement within programme sessions. The other three processes: **setting the scene: disarming group members and dealing with initial resistance**; **establishing roles and positions in the treatment framework**; and **recognising and sustaining engagement** comprised strategies and processes of

facilitators' work in facilitating engagement. Finally, throughout their work, each aspect of facilitating engagement was influenced by facilitators **knowing the barriers to facilitating engagement**. Each conceptual category comprises a number of subcategories that are shown in Figure 7.1, but most of these subcategories comprise further subcategories that are discussed in the relevant sections.

There were a variety of accredited and non-accredited GOBPs the participating facilitators referred to and the conceptual categories revealing the processes involved in facilitating engagement transcended across different programme types. However there were some discrepant views that in some cases appeared to be linked to the type of programmes to which the participants referred.

7.2 Resources for facilitating engagement:
7.2.1 Being confident in understanding programme content;
7.2.2 Knowing about group members' offences and on-going behaviour;
7.2.3 Knowing about group members as people

Pre-sessions

During programme sessions

7.4 Building engagement: Personalising treatment frameworks:
7.4.1 Improvising;
7.4.2 Making programmes relevant;
7.4.3 The 'Hook'

7.3 Preparing for engagement:
7.3.1 Getting in the right headspace;
7.3.2 Planning with co-facilitators

7.5 Setting the scene: Disarming group members & dealing with initial resistance:
7.5.1 Instilling perceptions of choice;
7.5.2 Focusing on group members, not offences

7.6 Establishing positions & roles in the treatment framework:
7.6.1 Managing group members' impressions
7.6.2 Encouraging group members to engage each other

7.7 Recognising and sustaining engagement:
7.7.1 Noticing evidence of engagement;
7.7.2 Exploring & staying in the moment;
7.7.3 Praising, reassuring & supporting;
7.7.4 Using humour

7.8 Perceiving barriers to facilitating engagement:
7.8.1 Programme & referral factors;
7.8.2 Group member characteristics & behaviours;
7.8.3 Facilitator characteristics & behaviours

Figure 7.1 Facilitating engagement and its six representative conceptual categories

Key for Figure 7.1

Conceptual categories influencing engagement

Conceptual categories comprising the engagement process

Relationships between conceptual categories

Relationships between subcategories

In order to facilitate engagement, facilitators adopted an enabling role rather than one of coercion. This was evident in each of the conceptual categories but was particularly evident in the conceptual category 'establishing positions and roles in the treatment framework' (Section 7.6). As GOBP facilitators, participants felt that their work was to align group members' knowledge and attitudes with the aims of programmes by supporting group members.

A particularly important feature of the data was that facilitators' engagement and group members' engagement appeared inseparable. When GOBP facilitators talked about their own engagement, e.g., when they talked about a time when they felt a session had gone very well, and that they done some very meaningful therapeutic work with group members, they referred to their actions in the process of engaging group members. Facilitators did not appear to see themselves as a separate entity as far as engagement was concerned. Their purpose was to actively facilitate engagement and their actions towards this purpose were in response to group members' engagement. If f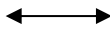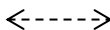acilitators' perceptions were that they were performing their work effectively, i.e., engaging group members, they too were engaged. Thus facilitators' and group members' engagement were mutually contingent. However, facilitators saw themselves as responsible for initiating the engagement process – *'I think you have got to go in with this enthusiasm and this relaxed, you have got to put them at ease, so absolutely I think it comes from you, erm, because if they can't see that in you, I think they are not going to see that'* (4 F NA OF 635-638). Consequently 'facilitating engagement' reflects the interplay between their actions in facilitating engagement, and group members' responses to their actions.

7.2 Resources for facilitating engagement

Facilitators drew upon resources throughout their work in facilitating engagement. This conceptual category comprises three subcategories representing these resources: *being confident in understanding programme content; knowing about group members' offence and on-going behaviour;* and *knowing about group members as people.*

7.2.1 Being confident in understanding programme content

Being confident in understanding programme content was constructed as essential to facilitators' abilities to convey expertise in their work. This was important to facilitating engagement as they needed to know the aims of the programme and what they needed to do to align group members' current knowledge and attitudes with the aims of the programme (discussed in Section 7.4).

> *Yeah, and I think it is, it's about the confidence cos, it's that's a big part of the programmes I think.* (5 F A SOTP 597-598)

Being confident in understanding the programme content emerges in contrast to 'going through the manual' as preparing for engagement required confidence to the extent that facilitators did not have to rely on the manual and could instead prepare to be enthusiastic and energetic in order to facilitate engagement.

> *To keep them engaged what we do is we have to be quite lively ourselves, being confident and instead of going through the manual.* (11 F GEN 62-63)

Participants reported that if they lacked an understanding of the programme this would be evident and would prevent group members from being able to understand the programme content and engage.

> *I think because I struggled that probably doesn't give a good impression to a group of offenders because you want to instil this confidence that you know the material, and you know the relevance and you know how to do it.* (4 F NA OF 548-551)

Being able to demonstrate the relevance of programmes to group members emerged as being essential to building engagement (see Section 7.4) and this seems to have been contingent upon facilitators' understanding of programme content.   More than simply knowing the content, facilitators needed to understand the content and how to use programmes in a way that facilitated engagement.

7.2.2 Knowing about group members' offences and on-going behaviour

Knowing about group members' offences and on-going behaviour emerged as an important factor of debate in relation to its influence on the facilitation of engagement: Some facilitators expressed a need for knowledge of the group members' offending behaviour, while others saw knowledge of offending behaviour as unnecessary and in fact obstructive to their abilities to effectively facilitate sessions.

A number of reasons emerged for needing to know about offending behaviour, one of which was that this information was regarded as necessary to 'challenge' group members during sessions, perhaps because the facilitators who felt they needed this information perceived challenging group members as part of the engagement task. Challenging group members seemed only to be discussed in relation to domestic violence programmes.

> *And again with domestic violence programmes, if you're not aware of the family circumstances and situations and you start challenging, are they going to take that offending home? Are they gonna go back with an attitude to their partner, and end up creating more risk? ...So I think on the risk basis ones, you need to be very aware as facilitators, what this*

person's offence is. How they've impacted in the past and what they're likely outcomes and attitudes are gonna be… But to some programmes I don't think you need to. (8 F GEN 832-852)

Being able to challenge group members without increasing theirs and potentially other group members' risk of reoffending appeared to have been constructed as a rationale for needing to know this information.

A feature of the accredited domestic abuse programme (IDAP) is that facilitators receive information from women's safety workers about group members' on-going behaviour at home in between programme sessions. Even though participants reported that they were required not to use this information within the session to challenge group members, they still used it to focus on group members' particular needs in relation to the programme.

So with having that information obviously you can't use it but actually if a Women's Safety Worker says to me 'his partner's saying he doesn't like her to go out… he's a very jealous man…' I can then use that in the session to specifically target him for coping with jealousy. (11 F A IDAP 726-728)

Knowledge of group members' on-going behaviour was perceived by some participants as giving them power to focus on particular aspects of the programme they believed were of greater relevance, perhaps because the focus of IDAP is on deficits relating to offending behaviour. The rationale was that facilitators could use this information proactively and strategically, for the benefit of group members' progress. However, facilitators also appeared to seek this information for other reasons. Some facilitators of IDAP reported feeling vulnerable to manipulation, exposed to a potential 'blind spot' if they did not have information on group members' on-going behaviour. Facilitators seemed to be worried that if group members were being dishonest within sessions about their on-going behaviour, having third party information would help illuminate this.

But then for people who are very manipulative…'oh well there you go then, that's not what is being said here', so yes, that would be filtered by the group offender manager. (6 F A IDAP 615-617)

Having this information seems to have been construed by facilitators as a type of defence against being manipulated. However, group members' capacity to manipulate facilitators was constructed as so great that aside from any on-going behaviour information, facilitators also needed to revisit historic information about the group members' offence.

…some people might try to manipulate you in the session, and you might think, oh he's lovely, he's this, he's that, yes he's just manipulated you for like 6 months, actually you've got to revisit his offence because this is how nasty this person was at this time, and actually remembering that and try and revisit that. (11 F A IDAP 710-715)

A further reason constructed for facilitators needing to know historic information about group members' offending behaviour was to avoid making incorrect judgements during the programme about whether group members had changed.

> *...you'll have a couple of people who'll be saying 'yeah everything's fine I'm using positive self-talk, I'm using all these skills you've taught me, I'm doing this', and you could easily write their report saying 'yes he's done this, he's a changed man' when actually you get information from the Women Safety Worker 'oh he's hitting her every day, he's abusing her every day', and you've just written a report saying that he's a changed man.* (11 F A IDAP 720-725)

Participants may have naturally been concerned about errors in their judgement as to whether group members had genuinely changed, and therefore information about change was important, although it was information that contradicted what group members had said in sessions that appeared to be important to some facilitators. This contrasted with change information that supported what group members had said in sessions that explicitly indicated engagement (see Section 7.7.1).

Participants' opinions seem to be divided in terms of the value of knowledge of group members' offending behaviour as a resource for facilitating engagement. In the following extract the participant was referring to a non-accredited solution-focused programme. Even though the group members were domestic violence offenders the programme focus was on strengths as opposed to deficits relating to offending behaviour. Offence knowledge seems to have been constructed as a potential source of bias that might have made facilitators pre-judge group members.

> *I have absolutely no concern, pre-conceived ideas of these people - I didn't even look on CRAMS to see what their offences were because I thought that's not the process of what we're doing here.* (8 F NA SF 811-813)

'What we're doing here' indicates a facilitating engagement was construed as a different type of task in solution-focused programmes. 'No concern' for group members' offences also indicates a very different outlook as to the relevance of this information to facilitators' work, which contrasts with the task of challenging group members in IDAP. However, even in relation to IDAP some facilitators preferred not to have on-going behaviour information as a resource. In the extract below, knowledge from different third parties about group members' on-going behaviour was constructed as having the potential to cause confusion in terms of where the information came from. Facilitators were also regarded as being put in a difficult position because while they were privy to this information, they seemed to be prohibited from being able to use it within treatment; therefore the knowledge became more of a hindrance.

> *...and all the stuff that was coming in, sometimes, you know you have something in your head, where did that, how did I know that? Do I know that because it has come from the women's safety worker? And then again, you know part of the victims, doesn't mean to say they are*

perfect and right, so they might be lying, you know, so yeah, I have got this information...I
can't really use it, so sometimes, I would rather not know. (6 F A IDAP 603-611)

These strong and divided opinions about the relevance of offence and on-going behaviour
information, and the concern with being manipulated by group members, only emerged from
discussions in relation to domestic abuse programmes. It is not clear from the data why this was the
case, but the nature of the offence (i.e. domestic abuse) may somehow have been a contributory
factor.

7.2.3 Knowing group members as people

There was a subtle but perhaps important distinction in the type of knowledge facilitators felt was
important to preparing for engagement. While opinions were divided about the importance or
relevance of offence or on-going behaviour information, knowing about group members as people, in
terms of their relationships and who was important to them, emerged as beneficial to facilitating
engagement. This seemed a valuable resource in constructing personalised treatment frameworks,
which was a key strategy in facilitating engagement (see Section 7.6).

> *I know their history, I er their relationships, I know their children's ages and their children's*
> *names, you know what I mean, I know as much as I can know about them and I think that's a*
> *real strength.* (5 F A SOTP 1038-1040)

However, for some programmes, particularly accredited programmes with strict schedules, there was
little opportunity to get to know group members; hence facilitators reported that it was difficult to
demonstrate the relevance of the programmes without this information.

> *And I think really the lack of our, you know, knowledge of the group members before coming*
> *onto the group, it did make it quite hard at times to explain to them the relevance for them.*
> (4 F NA OF 218-220)

> *I think that just the knowing anything about the group members, I think actually would mean*
> *a lot to them, if we knew a little bit and they are not just a name to us, they're, you know, we*
> *know a little bit more about them.* (4 F NA OF 742-745)

Knowledge of group members was not only important for facilitators to be able to demonstrate
programme relevance, it was also an important resource for demonstrating that they had group
members best interests at heart, that they were genuinely there to help and support them and that they
were using knowledge about group members to this end.

7.3 Preparing for engagement

Facilitating engagement required some level of implicit and explicit preparations by the facilitators
prior to programme sessions, depending on their levels of experience. There are two subcategories,
getting in the right headspace and *planning with co-facilitators.*

7.3.1 Getting in the right headspace

One participant spoke of needing to get in to the right 'headspace', an apparent cognitive state that would give him strength to facilitate engagement.

> *I think it's, the one thing I have to get myself into a headspace, whereby when I go in front of that group it's kind of a bit of a performance, not a fake performance but I really need to be engaging, sincere, motivated, upbeat and willing to pull out this story and that story and think on my feet. That is quite emotionally draining and you need to get yourself in that headspace before you enter that group.* (9 M NA SF 421-425)

While some facilitators needed to get in the right headspace to put on a 'bit of a performance', they also had to think clearly and specifically about how they would facilitate engagement. There appeared to be evidence here of focus on making the best effort in facilitating engagement.

> *...to get myself in that position of engaging myself in it I have to think 'okay let's see what work I can really do with these people, and then try and pin-point how we can make this interesting'* (11 F GEN 152-154)

'These people' indicated an importance in knowing who these people were first (discussed in Section 7.2.3) in order to know what to pin-point and make the programme interesting. This indicated facilitators were considering how to build their resources to facilitate engagement by developing their knowledge of group members early on.

7.3.2 Planning with co-facilitators

In all programmes discussed by participants, both accredited and non-accredited, sessions were delivered by two facilitators, who generally shared (at their discretion) programme tasks. Facilitators' working relationships with one another in programme sessions, regardless of programme type, emerged as important to facilitating engagement. This subcategory is comprised of four further subcategories: *showing strengths and supporting the group; supporting each other; managing differences in planning requirements;* and *temporary co-facilitation.*

7.3.2.1 Supporting each other

Facilitators planned how they would support each other with difficult group members. In the following extract the facilitator was referring to the planning of a sexual offender treatment programme (SOTP) in which because of a problematic relationship between her and a group member, she planned with her co-facilitator to work around the existing issue as a way of minimising any threats to engagement.

> *...so what I do now with my colleagues I plan, I say 'look, he's frustrating me and I'm struggling with what he's saying, it would probably be better if it comes from you if that's ok? Can you do that bit? Because you're better at that and then I'll do this bit with this person in here or whatever'* (5 F A SOTP 523-527)

Cues for when facilitators were struggling with group members were important to discuss at the planning stage, so that they felt secure that their colleague would step in and help if they got into trouble during the session. This was important for facilitators' confidence in being able to tackle resistant or even aggressive group members.

> *…before we run a programme together and say, 'this is, you know if someone is coming at me I'll say something like that, or if I'm looking at you struggling I'll come to you or you know, how do we support each other?'* (5 F A SOTP 610-612)

Personal matters affecting facilitators that might mean an emotional upset is triggered during a session also needed to be discussed with colleagues before sessions, so that they might offer some understanding and support.

> *but there have been times, or I've been in a room and I haven't had that conversation because I thought I'd be fine at whatever, and then somebody says something in the room, whether it's about a relationship or a bereavement and if it reflects what's going on at home you can just look at your colleague and think, that really hurts, you know.* (5 F A SOTP 1165-1169)

7.3.2.2 Showing strengths and showing support

Facilitators planned their support for each other but they also recognised that how they worked with each other was under the close scrutiny of the group, and demonstrating strength in their relationships was of importance to reflecting confidence and facilitating engagement. It was also important for facilitators to be seen by the group as working well together.

> *I've had tutors come in and out and there's been occasions where they've* [group members] *said 'Oh yeah I like it when that person comes in, you two work well together'* (11 F GEN 349-351)

Co-facilitators also planned how they were going to show support and praise for group members.

> *I think we need to make sure that we plan the set up to tell them how good they are.* (5 F A SOTP 1021-1022)

Praising group members may need to be planned in order to ensure it did not become overlooked, or that particular group members and any efforts they had made did not become overlooked.

7.3.2.3 Managing differences in planning requirements

While planning with co-facilitators emerged as essential to some facilitators' levels of confidence and abilities to facilitate engagement, facilitators had different perspectives on planning and how much of it was needed. This related to their general approach to facilitation; whereby some preferred to have every aspect of the session prepared, while others felt little need for this level of preparation. Therefore the planning stage represented an important time when conflicting opinions were managed and aligned prior to the session.

> *I will try and be the dominant co facilitator so maybe at the planning stage especially I will be like, right I think this would work well or I like to have to everything down to the letter*

before we go in and some people don't work like that… I like to, for my own sanity to know

exactly what I am doing before I go in. (4 F NA OF 888-892)

However, this participant was aware of the fact that she did not always readily take into account her co-facilitator's different planning requirements.

but I think, you know, if I had got a facilitator who says 'oh yeah well we will just meet five

minutes before and it will be fine, we have done the session before', I don't like that, and then

I will try and exert my, kind of, position on them and say 'no we need to meet and do this',

without maybe taking into account their kind of, the way they do things. (4 F NA OF 894-898)

The amount of preparation deemed necessary was dependent on the amount of experience facilitators had of working with the same co-facilitator.

We've been working together now for just over a year and we do nearly every programme we

don't have to do that prep about the co working side of things. (5 F A SOTP 626-629)

Planning required effort and negotiation to account for facilitators' differences in experience and working styles.

…you have to remember that we're all different as well, we all have different styles and so

you have to try and adapt. Instead of saying 'no, my style is the right way you should be

doing everything like this', you kind of have to adapt with them, so you're trying to think 'well

how can we work together?' (11 F GEN 289-292)

What seemed to be regarded as a useful rationale for adapting ways of working was that facilitators respected that they each have different working styles but ultimately needed to work together.

7.3.2.4 Temporary co-facilitation

A new facilitator coming in to cover for absence was construed as particularly problematic to maintaining engagement. In such an instance the new facilitator needed to respect how the programme was currently being facilitated and not impose their way of working, as facilitators perceived that group members needed consistency in how the programme was facilitated to remain engaged.

…because the last thing you want is someone to come in and change the way you've always

done it, and the offenders are thinking 'why is all this happening, why are we doing this

differently?' and it's not working then. (11 F GEN 302-305)

From the perspective of a facilitator coming on to a programme on a temporary basis, there was a problem in terms of establishing a working pattern with their co-facilitator.

I've done a cover session and my co-facilitator's gone off on a tangent for about an hour, I

mean kind of sticking with the programme but going off a little bit, and I'm thinking 'I don't

really know how we're supposed to…' and then it's my turn to do my bit and yet they're

saying to me 'oh we haven't got much time so could you hurry up?' sort of thing, and I'm

thinking, actually this is quite important what I'm trying to talk to them about and you doing

that is not very helpful…(11 F GEN 316-231)

A lack of planning and negotiating the direction of the session and different ways of working may have been responsible for the facilitator feeling undermined and unable to facilitate engagement. The facilitator's perceived inability to engage group members seems to have left her feeling frustrated for some time after the session had finished.

> *I wanted to spend a bit of time on it but I had to condense it and that kind of impacted the way I was feeling throughout that whole session. Then when I got home I was still quite worked up about it.* (11 F GEN 334-336)

But as much as planning with co-facilitators and managing how much preparation was required was important to facilitating engagement, it did not mean that every aspect of the session had to be prepared for to the extent that it might prevent the facilitation of engagement.

> *...once I am in the group and it just flows, that is absolutely fine.* (4 F NA OF 893)

7.4 Building engagement: Personalising treatment frameworks

Building engagement was a core conceptual category (see Figure 7.1) and comprises two subcategories: *Improvising* and *Making programmes relevant* (using *'the hook'*). Figure 7.2 illustrates how facilitators built engagement by personalising treatment frameworks in order to align group members' current knowledge and attitudes according to the aims of the programme. Facilitators identified actions during the process of facilitating engagement that represented their construction of personalised treatment frameworks for group members. Facilitators personalised treatment frameworks by using knowledge obtained about group members (Section 7.2.3) to establish *'the hook'*, a way in (Section 7.4.3), and then using this knowledge as a way of knowing how to improvise with programme content and make programme concepts relevant to group members' personal lives. These personalised treatment frameworks enabled group members to understand programme concepts and the meaning of them, and allowed facilitators to align group members' current knowledge and attitudes according to the aims of the programme.
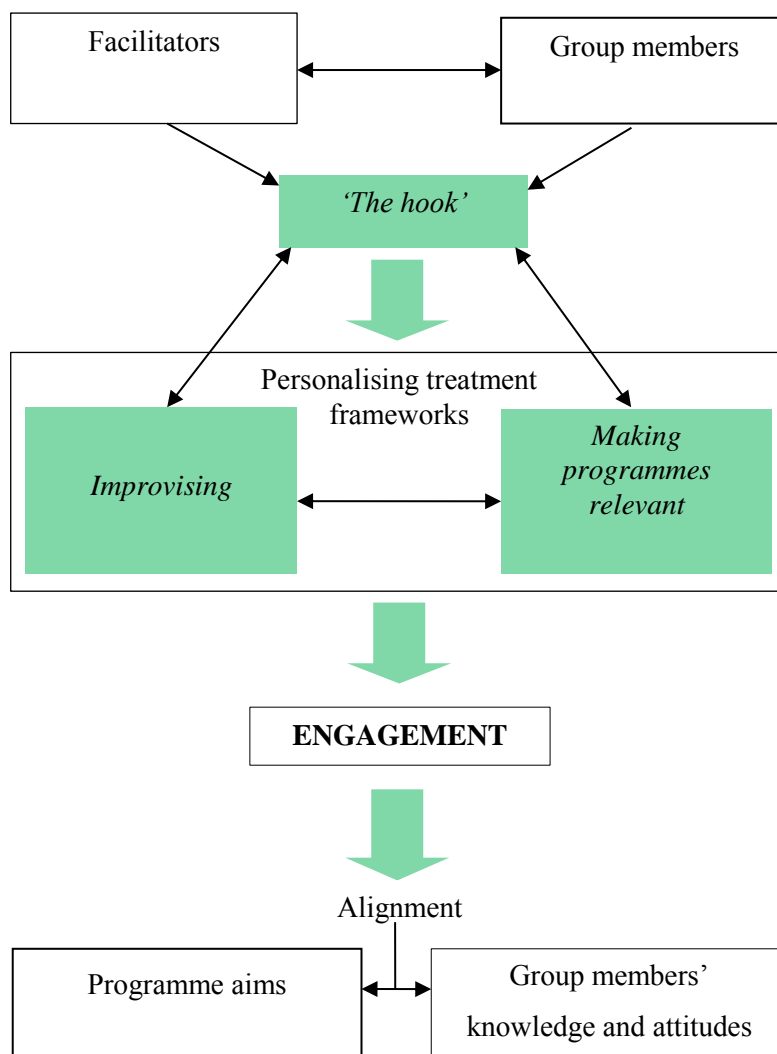
Figure 7.2 Building engagement: Personalising treatment frameworks

7.4.1 Improvising

There was a consensus among facilitators that following programme manuals was not conducive to building engagement, and that improvising was necessary in order to do this.

> *I wouldn't stick to the manual to the letter, I wouldn't just keep, I don't think I would just keep going, and keep plugging away, I would just be trying to elicit information or get, finding other ways to engage them.* (4 F NA OF 1043-1045)

Improvisation required confidence in understanding the programme content (see Section 7.2.1) and was an important feature of some facilitators' work. Confidence in understanding the programme allowed facilitators to improvise by responding to group members' needs to understand programme content and concepts. At times facilitators needed to be inventive and find creative ways to adapt the

session in order to engage the group. Improvising was also a means for facilitators to navigate the group through difficult programme tasks, as well as being a means of self-preservation.

> *Just to think, actually this isn't working, stop banging your head against the brick wall, do something different.* (6 F A GEN 287-288)

> *Yeah, let's try and find another way into this, or, let's leave that one, we can revisit it and bring something else in.* (8 F GEN 543-535)

Participants constructed a rationale for using improvisation as a type of artistic licence, to adopt alternative ways of delivering programme content in a way that was easier for group members to grasp and identify with. In session observations facilitators also evidenced using content familiar to group members from previous discussions. In the following extract the facilitator had used a number of ways to communicate the concept of planning and found success by improvising with the already familiar scenario.

> *Okay, thinking about a discussion from earlier, when you take a baby somewhere, what do you need to take with you?* (31 F A TSP 283-284)

'Flow' or sense of movement and progression emerged in the next extract as important for engagement, and improvisation allowed facilitators to respond to the group and determine what would and would not be helpful.

> *it just doesn't seem to flow well with what we're doing, and so often what we tend to do is we'll have a go at it and if it doesn't seem to go so great so we go back to the triangle, stick that up on the board and then we as a group talk through a scenario, drawing-out thoughts, feelings, behaviour, values, actions and then tie-in the alcohol attitudes or emotions and stuff and people seem to be comfortable doing it like that.* (9 M NA SF 193-198)

One facilitator demonstrated creativity in the facilitation of a solution-focused programme, whereby he placed wallpaper around the room on which group members could write down what was important to them, what their goals were, and what their strengths were.

> *They like it* [wallpaper]*, and also the one thing on that is they look up at it a lot as well, so they tend to look up at it and read what they've written. They look at other peoples as well, which is interesting.* (9 M NA SF 301-305)

Facilitators' creativity appeared to be fundamental to their ability to build engagement and seemed easier with experience, but also when facilitators were working with non-accredited programmes. These programmes were constructed as offering greater flexibility to allow facilitators to be creative and improvise, relying on their own judgement as to how to work with the group in front of them in order to achieve the programme aims.

> *I think that is the beauty of the non-accredited, is that you can... as long as you are getting to the point and people are understanding and engaging in it, I don't think it matters how you get to that point, it is whatever works for those people.* (4 F NA OF 1082-1102)

Giving group members a little knowledge (but not too much) about the nature of solution-focused programmes was constructed as sufficient enough to open group members' minds and perhaps create curiosity; an important combination for building engagement.

> *we were given a free reign and they had some knowledge of what it was about but not a great deal of knowledge, so they were quite open to find out what this was about, and the two seemed to mix together, as a kind of positive mix, and it was a good session.* (12 M NA SF 94-97)

The facilitator perceived a freedom to improvise in a solution-focused programme and work with group members in a way that allowed him to address presenting issues without feeling compelled to steer the group away from them.

> *If an issue's raised within the group erm, what we don't want to do is sort of shut people down, so 'sorry can't do that because it's not part of this package', we address it and erm, and and I find, you know because we're allowed to do that, it's quite good because although it doesn't relate to you, whatever programme we're doing, it's relevant to their life and I think they feel important.* (7 M NA SF 311-319)

Being 'allowed' to address presenting issues seems to have been quite empowering for the facilitator , as well as being able to make group members feel important by demonstrating how the programme was of relevance.

7.4.2 Making programmes relevant (using 'the hook')

In Section 7.2.3 there was evidence that facilitators constructed information about group members as an important resource for facilitating engagement. Without this type of knowledge, facilitators could not demonstrate how the programme was of relevance to group members.

> *So I've kind of had to sum up in my head who I have on this group and really focus on what's going to be the most important thing that's going to stick with them.* (11 F GEN 83-185)

Facilitators' tasks in engaging group members was regarded by them as fundamentally about demonstrating the usefulness of programmes to group members' personal life situations.

> *…when people can relate what we are talking about to their real lives and see that it is useful to them, that's when you kind of see, people start engaging and see it as something useful.* (10 F A GEN 380-382)

The programme tasks emerged as being able to either trigger engagement or at least make it easier for facilitators to engage group members, or conversely represent barriers to facilitating engagement. Some programme content was perceived by facilitators as so conceptual that it inhibited facilitators' abilities to engage group members. Facilitators had to become inventive not only to improvise but also to create relevance, but this proved difficult if they themselves were unable to recognise any relevance in the programme tasks.

It was quite conceptual, and I think some of them struggled to relate that to their every day, whereas the sessions like victim awareness was much more hard-hitting, much more personal to them, and you could see engagement was better for those people. (4 F NA OF 477-489)

There were other programme tasks, however, that facilitators recognised as being far more relevant to the group members and the issues relating to why they were on the programme. Some tasks emerged as being relevant, not just to group members, but to everyone. In the following extract, reference to 'the only way *all* of us can control our anger' indicates how the facilitator established common ground with group members.

I mean that is essentially, the only way all of us can control our anger, is to understand what we are thinking and use kind of, anger reducers, thoughts that will bring it back down again, so its hugely relevant. (10 F A ART 293-298)

There were times when facilitators had to continually persist and try different tactics in order to help group members relate to programme concepts. In the following extract there is evidence of the facilitator having both improvised and created relevance.

'Why would anyone go to a pub, if they couldn't drink?' It was going on for ages , we were trying to get others, no one in the group was buying it...no, it was just 'I get it, I get it, and you can't imagine the situation itself, it never happens, only old, boring people would go to the pub and not drink. So it's Christmas Dinner and you haven't drunk, and you are sat with your family having Christmas dinner', and then someone said...'oh yeah, could I could see that', they could get that. (6 F A DID 230-239)

Until group members could see the relevance, by seeing how the concept might be explained in terms of their own life context, group members asked questions to challenge the logic of the concept. Observations of a session revealed facilitators sometimes selected a group member's information previously offered in the session as an example to help demonstrate the relevance of a programme concept and communicate it to the group.

XXXX [group members' name] I'm going to use your example in regards with going to get my driver's license ok? How do I feel? Where I am with it now and where I want to be. (30 F A TSP 302-304)

Facilitators were also observed using their own personal example to introduce a group task and demonstrate how it would be relevant.

So if I give you an example so we can either use it for a problem or a goal, something we're trying to achieve okay, so a problem I currently have - you know all about my rabbits? Who knows about my rabbits? (27 F A TSP 507-509)

Using a personal example may have also been a strategy the facilitator used to make self-disclosures so that the group members could begin to relate to her in ways that contributed towards a working alliance.

7.4.3 'The hook'

'The hook' appeared to represent the therapeutic or working alliance between group members and facilitators. An important resource for facilitating engagement was knowledge of group members as people in order to establish ways of working with them. Personal information on group members was a particular resource for developing '*the hook*'. It was used to establish a 'way in' that meant facilitators were able to embed programme concepts within group members' life contexts, making them more meaningful and thereby easier for group members to understand. This subcategory comprises four further subcategories: *getting information; selectively attending; using discrepancies;* and *the power of the hook.*

7.4.3.1 Getting information

Facilitators obtained information about group members prior to programmes commencing as a resource for facilitating engagement (see Section 7.2.3, page 99) but they were also adept at obtaining, storing, and collating personal information about group members to personalise their treatment framework during the course of programmes, so that programme concepts could easily be linked or 'hooked' on to it.

> *I am very good at getting stuff from the group and building on it, and I am quite good at remembering things that they may have said a few weeks ago, and building all that together… That is what I am good at, getting it to have some meaning in their life, some relevance in their life. And linking it back to their life, and linking it back to the material.* (6 F A GEN 317-323)

Facilitators reported also using opportunities outside of the session to obtain personal information from group members. Obtaining information did not emerge as just a means of developing the relevance of programmes; it enabled facilitators to demonstrate genuine interest in group members, which helped to build engagement.

> *So we use the breaks as a time to try and have a chat with people on how things are going and really dip into their lives a little bit so that they know that we actually genuinely are interested.* (11 F GEN 119-120)

This information about group members strengthened the resource of knowing about group members for facilitating engagement, but facilitators could still manage to create relevance from very little personal information.

> *'I've given you an example, how about you? Surely you can think of something that you have done?' Even if it seems insignificant, just so we can get something from them that we can then link that into what we are doing.* (6 F A GEN 109-111)

> *It's about how you engage that person within that window of opportunity. I believe the time I spend with them are very short periods of time, but windows of time that I can really sort of try and find a crack in them, dig myself in and try and open it up.* (9 M NA SF 562-564)

Quantity of information emerged as being of lesser importance than how facilitators engaged group members in 'windows or opportunities', which they used to find their 'way in'.

7.4.3.2 Selectively attending

Facilitators needed to be selective and attend to what they perceived as most important or personal to group members. They discussed how they had to selectively attend to the personal information that would motivate group members rather than just assuming what might have been most important or personal to them. Facilitators therefore needed to be sensitive as to what group members felt passionate about, what was most relevant, and then pick that as *'the hook'*.

> *It's all the personal stuff and really picking the stuff that you know is close to their hearts; for example if they light up every time you mention their child or something then you think, right that's how I'm going to motivate them, because if you start talking about 'how's this going to help you and your children?' that's kind of motivational but if say for example I've had one guy and that actually doesn't work for him. To him, if his child has to see him in prison it's not really an issue, he doesn't see that as an issue so you try and work on other things so it could be their relationship, it could be the job they've just got, so you try and really pick out stuff that really you can see there's a lot of passion in it to work on it.* (11 F NA SF 135-142)

While facilitators had to work at selectively attending to the right information to find the right hook, it was construed that there would always be one that 'works'.

> *I think there's certain people that you know you can either use the motivational route where you talk about how that affected your child, and they're like 'oh my God yeah', and then you've got other people who that wouldn't even work with - then if you talk to them about loss of freedom that would perhaps work.* (11 F NA SF 180-183)

7.4.3.3 Using discrepancies

'The hook' was not always established through obtaining personal information about group members. Some facilitators found discrepancies in what group members had said as a way to 'open them up' so the facilitator could 'come in'. Facilitators encouraged dialogue for either a discrepancy to emerge or for the group member's desire to change to reveal itself. This seems to have been an empowering tool, to draw out group members' desires to change, rather than be 'forced to change', as a means of building engagement.

> *So the more people talk the more they give away their little discrepancies, and that's where I think I kind of come in there so it just opens them up for me to be able to come in there…or just kind of keep getting them talking about stuff so you realise that eventually they do want to change but they don't want to be forced to change, they want to do it on their own level.* (12 M GEN 378-383)

7.4.3.4 The power of 'the hook'

There was a construction of *'the hook'* as representing a powerful tool once facilitators had developed it. Participants described that once they had found *'the hook'*, they were open about what they had done, offered group members a choice as to what they wanted out of the programme, once they knew how it was of relevance to their particular life context.

> *The facilitation on a one-to-one or group basis is giving people that opportunity to have just that one little thing. That when there's that hook there, you offer it. And if they take the bait, then you offer, that's when you go in then and go 'Right. Here we go, this is what we can have, take your pick. You chose what you want. You choose where you want to go with it'.* (8 F GEN 1712-1733)

In solution-focused programmes *'the hook'* was constructed as being more powerful in engaging group members, as once hooked there was a greater chance they would complete the programme.

> *But once we've actually hooked them they seem to stay which is new actually it's not something that I have experience of.* (9 M NA SF 58-59)

7.5 Setting the scene: Disarming group members & dealing with initial resistance

Facilitators went through an important process of helping to reduce group members' anxieties about the programme or their resistance by setting the scene; explaining to group members what being in the group would be about. Group members' resistance posed a barrier to engagement and tended to be most evident at the beginning of programmes. Therefore facilitators recognised this was the most important time for disarming group members and dealing with resistance to ensure a greater likelihood of engaging them. This conceptual category comprises two subcategories: *instilling perceptions of choice*; and *focusing on group members, not offences.*

7.5.1 Instilling perceptions of choice

Some participants spoke of putting group members on solution-focused programmes in a position of choice in order to disarm them, particularly if they were demonstrating resistance towards the programme. Instilling perceptions of choice to attend was a strategy used early on in the programme even though group members may have construed that they had no choice but to attend. Even though there were known consequences for non-attendance, facilitators still attempted to convey to group members that they had a choice to not attend and face those consequences. This was not conveyed as a threat, but as a means of clarifying to group members what their alternatives were.

> *When the negativity was still there we gave them the choice of, you know, if this isn't for you, you can leave, you know, there are consequences to that, that you are aware of if you are not complying, but giving them that choice, and actually it was the best attended programme that*

> *I ever ran , so out of, I think we had ten to start with and we ended up with eight finishing,*
> *and they were the most difficult group that I have ever encountered doing Positive*
> *Relationships* (4 F NA SF 241-255)

This was an effective strategy in enhancing completion rates of a solution-focused programme, perhaps because of the facilitators' deliberate efforts to shift power towards group members, which also occurred when facilitators put group members in control of making decisions about what they may or may not take from the programme.

> *What we can do is give you information that we've gained…and that we've developed, and*
> *that we've understood and you take from that what you need. And if there's some bits that you*
> *think aren't relevant to you forget them... I always say to people use us, we're a service, a*
> *resource….You know, we're not here to control you.* (8 F GEN 1372-1402)

The participant reported conveying to group members motives of helping them and supporting them, positioning facilitators as allies, not authority figures that might try to control them.

> *And sometimes giving people that option makes them think; well yeah actually I'm getting*
> *something for nothing out of this, I've got to be here anyway, so I might as well…. Let's just*
> *do it.* (8 F GEN 1492-1501)

In relation to a solution focused programme, shifting the focus away from offending behaviour meant that conveying a sense of choice was about group members choosing what they would like to 'change'.

> *…and when they realise it is not about their offences, we don't need to know about that, not*
> *interested, and it is about you and what you want to change and what you feel is important to*
> *you, it suddenly, well actually I am not being told what needs to change, and that is the way*
> *that we are needing to look at things now, it is about what they want, there is no point in me*
> *imposing what I think on them* (4 F NA SF 1003-1009)

Seeing that group members being able to make choices about what they wanted to change was disarming them seems to have led the participant to conclude that facilitators should not impose their opinions about what needs to change on group members as this would make facilitating engagement futile.

7.5.2 Focusing on group members, not offences

This subcategory is firmly linked with the previous subcategory, '*instilling perceptions of choice'* because giving group members perceptions of control over what they could get out of programmes moved the focus away from their offending behaviour, towards them as people. A complex issue that facilitators faced was that they were more able to facilitate engagement when they were focusing on group members as people as opposed to their offending behaviour, but they were generally required to focus on the latter in accredited programmes. Facilitators recognised that for some group members it

was important for them to identify themselves differently rather than by their offence, in order to become engaged.

> *They're always told how rubbish they are and how horrible a person they are, particularly sex offenders. So, if I, I tell them that, you know, they're not their offences, they're not a sex offender, they're a man who committed a sexual offence you know. And, they've got so many other nice qualities to them as well, that's just not who they are. It does make such a difference to them.* (5 F A SOTP 988-999)

Concentrating on group members' strengths or talents, or something they felt strongly about appeared to be conducive to facilitating engagement and seemed to represent an important turning point for previously unengaged group members.

> *…because he wasn't working or anything and I was thinking he's obviously bored, but he's got this talent. Ever since we'd talked about this talent he was a bit more engaging with us. It was as if we'd picked on something that he had real passion for.* (11 F NA SF 686-689)

Picking on something the group member 'had a real passion for' indicates the facilitator was able to find and demonstrate relevance, because the emphasis of the programme was on strengths rather than analysing problem behaviours. Facilitators worked with group members to help them identify and develop well-formed useful goals to help them make positive changes.

> *….and when in the group we would say okay, can you think of something, a behaviour that you want to change…people really grasped onto that.* (4 F NA OF 575-577)

The shift in focus towards group members and their strengths was constructed by some facilitators as a novel approach for group members who were familiar with GOBPs, which had a positive impact on their typical resistance to offence-focused work, and enhanced their motivation towards treatment and self-improvement.

> *They don't seem to be bored - it seems to make sense to them, they're saying it's different to what they've ever done before and it seems to be motivating people. We've had some quite good success stories of people being quite highly motivated having gone through the group and gone on….. It's about them as people, like talking about themselves, and you're not beating people with a stick about their offences. They find that quite refreshing.* (9 M NA SF 96-106)

The solution-focused approach also enabled facilitators to engage 'prolific offenders' much to their surprise.

> *The group of eight we've got some difficult characters on there so it's not so easy, but even then we've got prolifics on there that are with the Switch Team and they don't attend anything but they're managing to attend 2 sessions a week with us and they enjoy it. They're writing on the board and getting involved and it's unreal really.* (9 M NA SF 114-117)

Facilitators felt more empowered and more able to engage group members when programmes legitimately and openly required them to concentrate on group members as people, not their offences. While the focus was still prescriptive, i.e. on helping group members to develop well-formed goals, there was greater perceived flexibility and a requirement for facilitators to work creatively with group members, which they saw as conducive to facilitating engagement.

7.6 Establishing positions and roles in the treatment framework

This conceptual category revealed how facilitators went about the task of establishing the positions and roles of facilitators and group members within sessions, because this clarified what group members and facilitators could expect from one another, which was fundamental to facilitating engagement. Establishing positions of power and expertise was important to facilitating engagement because perceptions of an imbalance of power seemed to facilitators to be a source of resistance for some group members. There are two subcategories that constitute this conceptual category: *managing group members' impressions* and *encouraging group members to engage each other*.

7.6.1 Managing group members' impressions

Participants reported frequently reflecting on their practice and how they might be perceived by group members. They reflected on how they compared with, and related to group members, and attempted to find and generate an impression of an ideal position for maximising engagement. This subcategory is comprised of five further subcategories: *establishing something in common; maintaining just the right distance; avoiding the moral high-ground; overcoming gender issues; and being invisible.*

7.6.1.1 Establishing something in common

Facilitators recognised that they might have been perceived by group members as representing authority figures. This was seen by facilitators as distancing them from group members, who would assume that because facilitators were in a position of authority they would be unable to adopt the perspectives of the group members and understand what group members' lives were like.

> *But they* [group members] *generally tend to see, erm you as, you know, someone who's in authority. Yeah, and they erm, they tend to be sort of you know reserved with that, how they receive information from you cos they assume that you've never been in trouble, you've never done wrong, you've got no idea what their life is like so.* (7 M GEN 290-297)
>
> *They* [group members] *think there's two different worlds, they think that we live in this wonderful world and we've never had any issues we just cope with everything, and sometimes you have to say 'actually you don't know my life, you don't know what's happened in the past'.* (11 F GEN 453-456)

Facilitators made deliberate efforts to counter this perceived stereotype by establishing common ground with group members, but facilitators then made a point of openly identifying their differences;

i.e., facilitators were different to group members because they considered what was at stake and modified their actions accordingly. Establishing common ground first however was what made group members more receptive to what facilitators needed to say.

> *I think there's definitely a general perception that as probation officers we're all middle class educated people that have never had a scrap in our life, or never fought a bloke; live by the book, don't lose your temper, goody-two-shoes, so when they see people that actually say 'I lose my temper, I want to shout and rant at people. I want to do this, but this is what I do because this is what I risk to lose and this is me.' I think when people can see something they have in common with you, or just generally you're not perfect, then it's a lot easier to listen to what you're saying.* (9 M NA SF 531-537)

Facilitators were careful not to give too much personal information away when they were attempting to establish common ground but ensured it was enough that group members were able to see that what 'happens' is not just to them, but to facilitators as well.

> *Yeah I don't give an awful lot away but I try and use quite a lot of examples of home-life to just get them to see this does happen to us as well. We do get angry, we do have perhaps a partner moaning at us, or criticising us and just being able to give them a bit of our lives.* (11 F GEN 425-427)

7.6.1.2 Maintaining just the right distance

Facilitators considered it wrong to liken themselves too much to group members as this may not only be dishonest but somehow condone group members' offending behaviour. At the same time facilitators considered it wrong to present themselves as very different to group members as this was construed by participants as being unhelpful.

> *but you also have to, say for example on the IDAP Programme, you can't make yourself out like you're one of them because you haven't hit your partner, and you've never thought about hitting your partner so you can't possibly use examples of 'yeah you know I've felt like hitting my partner before!' The other thing with IDAP as well is if I talked about how wonderful my partner is, is that really going to help these people?* (11 F A IDAP 432-436)

There appeared to be a fine balance facilitators attempted to achieve, whereby they related to group members, but only enough to engage them. It was important to facilitators that they related to group members but maintained sufficient distance and integrity in order to effectively align their knowledge and attitudes according with the aims of the programme.

7.6.1.3 Avoiding the moral high-ground

Facilitators reflected on their position as being perceived by group members as that of being on a moral high-ground to group members.

> *…and part of me thinks actually, I have no right to stand here and tell you, I'd rather be, 'what do you think, what do you feel?'* (6 F A GEN 263-265)

> *…they always say it should be 90% them and 10% us so if I notice I'm talking quite a lot I do have to shut myself down a little bit and think actually I'm doing too much talking and this is about them, so I will ask them questions to get them to think about it rather than say 'oh it's because of this' or 'oh it's because of that'.* (11 F GEN 87-80)

Knowing and telling group members what they should think and feel was disquieting for facilitators, who saw that the group members knew how they should think and feel but may simply not have been mindful of this; hence facilitators' tasks were not in talking *at* group members, but asking them questions and allowing them to discover for themselves how they should think and feel. Facilitators were sensitive about how anything they said might easily be judged by group members as dictatorial; hence they were particularly mindful of not appearing condescending.

> *As facilitators if we'd said 'we've noticed this about you' and we'd done it in front of the whole group he would have just gone, 'yeah whatever, just somebody else who's gonna talk down to me'.* (8 F GEN 985-987)

Facilitators even considered their physical position in relation to the group, in order to mitigate group members' perceptions of facilitators' power over the group.

> *I tend not to stand up, if I'm, if it's a good session I don't stand up cos I just think that's just about power again.* (8 F GEN 1301-1302)

7.6.1.4 Overcoming gender issues

A requirement of some accredited programmes (IDAP and SOTP) was that they were co-facilitated by a female and a male facilitator. Female facilitators regarded their gender as a key factor in how group members related to them and engaged within sessions. Not only were they the only females 'in the room', but as women they felt they also represented negative stereotypical features that group members attributed to women. Challenging group members emerged as a key feature of accredited domestic violence programmes, but female facilitators had to carefully consider how they should challenge group members, and even considered asking their male co-facilitators to do it instead.

> *I also have to consider how it is as a woman to challenge that as well, so I'm always the only woman in the room…I have to ask my colleague if he would do the challenge of it because I felt that sometimes I would do it, I would be the 'nagging woman' really* (5 F A SOTP 532-537)

Female facilitators perceived that their gender alone could be a source of resistance for some group members, meaning their work in facilitating engagement was made even harder before the programme and their work had begun.

> *I think particularly as a woman, working with men that have these beliefs about women, sometimes that's, that's a challenge…I had one guy who refused to work with me because I was a woman - he wouldn't give me eye contact…I had to do a catch up with him, just he and*

I and he sat outside the room crying, making himself sick cos he refused to walk into a room with me. (5 F A SOTP 760-771)

The male and female co-facilitation requirement of IDAP meant that facilitators perceived their gender as part of their role-requirements. Female facilitators felt a great sense of responsibility from being the only one able to offer a female perspective on relationships.

Sometimes when we're talking about relationships they'll say 'well what about you, you're the woman's perspective', and that's true cos I am there to represent women, that's why they want a woman there. (5 F A IDAP 551-553)

However, males too constructed their gender and appearance as having an influence on group members' impressions of them, and that these factors may have potentially instigated a challenge from some group members. The participant who contributed the following excerpt is a young, tall, well-built male with a shaved head.

There's a lot of alpha-males so there's a lot of big guys that come in and I think sometimes me being the man and particularly how I look sometimes I think people just want to challenge me. (9 M NA SF 509-512)

7.6.1.5 Being invisible

The opinion that facilitators had lasting impressions on group members was not an opinion held by all facilitators. One participant came to realise he would sooner *not* be remembered by group members because he saw 'blinding insight', an important turning point for group members, as more sustainable if it was the group member's insight, not his.

I'd almost rather they [group members] *couldn't remember me because I think the less visible you are in the session you are the better…I used to feel like, I'd love to give them this sort of blinding insight that they'd hold on to forever, but I've learnt now that they won't hold on to that if it's my insight - they'll only hold on to it if its theirs.* (13 M A SOTP 286-291)

…being invisible in the session is about being transparent, isn't it? And I think you have to be as open as you possibly can be, and talk to them, ask them 'what benefit are you gonna get from doing this?' (13 M A SOTP 343-345)

Becoming invisible to the group was not just a question of being 'less visible', but being clear and straight forward to the group, uncomplicated and honest, perhaps so facilitators could provide minimal distraction as they put group members in the position of reflecting on what they stood to personally gain from the programme.

7.6.2 Encouraging group members to engage each other

Facilitators reflected on how they were inevitably perceived by group members as having a role of authority or as an educator. While these positions might have been adopted readily by some facilitators, others thought that the source of education was important, and that other group members

were a better source. Facilitators saw group members learning from each other, sometimes more than they learned from facilitators because their similar experiences meant their opinions would be perceived as more relevant, more realistic, and thereby more credible.

> *I think that the er, they're learning better from their peers rather than from erm, me* (7 M GEN 274-277).

Consequently, facilitators concluded that encouraging group members to engage each other was a useful strategy in facilitating engagement. This subcategory is comprised of five further subcategories: *selecting group members to lead discussion; taking a backseat; having time to think; indirectly challenging;* and *indirectly dealing with disruptions.*

7.6.2.1 Selecting group members to lead discussions

Facilitators paid close attention to who they thought was best to target and encourage other group members to engage.

> *…the good members were the more focused members and they not necessarily challenged but chivvied along the other members so we just had to key into them and they would work with the rest of the group.* (12 M NA SF 81-84)

Facilitators perceived an implicit status held by group members, and considered this when choosing the right group member to help other group members engage. Once the right group member had been identified, facilitators worked on engaging him for his own personal benefit, and then used his engagement to help other group members become engaged.

> *I think he was quite a good group member so he was quite engaging but he was one of those group members that if you could get him on side he was very good and open, but he also had quite a good level of status in the group…so when he says something positive everyone looks up and nods…I focused on him because I knew that if I got something good from him it would be good, for the rest of them, and I also focused on him because I knew that he needed a little bit of support and guidance.* (9 M NA SF 377-390)

Encouraging engaged group members to help engage other group members had a dual benefit. It not only helped engage other group members but it also helped build the confidence of the group member they recruited for this purpose.

> *I had a guy recently he had a speech impediment so he felt really uncomfortable speaking out in group, but when he did he'd only ever speak when you asked him a question but when he did it was pure gold what he was saying, so we had to make sure that we used him so much more and that we got him to explain to the group.* (5 F A SOTP 901-912)

Group members engaging each other was construed as dependent on having the 'right group members'; those who would naturally engage others. This alleviated the responsibility of facilitators

for being responsible for engagement, but facilitators recognised that they were still responsible for turning group members into the 'right' group members.

> *I think if you're fortunate enough to have a couple of other people in the group who are ready for that kind of thing than they will make it happen so ....it's not just about you because it has to be the right group members, but you can do a lot to make them the right group members, I think.* (13 M A SOTP 581-586)

The important aspect of the right group members was that they were those perceived by facilitators as being in a position of experience, from having begun to overcome difficulties associated with change, capable of commanding greater respect from the other group members than facilitators.

> *you have a couple of group members who are really in the right place, who you've kind of helped to feel confident enough to do it, and you just let them go. I think you can, you know, draw out of the others…which is really good cos you can see that other guys are looking up to them and thinking, well that's where they are, I listen to them cos I respect them.* (13 M A SOTP 595-600)

7.6.2.2 Taking a back seat

Facilitators took a 'back seat' in discussions, while at the same time carefully orchestrating them and prompting further discussions.

> *maybe even just sitting down, if I'm at the board writing you know, people are shouting out and then somebody gives me a good point I'll sit down and go 'ok talk to me a bit more about that, tell us a bit more about what you think that is? Does anybody else have any questions? Does anybody have any ideas about that?'* (8 F GEN 1284-1288)

Encouraging group members to engage each other was construed as alleviating facilitators of their work to the extent they might be regarded as 'lazy'. However the logic constructed was that 'good sessions' occurred when the facilitator was unnoticed; but this was because the task of challenging and questioning was still being carried out, but by group members.

> *Everyone was involved they were challenging each other, questioning each other and we was sitting back and I kind of think I know it's laziness to think the less work you do in the session the better, it is really if you can kind of be out of it, invisible, I think that's a good session if the facilitators aren't noticed.* (13 M A SOTP 200-204)

Facilitators saw it could be quite challenging to facilitate discussions without leading them, or even having any stake in them. The helpfulness of 'shutting up' may be what facilitators perceived their role sometimes required, and what characterised their work in facilitating engagement.

> *It's much more powerful for them to hear it from their peers…I think in a group dynamic they've got a lot more legitimacy from me as a facilitator and erm, although it pains me honestly to say, that me shutting up is helpful for them* (5 F A SOTP 468-473)

7.6.2.3 Having time to think

An advantage to facilitators of encouraging group members to engage each other was that it alleviated the difficulties facilitators sometimes faced if they were unsure about how to respond to group members' questions. Facilitators may be in need, at various points, of a moment or two to consider what is being discussed and how best to direct the discussion in line with programme objectives.

> *I think the good thing about asking them questions is it takes it off of you anyway, so you might think to yourself, I don't know how to answer that one, and then you go, 'so what do other people think to this question?', it kind of gives you time to think of the answer as well and it kind of takes it away off you. Also if the other members give this person the right idea then it's going to be more effective for this chap to have all his peers telling him what he should be doing rather than us saying it, because they're not going to listen so much are they?*(11 F GEN 92-97)

7.6.2.4 Indirectly challenging

Facilitators took advantage of group members being able to challenge other group members in ways they could not, because group members were less likely to resist challenges from their peers. Facilitators realised that group members may have perceived a more genuine understanding among their peers, who had none of the programme objectives in mind.

> *…and then we used them to challenge the other offenders, with regards to how they might feel somebody isn't being honest here…obviously we* [facilitators] *can't do it and the guys say 'I feel disappointed that you're not taking that responsibility here'. And erm, the men have to kind of go there, it does work.* (5 F A SOTP 369-373)

Facilitators saw group members as more likely to consider the perspectives of their peers because of similar personal experiences. Group members were in a position to be more open about their opinions of other group members' experiences and in turn, were more receptive to the sometimes very different opinions of other group members.

> *it was put to him by a …group member, that perhaps it wasn't a smile* [from a victim] *that was encouraging, it perhaps was a smile that was thinking you're weird that's a bit dirty for example, and he hadn't thought about that, he always thought that the smile was encouraging his behaviour, that he was trying to get that smile again but he hadn't thought that she was laughing at him, if you see what I mean? So the fact that he was open to that and thinking about it; that, for him, was quite a big turnaround.* (5 F A SOTP 928-935)

7.6.2.5 Indirectly dealing with disruptions

Facilitators also took advantage of group members being able to help others that were being disruptive to the group, so that disruptive members could see the direct impact their behaviours were having on others. Because facilitators were keen for group members not to see them as coercive, they considered

that being reprimanded for disruptive behaviour was a lot easier for group members to accept if it came from one of their peers.

> *I mean we've got another lad who's quite disruptive and one of the other positive offenders who always gives an answer, who will feed in, who will ask questions 'Why is it? Why are you asking this? What are you looking for?', erm said to him 'actually every time somebody comes up with a positive you come up with a negative and that's really quite difficult for the rest of the group to hear, why would you do that?' And it was almost like he was taking over the facilitation. But he actually responded so much better, having it from a peer.* (8 F GEN 959-971)

In this last excerpt, the example the participant was referring to was of a group member exploring and asking a disruptive group member challenging questions, which was defined by the participant as 'facilitation'. This indicated that facilitation was about exploring and sometimes challenging group members' thoughts and behaviours to engage them, but that the person carrying out the facilitation was of importance. In some cases greater engagement might have been achieved if it was carried out by a group member.

7.7 Recognising and sustaining engagement

This conceptual category revealed what facilitators recognised as 'engagement' and a range of actions that reflected what facilitators were doing to sustain engagement. When facilitators spoke of what they were doing 'in the moment', i.e., what I would have seen them doing when they were working therapeutically with group members or with the whole group, they talked about 'going with the flow', free from what was prescribed in the manual, and free from any other imposing constraints. The conceptual category therefore revealed facilitators' personal ways of noticing and sustaining engagement. It consists of four subcategories: *Noticing evidence of engagement; exploring and staying in the moment; praising, reassuring and supporting;* and *using humour.*

7.7.1 Noticing evidence of engagement

There were a number of implicit and explicit cues facilitators considered as evidence of group members' engagement. This subcategory is comprised of four further subcategories: *Noticing implicit cues for engagement; differentiating 'real' engagement from impressions of engagement; resisting and challenging as cues for engagement;* and *noticing efforts to change.*

7.7.1.1 Noticing implicit and explicit cues to engagement

Evidence of engagement was not limited to group members' actions or verbal responses, but could include the act of listening, not just to what facilitators said but also to other group members. The act of listening was something that facilitators 'felt' as opposed to saw, indicating an implicit quality to group members' engagement.

They might not have said a great deal but actually I do feel that they have been listening and listening to other people as well, because, you know… but I think engagement doesn't necessarily have to mean being the vocal one. (4 F NA OF 453-457)

Even though you've got quiet ones they might still be really engaged. (11 F GEN 653-657)

There were cases of what facilitators perceived as explicit engagement, which was when group members reflected on their between session efforts and then became involved within the session by discussing these efforts.

…he brought the example to the group and he said 'you know I shouldn't have said that, I just totally forgot, I should have said I'm so sorry I forgot and do it and everything else' and, and you can see that for him, the fact that he'd raised that and reflected on it and brought it in. (5 F A SOTP 837-841)

Sometimes noticing engagement seems to have been a combination of perceiving explicit as well as implicit cues.

…they ask you questions, so it's kind of like they try to reflect on their behaviour, so they're reflecting, they're listening… there's still that eye contact, they're participating, they volunteer things. (11 F GEN 638-641)

7.7.1.2 Differentiating 'real' engagement from impressions of engagement

Facilitators perceived that group members were capable of giving an impression they were engaged when they were not. Being able to differentiate between real engagement and impressions of engagement was constructed by facilitators as a skill.

…we have offenders all the time that come in and say what we want to hear, but actually aren't really taking on board what it is, they are just getting through it as best as they can, as quickly as they can, and you know, so that is quite a skill to spot the real, the people that are really taking it in and the people that are just going through the motions. (4 F NA OF 1124-1129)

Conveying an impression of engagement was constructed by facilitators as a type of game group members played, but also evidence of the cognitive processes at play in genuine engagement.

…they could just be playing the game with me, and they could just be saying those words, but they are saying those words, and that means, they know that is the right thing to say, and if they know that is the right thing to say, they know their belief is wrong. (6 F A GEN 505-508)

7.7.1.3 Resisting and challenging as cues for engagement

One facilitator reflected on how he and his co-facilitator witnessed overt resistance from a group member changing to overt engagement, as denoted by a change from declarations of non-compliance to excessive verbal contributions.

We've had it where one person came in and said 'I'm not gonna do this thing you know, what's this getting to know you about?' You know 'aww I'm not gonna tell you, I'm not gonna say that, I'm not gonna say' and the problem is that he's now the person that you can't shut-up. (7 M NA SF 1483-1486)

Both my co-tutor and I said 'oh you know, he's gonna be, you know he's not gonna engage this guy. But he did. (7 M NA SF 1531-1536)

Retrospectively realising that overt resistance can transform to overt engagement may have led the facilitator to reflect on how his initial judgements of group members' engagement may not always be reliable. Another facilitator reported seeing a group member's overt challenge as engagement. In the following extract the facilitator overcame a challenge from a group member and then reflected on the challenge with the group member, perhaps a form of therapeutic process.

But that showed that he was engaged, the fact that he listened to the stuff and he didn't just take it on board and say 'oh I don't agree with it but I'll just go through the motions', he engaged. At the end he was a good participant, in fact I've done a poster with him and he's still very engaged and we talked about that as well, that incident where he'd challenged stuff. (12 M NA SF 307-310)

In both cases the facilitators had reflected on how engagement had arisen out of what might initially have been perceived as the opposite; evidence of resistance or a challenge.

7.7.1.4 Noticing efforts to change

Facilitators perceived engagement to be analogous to the process of change and group members' recognition of this process of change. Group members made active efforts between sessions that they then discussed with facilitators because they attributed these actions to the programme. Facilitators then attributed these changes to group members' engagement.

and he has gone to the farm, and now he is teaching the farmer's daughter to ride, and he is riding out and he has got work, and he just sit there and thought, I don't why it's working or how is working but I've got a job for the first time in 5 years, so something is working. (6 F A GEN 794-797)

Facilitators were observed routinely exploring group members' efforts to work on their goals in between sessions of a solution-focused programme for female domestic violence offenders.

Facilitator: *XXXX* [group member's name] *do you wanna share yours* [goal]*?* (39 F SF 1059-1060)

Group member: *When my kids go to bed, I've took an hour. There's no time for me, so I've taken an hour throughout this week just for me and by doing that I kind of…I thought about how I feel… I've probably done this seven nights a week this week, and then I get up in the morning a little bit more aware of what's going on* (39 F SF 1066-1071)

Facilitator: *I'm just listening to the positivity in you… What about you XXXX* [group member's name]*?* (39 F SF 1078)

Group member: *My goal is to make my business successful. This week I set a Facebook page and shared it with all my friends, so people are more aware that I'm out there.* (39 SF 1080-1081)

However, in other programmes, evidence of change seems to have been anecdotal and possibly random rather than because facilitators were systematically searching for it. Hence facilitators' perceptions of engagement were confined to what they observed within the session, relegating any efforts group members made to apply programme concepts as beyond their remit in facilitating engagement.

you come in and do the Friday [session] *and its enjoyable and its actually, you feel like you are getting somewhere and people are understanding the material, and whether they end up applying it to their lives, and its useful to them, is another question. But you feel like, you know, it's been something positive that has happened in that two hours session.* (10 F A TSP 154-158)

I hope it came out in the level of engagement with the people there, whether it impacted upon their offending though is another matter. (12 M NA SF 224-225)

But there's something about my interaction with him that I felt I engaged with him well but…was it effective in terms of reducing his re-offending? I don't know. (12 M NA SF 247-249)

The facilitators seem to have detached engagement within sessions from efforts to change between sessions, creating an 'unknown' in terms of whether treatment engagement was leading to the changes the programmes were targeting.

7.7.2 Exploring and staying in the moment

Facilitators expressed the need to press group members in order to get them to talk and reflect on treatment concepts but not too hard, to ensure that they did not inadvertently create resistance. There was a balance between demonstrating an understanding that group members may not wish to open-up, and encouraging them to make disclosures that helped them progress through treatment. Facilitators wanted freedom to explore whatever presented itself as relevant stay in the moment with group members to sustain their engagement.

So he gave me a little bit and I'd say 'But why, how are you feeling, why do you think that is?' and I'd make a real effort particularly on this group not to make suggestions to people but really just to ask and then say 'If you don't know that's fine, there's no pressure to answer but why?' and it was a mixture between pushing a little bit but being quite understanding. (9 M NA SF 369-373)

Exploring was constructed by facilitators as a task that contrasted with challenging group members or telling them what to do, and was a means of increasing group members' involvement in order to sustain their engagement.

> *Say for example someone might say 'I know all this stuff already', then instead of saying 'well you know you need to do this…' like going at them you kind of say 'well why hasn't it worked for you in the past, what is that all about? What do you need to do in order for you not to offend in the future?' So you're kind of getting them more involved in the process rather than saying 'well you've got to do this, this is the course'.* (11 F GEN 72-76)

> *…asking spontaneous questions of what they were saying as well, rather then it just being and following this manual and just following this and explaining it to you.* (4 F NA OF 603-605)

Some programmes manuals were perceived as less scripted and offering facilitators the flexibility to explore relevant issues and almost hand over the session to the group to lead.

> *I am really passionate about IDAP, and it's not so scripted, and it's not, and you know in treatment management you can explore, you use your critical dialogue and you can, when someone says something, you can say, 'Go on, tell me a bit more, what, why, what does that mean, or why?' You can really let the group lead it.* (4 F A IDAP 252-257)

One facilitator reported sensing times that were essential to engagement, where all that mattered, and all that was concentrated on, was what was going on in that moment for the group members, representing perhaps the epitome of facilitators' work in sustaining engagement.

> *you're in that room and it's going really well and there's, you know, there's a few times when you kind of think, this is what it's supposed to be like, you know, this is nothing, everything else is kind of faded away apart from what's going on right here for these guys, right now.* (13 M A SOTP 549-552)

Moments of 'enlightenment' could be created as well as sensed, when group members saw the relevance of the programme to their personal lives. There was a sense of order 'in the moment', constructed, where everything was as it needed to be in order to sustain engagement.

> *I just think it reinforces it* [benefit of programme] *all to them and makes them more likely to take it on board, so I think if you can create that, it's like enlightenment really, you get that moment when it's kind of, everything is right, in its right place.* (13 M A SOTP 574-575)

7.7.3 Praising, reassuring and supporting

Facilitators saw themselves as the providers of much needed support and praise for any efforts group members made towards the programme, a simple task but one that was fundamental to their work in sustaining engagement.

> *I always tell them how, how brilliant, how impressed I am with them , and I know that sounds a bit cheesy, but the difference I've seen that that makes to them, they don't ever get positive strokes these guys.* (5 F A SOTP 978-980)

This support and praise was also evident in observations of sessions.

> *See XXXX* [Facilitator addresses group member by name]? S*ee you've been brilliant at planning.* (31 F A TSP 289)

> *I'm just listening to the positivity in you…* (39 F SF 1078)

Facilitators noticed important details in group members' accounts and then encouraged them to reflect on these details, helping them to see the important changes they had made and seeing themselves as responsible for bringing about these changes.

> *It's the little things, you have changed one small thing, and you didn't sit at home smoking and being bored and you went out, and because you went out, something has happened, so it's not the group and it's not me who has changed.* (6 F A GEN 801-807)

Facilitators reported feeling a sense of responsibility for helping group members manage their processes of change, by reassuring them not to be afraid of change.

> *Even if you want to change, it's still a scary place to be. You recognise that in people in any group and I think as a facilitator you've got a responsibility to recognise that* [fear of change]*…And you can work with people to manage that.* (8 F GEN 1203-1230)

Facilitators were construed as having an important job of supporting group members through the process of change, and managing the impact of change on group members.

> *It's about feeling safe isn't it? It's about feeling secure and as facilitators if you can do that for people, then you've, you've started to break the back of that road in, and that is the most important thing I think, as a facilitator.* (8 F GEN 2121-2127)

One facilitator reported reassuring group members that his support was also there between sessions, perhaps because he perceived that this would be when issues related to the process of change were more likely to occur.

> *So we just like to reassure them that they're, you know, and just let them know that if anything does crop up in between now and the next session then they, you know, they are quite, yeah, quite...to contact us.* (7 M NA SF 565-567)

7.7.4 Using humour

There was a construction of the appropriateness of humour and the importance of using just the right amount to sustain group members' engagement and 'keep them'. 'Having a laugh' was constructed as a contrast to using didactic approaches or challenging group members, which facilitators avoided in order to sustain engagement.

> *Yeah I think humour is definitely needed, just the appropriate amount. It definitely kind of oils the wheels if you like to keep them… you've got to kind of keep them engaged as well and if it's all just teacher-speak they switch off, they've sort of got to have a laugh.* (9 M NA SF 239-241)

We do have a laugh and a joke on Thursday, we try and keep it as light-hearted as possible, we certainly don't want to alienate people or have to challenge people - we avoid doing it, wherever we can. (10 F A TSP 167-170)

There seems to have been an important balance to consider in terms of 'appropriate humour' that facilitators had to responsibly monitor to ensure the humour functioned to sustain engagement, while at the same time reflecting the ethical values of the programme and not offending anyone in the group.

I use humour quite a lot as well, but you know we have to make sure we use appropriate humour. (5 F A SOTP 533-535)

…but I just try to communicate with them, you know, and the get on their sort of level, sometime I'll make a joke on a certain aspect, you know, obviously not trying to like to offend anyone. (7 M NA SF 815-817)

The key benefit of using humour appears to have been that it had a levelling function, i.e. it opened up ways for facilitators to communicate with group members in ways that sustained their engagement.

7.8 Knowing the barriers to facilitating engagement

A number of barriers to facilitating engagement were identified by facilitators, which had an impact on each of the processes involved in facilitating engagement. These barriers were classified as: *programme and referral factors; group member characteristics and behaviours;* and *facilitator characteristics and behaviours*. As can be seen in Figure 7.3, there were overlaps in these three domains where some characteristics and behaviours of group members originated from programme and referral factors (e.g. group members being unprepared, which led to resistance, originated from quick referrals). All facilitator characteristics and behaviours perceived as barriers to facilitating engagement originated from either programme and referral factors (e.g. challenging group members, which led to facilitators worrying about increasing risks of reoffending, originated from programmes being offence-focused), group member characteristics (e.g. facilitators having to challenge poor behaviour originated from group members' being disruptive) or from an overlap of group member characteristics that originated from programme and referral factors (knowing information from a third party; a domestic violence programme requirement, revealed deceit of group members).
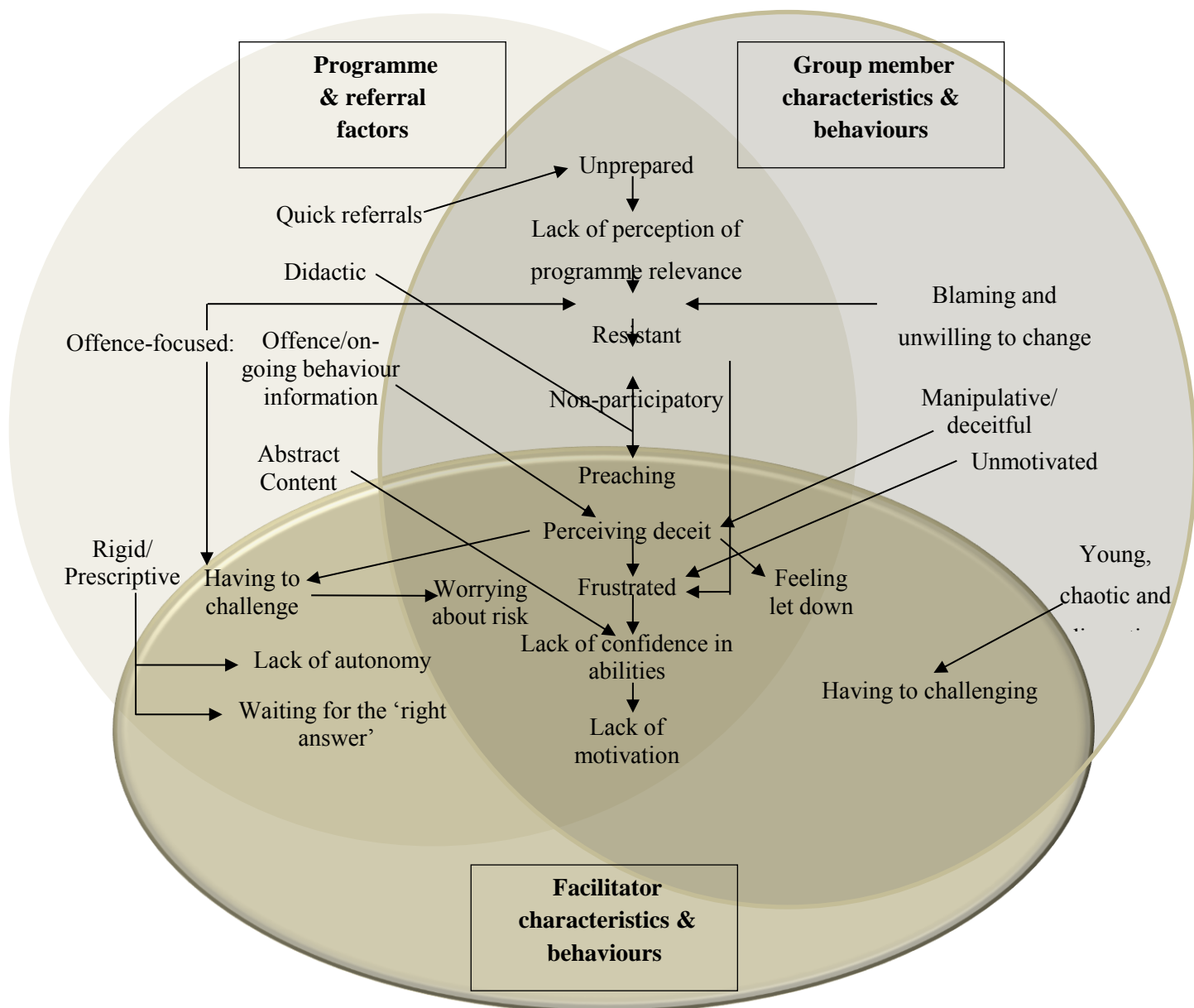
Figure 7.3 Barriers to facilitating engagement

7.8.1 Programmes and referral factors

There were programme and referral factors that although not always cited by participants, can be construed as responsible for some of the barriers facilitators perceived to their work in facilitating engagement. This subcategory comprises four further subcategories: *quick referrals; offence-focused programmes; rigid or prescriptive programmes;* and *didactic delivery*

7.8.1.1 Quick referrals

A problem facilitators described was that group members were unprepared for the programme. Group members sometimes lacked understanding about why they had been referred onto the programme and

what they are supposed to gain from it. This lack of understanding had a negative impact on how well facilitators were able to engage them.

> *Some people would come in as though they had no knowledge of why they were there and how it was relevant to them.* (4 F NA OF 213-214)

> *…one or two individuals were not engaging at the start, I think because they didn't have an understanding of how it was going to be relevant to them, they kind of put a barrier up.* (4 F NA OF 477-480)

This lack of group members' understanding of how programmes were relevant was interpreted by facilitators as a problem originating from quick referrals, meaning there was little opportunity for offender managers to explain to group members before the start of the programme why they were being referred on to it, and what they could gain from it.

> *I think sometimes a programme would come up quickly and the offender manager would put the offender onto it and pretty much they send the letter out and the next week they would be on the group, so there wasn't a lot of interaction between the facilitators and the offender managers, in my experience.* (4 F NA OF 193-198)

Some facilitators felt that lack of preparation for working in a group was also creating a barrier to engagement. Being put in a group of strangers contributed to group members', which facilitators had to spend the first session overcoming. This was important to securing future attendance but posed a problem when programme sessions had strict time schedules.

> *you would meet with quite a lot of resistance in some groups at the start, particularly because it was in group work format, and them not being used to that, or not being comfortable so, yeah, we meet with negativity at the start and so you would have to spend some time discussing the content of the programme, which was part of the first session.* (4 F NA OF 208-213)

7.8.1.2 Offence-focused programmes

Offence-focused programmes were regarded by facilitators as putting group members in an uncomfortable and difficult position of having to consider and discuss their offending behaviour, which inhibited engagement.

> *I think other guys don't particularly like having to think about it* [offending behaviour] *and being put on the spot* (13 M A SOTP 114-115)

Facilitators of solution-focused programmes saw offence-focused programmes necessitating challenging group members as almost something of the past.

> *…in the old days the sex offender treatment programmes were very challenging for people and I thought it turned people into their shells, so it's more about drawing them out.* (12 M NA SF 57-59)

This 'drawing them out' as the opposite task of 'turning people into their shells' seems to have been constructed as congruent with facilitating engagement. Offence-focused programmes also put facilitators in the position of having to discuss subjects they were uncomfortable with. Sexual respect was a key component of the accredited domestic violence programme (IDAP) and posed a challenge to one facilitator's ability to facilitate engagement.

> *…you know I don't even talk about sex with my friends, and then I'm having to talk about it with men I don't even know.* (11 F A IDAP 579-580)

Talking about sexual behaviours created a concern among facilitators for increasing group members' risk of reoffending, which created a barrier to facilitating engagement if the programme was offence-focused. Consequently there was a fine line between working therapeutically with group members, as required by the programme, and increasing their risk of reoffending, creating a very difficult job for facilitators in terms of facilitating engagement.

> *If you, if you're talking to somebody about their sexual behaviours you don't know if you've increased the risk that they're then going to go off and think about their sexual attitudes.* (8 F A GEN 1607-1612)

7.8.1.3 Rigid or prescriptive programmes

Some programmes emerged as being perceived by facilitators as overly prescriptive and 'rigid', meaning that facilitators felt deprived of the autonomy and flexibility to improvise and explore, which were important means of building and sustaining engagement.

> *For me that's having the rigid few minutes for this, five minutes for that, ten minutes for that, watching the clock and that to me is very difficult.* (8 F A GEN 1510-1512)

The rigid and prescriptive nature of some programmes was construed by facilitators as features of accredited programmes, versus the non-accredited programmes that were construed as more flexible in allowing facilitators to be 'inventive'.

> *So you have to be a bit inventive, you can do that with non-accredited programmes but you can't do that with accredited programmes.* (9 M NA SF 83-85)

> *…not being disparaging about accredited programmes but they're very fixed and set in what they do.* (12 M A GEN 206-207)

The fixedness of accredited programmes was difficult for facilitators who not only felt the need to improvise to facilitate engagement, but who also felt it was counter to their preferred treatment approach.

> *…my background was in kind of therapeutic groups as well so we'd key into what was going on in the room there and then at that minute. That's what I'm better at, that's what I enjoy more.* (12 M GEN 207-209)

7.8.1.4 Didactic delivery

Facilitators regarded a didactic delivery, or a reliance on text-based materials that required group members to read, as a barrier to engagement because it may have reflected group members' earlier negative experiences of school.

> *…because if they are the person at school who didn't like reading stuff off the board, so that can be quite uncomfortable.* (6 F A GEN 136-138)

Facilitators saw that the type of group members they worked with typically did not like reading or writing, yet programmes have always remained text-based, requiring group members to participate in ways that they are uncomfortable with.

> *…these are people that don't like to sit and read things, they don't like writing, so a programme that consists mostly of written work and reading just, in terms of that particular client group… I mean, we are still on this dull old road, of workbooks and even homework you know.* (10 F A TSP 259-265)

A didactic delivery may not only have been uninspiring for group members, but facilitators too. Facilitators perceived an inconsistency between a didactic delivery and what they saw their job as entailing.

> *When you're doing a power point presentation to someone over a long period of time and you know that it's not going to be interactive, but it's about giving information to people, I don't work well with that… I'm talking at people and I see people, gradually their lids are actually going, or looking at their watches, stifling yawns, and that is like 'blimey I'm not doing my job here' and that's kind of instant feedback that I'm not doing my job.* (12 M GEN 409-417)

7.8.2 Group member characteristics and behaviours

There were a number of group member characteristics and behaviours identified as causing barriers to facilitating engagement. This subcategory comprises three further subcategories; *unwilling and blaming others; young, chaotic and disruptive;* and *manipulative and deceitful.*

7.8.2.1 Unmotivated, pre-contemplative, and blaming others

Facilitators defined group members who were unmotivated as particularly problematic to facilitating engagement because if the majority of them were unmotivated this had a pervasive influence on the rest of the group.

> *…you might have a group who are not so motivated and if you've got more of a majority of them not being motivated they bring the others down.* (11 F GEN 491-492)

Facilitators reported difficulties if they perceived a lack of motivation and needed to see *some* willingness of group members in order to facilitate engagement.

> *if I have a group who are clearly telling me they don't want to be there, they are not interested, the only reason they are there is to avoid going to prison, they don't want to learn*

this crap, you know, when you get all of that I, I struggle to function, I can't, I mean, I do think the people at least have to have a willingness to give it a go. (10 F A TSP 306-312)

There seems to be evidence that overcoming resistance was not considered by facilitators as part of their work, and that group members needed to be at the right stage of change, i.e. not pre-contemplative (not considering any change) before they could carry out their work.

…and I just think, it's very simple - don't give us the people that are just pre-contemplative. (10 F A TSP 361-362)

Group members who were repeatedly referred or 'dumped back' on to programmes were regarded as somehow lacking in the capacities required for programmes to be effective, and therefore perhaps beyond facilitators' control in terms of facilitating engagement.

…maybe their IQ is not high enough, whatever the reason, they just keep getting dumped back on it. (10 F A TSP 321-329)

Facilitators also reported finding it difficult to work with group members who externalised responsibility for their offending behaviour.

…and they don't see what they need to change, so all their examples are of what other people do wrong rather than their own. (9 M GEN 496-500)

One facilitator expressed disappointment in having to invest time in group members who preferred to blame others than make an effort to change.

To me it's it it's disappointing because I feel that my time could have been better spent working with someone that actually wanted to change rather than someone who's quite you know, happy to sort of go along blaming other people for their mistake. (7 M NA SF 1390-1396)

A further difficulty facilitators identified was that group members' blaming attitudes seemed to have a pervasive influence on the rest of the group to the extent that facilitators worried they were going to 'lose' the group.

they all were blaming their partner… and I think we got to the stage where we thought, yeah, we're just losing the group here… and we just had to erm, end the session short, rather than pushing on with it because we felt that had we gone with it, you know, I think we would have lost the erm, the group. (7 M NA SF 853-861)

The facilitator perceived that group members may have become drawn in to a groupthink culture of attributing blame to their partners, which may have led to a negative type of engagement with the programme.

7.8.2.2 *Young, chaotic and disruptive*

Young, chaotic group members were identified by some facilitators as difficult to engage because facilitators found it challenging to find *'the hook'* that was fundamental to building engagement.

These group members were regarded as having bigger priorities that attending programme could not compete with.

> *I think the chaotic offenders, I think the offenders that come in and you know they have nowhere to live and they have got no job, and maybe they are on drugs.* (4 F NA OF 952-954)

A problem perceived by some facilitators was the adverse effect disruptive group members' behaviour had on other group members. This made facilitators' work even harder in one respect, but it another it encouraged other group members to side with facilitators if they became agitated.

> *a group member making stupid comments or not necessarily being aggressive but just flippant comments and, or just completely, yeah, just saying things that are inappropriate and then that's annoyed, you know, you can see another group member rolling their eyes and just thinking can we just get on.* (4 F NA OF 355-359)

An apparent dilemma was that facilitators needed to carry on with the session in the best interests of the group and in doing so, had to neglect disruptive group members or even remove them, to prevent the adverse influence their disruptive behaviour was having on other group members.

> *And we are removing people from the group that shouldn't be there, if it is at the detriment to the three good ones, the three ones, who would be good, if the others weren't there, but are too scared to take part, because they going to have to see each other out of the group, and they don't want the piss taking out of them.* (6 F A GEN 344-348)

7.8.2.3 *Manipulative and deceitful*

There were particular types of group members that were attributed with certain characteristics that made facilitating engagement difficult. Domestic violence offenders in particular were regarded as manipulative and deceitful. Most facilitators felt that ordinarily, group members' resistance could be overcome by making programmes relevant, but this was challenging with domestic violence offenders.

> *I often find with a lot of domestic violence offenders or people that are quite instrumental in the way they think, that can be quite manipulative, the programme kind of almost goes over their head in a way because they're quite egocentric.* (9 M NA SF 496-498)

Facilitators needed to trust what group members told them which was difficult if they knew group members were deceiving them. Knowledge of deceit was specifically relevant to domestic violence programmes if information from the women's safety worker conflicted with group members' accounts.

> *Just real liars, but again that's because, someone who I know is lying, and complete denial all the way through, I find that really difficult…Because where I have got my information from I can't share that, and if someone is lying, you know they are lying, but you can't say, I know you are lying... I think that's the thing I find hardest to work with, just because they are lying, I know they are lying.* (6 F A IDAP 580-596)

Knowledge of deceit may have been perceived as having a detrimental impact on the therapeutic alliance; hence facilitators reported a preference for not receiving this information because it might compromise the facilitation of engagement.

7.8.3 Facilitator characteristics and behaviours

Facilitators reflected on their own characteristics and behaviours that stood in the way of them facilitating engagement. As can be seen in Figure 7.3, these characteristics and behaviours originate from either: programme and referral factors; group member characteristics and behaviours; or both. This subcategory is comprised of three further subcategories; *frustrated and lacking confidence; feeling let down,* and *preaching and waiting for the right answer.*

7.8.3.1 Feeling frustrated and lacking confidence

Facilitators questioned whether group members' lack of motivation was ultimately down to their ability to facilitate engagement. It seems to have led to facilitators blaming themselves for group members' lack of motivation.

> *...you might have a group who are not so motivated and you've got more of a majority of them not being motivated and they bring the others down. You're thinking, is it me? Is it because I'm not doing my job properly?* (11 F GEN 491-493)

A lack of participation from group members was perceived by facilitators as particularly damaging, leading to facilitators feeling frustrated, but even when group members were participating, if facilitators felt they were being ineffective in facilitating engagement, they began to doubt their abilities.

> *...nothing is working, I can't do this, you start doubting yourself, if you are working with someone who gives you their inner most thoughts and you start doubting yourself, then it's really hard, and quite hard to pick that up and be enthusiastic and engaging.* (6 F A GEN 743-746)

A sense of 'getting somewhere' was important to allaying facilitators' feelings of frustration and lack of confidence. There appears to be a potentially constant emotional effort needed to facilitate engagement – facilitators reported having to contend with negative emotional experiences through not being able to facilitate engagement.

> *If you are banging your head and you are getting nowhere, it is so frustrating.* (6 F A GEN 213-214)

> *Inside I really struggle when it's not going well.* (6 F A GEN 360)

'Inside' suggests facilitators may have been conveying an impression of confidence but inwardly suffering. However this may not always be the case, as one facilitator reported limits to her ability to remain calm and composed.

> *I got so cross, they got to me - they pushed my buttons.* (6 F A GEN 245-246)

7.8.3.2 *Feeling let down*

Facilitators seem to have regarded their trust and positive regard for group members as a weakness because they were greatly affected if they were let down when they discovered group members were manipulating or deceiving them, which may then have had an adverse effect on their ability to facilitate engagement.

> *Maybe that is a weakness but I do, I don't know, I do want to see the best, I don't like having, it hits me hard, when I realise they are just stringing me along, they are just lying.* (6 F A IDAP 518-519)

Facilitators also reported struggling when group members were behaving badly, because they seemed to feel obliged to challenge this bad behaviour, which then in turn was likely to hinder engagement.

> *…if there is poor behaviour and that, it obviously affects the vibe in the room, because you have to challenge it, and people you know, don't necessarily like being challenged.* (10 F A GEN 164-167)

7.8.3.3 *Preaching and waiting for the 'right answer'*

Facilitators were aware that a didactic approach, a requirement of some programmes, was a barrier to facilitating engagement, but a lack of group members' participation also led to a tendency among facilitators towards 'preaching' to the group.

> *…it shouldn't be us sort of preaching to the group, but when, if you have people who are not participating and not saying anything, then it can turn slightly into that, if you are not careful.* (10 F A GEN 226-228)

Facilitators also perceived a tendency to have expectations about the answers group members should provide; perhaps in accordance with programmes that were prescriptive. Therefore there was an answer facilitators were looking for, which detracted their attention away from appreciating and exploring the answers they were being given by group members.

> *I've seen this happening in sessions when a question will be asked by a facilitator and someone offers an answer and they go 'yeah ok but does anyone else have any?' And this can go for quite a while and the group kind of realise that this facilitator has got an answer in mind that they are looking for.* (13 M A SOTP 262-265)

7.9 Summary

'**Facilitating engagement**' captured facilitators' perceptions that their work in delivering GOBPs constituted facilitating engagement at its core. The process of facilitating engagement constituted seven conceptual categories: **resources for facilitating engagement**; **preparing for engagement**; **building engagement: personalising treatment frameworks**; **setting the scene: disarming group members and dealing with initial resistance**; **establishing roles and positions in the treatment**

framework; **recognising and sustaining engagement**; and **knowing the barriers to facilitating engagement**.

Facilitating engagement was a process that required **resources for facilitation**, which included *being confident and understanding programmes, knowing about group members offending and on-going behaviour,* and *knowing group members as people.* While opinion about the latter resource was consistent because this knowledge was used to develop the 'hook', there was divided opinion about the relevance and importance of knowing about offending and on-going behaviour, which appeared in most cases to be dependent on whether programmes were offence-focused (IDAP) or solution-focused.

Before programme sessions, facilitators began **preparing for engagement.** Some facilitators revealed the need for getting into the *right headspace*, and the need for careful *planning with co-facilitators.* At the core of facilitators' work was **building engagement** by **personalising treatment frameworks.** These personalised treatment frameworks allowed facilitators to align group members' current knowledge and attitudes according to the aims of the programme, by *improvising* and *making programmes relevant (using 'the hook'). 'The hook'* represented a personal feature of each group member that facilitators used to find a 'way in', that appears similar to the therapeutic alliance. These strategies for building engagement were employed in each of the other processes involved in facilitating engagement.

Setting the scene revealed how during the early stages of the programme, facilitators began **disarming group members and dealing with initial resistance** by *instilling perceptions of choice* and *focusing on group members, not offences.* Both were construed by facilitators as providing group members with a rationale for continued attendance and in particular, focusing on group members rather than their offences was perceived by facilitators as making their task in facilitating engagement easier.

Establishing roles and positions in the treatment framework was important for facilitators to reduce potential resistance from group members through perceptions that they would be 'told what to do'. *Managing group members' impressions* and *encouraging group members to engage each other* appeared to be the means by which facilitators achieved this, as they concluded group members would learn more from each other than from them.

Recognising and sustaining engagement accounted for facilitators' therapeutic strategies for *noticing evidence of engagement,* which reflected a diverse range of cues perceived by facilitators as evidence of engagement, and keeping group members in the personalised treatment frameworks by*; exploring and staying in the moment; persisting and starting again; praising; reassuring and supporting;* and *using humour.*

A key conceptual category was; **knowing the barriers to facilitating engagement,** which were classified as *programme and referral factors, group member characteristics and behaviours,* and *facilitator characteristics and behaviours.* There were apparent overlaps in these three domains, in particular all facilitator characteristics and behaviours perceived as barriers to facilitating engagement could be seen to originate from either: programme and referral factors; group member characteristics and behaviours; or an overlap between the two.

Chapter 8: A Theory of Engagement in Group Offending Behaviour Programmes

8.0 Introduction

The aim of this Chapter is to propose a theory of engagement in GOBPs from synthesising the analyses of group members' and facilitators' engagement reported in Chapters 6 and 7. Two figures are presented are presented which depict how conceptual categories representing group members' and facilitators' engagement are interrelated. There are important implications for research and practice following the development of the TEGOBP, which are discussed in detail in Chapter 9.

8.1 Overview of Figures for the TEGOBP

The first figure (Figure 8.1) draws together the two figures of group members' engagement and facilitators' engagement presented (Figures 6.1 and 7.1). The top half represents group members' engagement as 'moving on' while the bottom half represents the process of facilitating engagement. The barriers to engagement overlap both halves of the figure to indicate their pervasive influence on engagement. While each half of the figure was constructed from the perspectives of different parties (i.e. group members and facilitators), they are embedded within the same over-arching context (GOBPs). When the engagements of both parties are interpreted together, a theory emerges so that engagement in GOBPs becomes: *a process of group members moving on that is integrated with a process of facilitating group members to move on.*

Pre-programmes

During programmes

Group members: 'Moving on'

Facilitators: 'Facilitating engagement'

Internal drivers for moving on:
Getting through it;
Wanting to learn about self;
Seeing self as an agent for change;
Feeling things change

Negotiating the group:
Establishing a position;
Making social judgements & comparisons with other group members;
Relating to group members

Feeling ambivalent:
Feeling unprepared;
Feeling apprehensive but motivated

Moving on as a group:
Working together as a group;
Engaging each other;
Making self-disclosures;
Learning from each other

In-session drivers for moving on:
Relating to facilitators;
Realising programme relevance

Acknowledging and accepting:
Coming to terms with the past;
Coming to terms with offending

Taking the initiative:
Making changes

Barriers to engagement:
Programme & referral factors;
Facilitator characteristics & behaviours;
Group member characteristics & behaviours

Building engagement: Personalising treatment frameworks
Improvising;
Making programmes relevant;
The 'Hook'

Preparing for engagement:
Getting in the right headspace;
Planning with co-facilitators

Setting the scene: Disarming group members & dealing with initial resistance
Instilling perceptions of choice;
Focusing on group members, not offences

Establishing positions & roles in the treatment framework
Managing group members' impressions;
Encouraging group members to engage each other

Recognising and sustaining engagement
Noticing evidence of engagement;
Exploring & staying in the moment;
Praising, reassuring & supporting;
Using humour

Resources for facilitating engagement
Being confident in understanding programme content;
Knowing about group members' offences and on-going behaviour;
Knowing about group members as people;

Figure 8.1 The integration of group members' and facilitators' engagement in GOBPs

Key for Figures 8.1, 8.2, 9.1 and 9.2

Conceptual categories influencing group members' engagement

Conceptual categories representing the process of moving on

Conceptual categories influencing facilitators' engagement

Conceptual categories representing the process of facilitating engagement

Relationships between conceptual categories

Relationships between conceptual categories across
group members' and facilitators' engagement

Relationships between subcategories

Even though their positions, roles, and aims in the treatment framework were very different, group members' and facilitators' engagements were mutually contingent. Group members' engagement in programmes was integral to their perceptions of change. It was about a sense of personal journey, about finding ways to move away from offending behaviour, even though 'where to' was not clear in the data. Facilitating engagement was what was at the core of facilitators' work, to facilitate group members in moving on. It was perhaps because facilitators considered this to be their primary task that they always considered group members' engagement when they were discussing their own engagement. The mutual contingency of group members' and facilitators' engagement was evident from both facilitators' interview data and observing sessions. Facilitators' engagement in their work was contingent upon their abilities to engage group members in moving on. When group members' and facilitators' engagement are interpreted in conjunction with one another they can be seen as two sides of the same coin; neither side exists independently of the other. Therefore theorising group members' engagement without theorising facilitators' engagement, and vice versa, may render a theory of engagement as lacking in scope (Tim 1990).

Relationships between conceptual categories depicted in the original figures (Figures 6.1 and 7.1) are retained in their respective halves of Figure 8.1, but bringing the two original figures together allows for new relationships and connections across group members' and facilitators' engagement to be discerned. This demonstrates a comprehensive integration of the two processes of engagement, but also allows an implicit, simple structure to emerge. The TEGOBP essentially comprises three

principle stages (see Figure 8.2), which are: (i) **getting started** (feeling ambivalent, negotiating the group, preparing for engagement, and setting the scene); (ii) **working** (establishing roles and positions, building engagement, and moving on as a group); and (iii) **getting somewhere** (acknowledging and accepting, recognising and sustaining engagement, and taking the initiative: making changes). Each stage comprises reciprocal relationships between conceptual categories representing determinants of engagement as well as those representing the process of engagement. These stages, the conceptual categories they are composed of and their role in engagement as well as the barriers to each stage are now discussed in turn.

Facilitators

Preparing for engagement

Setting the scene: disarming group members and dealing with initial resistance

Getting started

Group members

Feeling ambivalent

Negotiating the group

Working

Establishing roles and positions; Building engagement: Personalising treatment frameworks

Moving on as a group

Internal drivers:
Getting through it;
Wanting to learn about self;
Seeing self as an agent for change;
Feeling things change

In-session drivers:
Relating to facilitators;
Realising programme relevance

Resources:
Being confident in understanding programme content;
Knowing about group members' offences/on-going behaviour;
Knowing about group members as people

Getting somewhere

Recognising and sustaining engagement

Acknowledging and accepting;
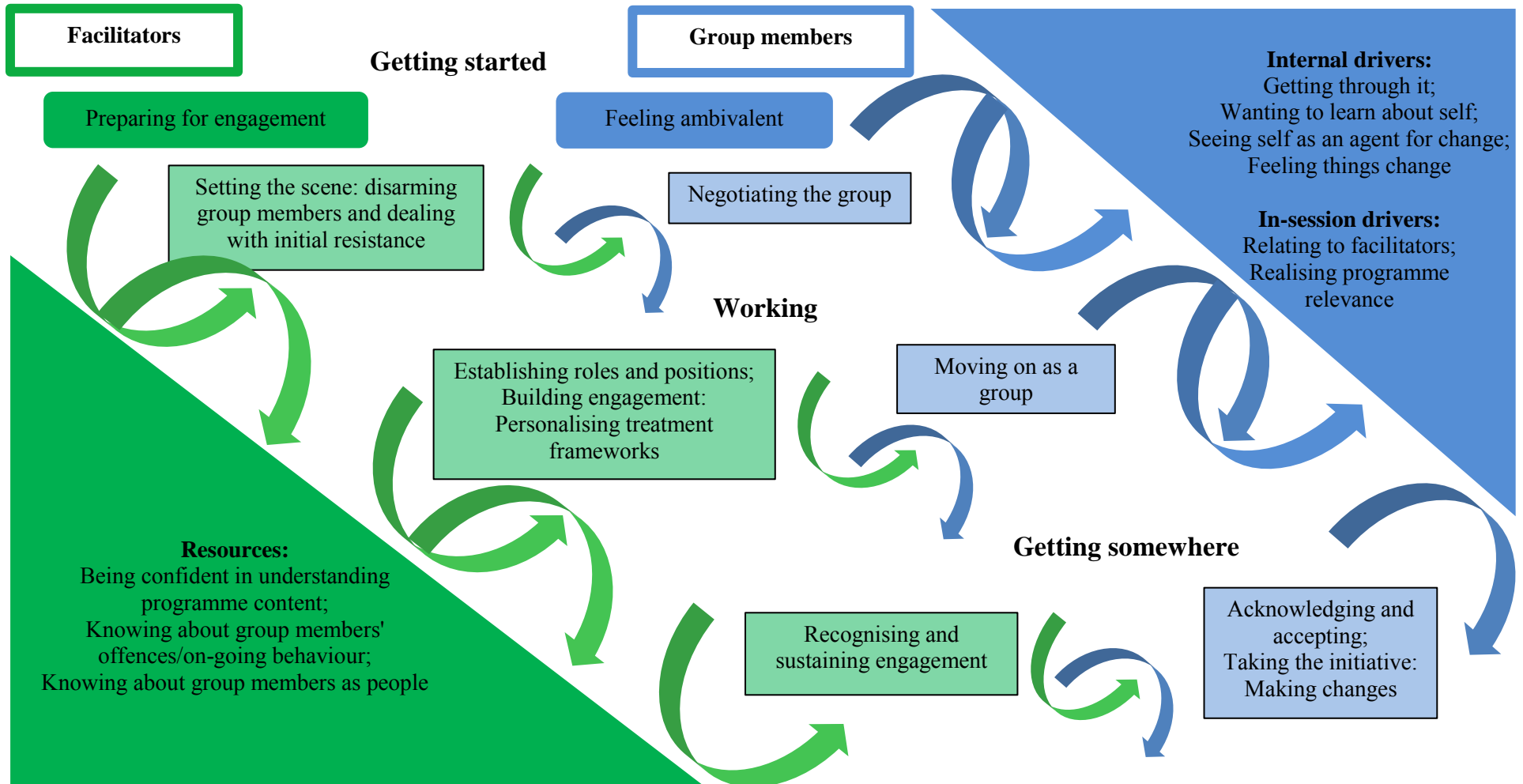Taking the initiative:
Making changes

Figure 8.2 The three stages of group members' and facilitators' engagement in GOBPs.

8.2 Getting started:

Feeling ambivalent; negotiating the group; preparing for engagement; and setting the scene.
Before programmes began, group members experienced a phase of **feeling ambivalent**, a range of emotions that impacted on their engagement in the first few sessions. In most cases group members experienced *feeling unprepared* and *apprehensive* not just about the programme and what would be expected of them, but about what the other group members would be like. These feelings led to resistance, as perceived by both group members and facilitators, and unpreparedness was also likely to have contributed to uncertainty and confusion experienced by group members. On the other hand some of the group members also reported feeling curious and looked forward to the programme or were motivated purely to stay out of jail. Consequently, group members were emotionally ambivalent and this seemed to be influenced by how they were referred on to the programme. Within the TEGOBP, **feeling ambivalent** is part of the first stage of engagement that determines subsequent stages of the engagement process.

Feelings of ambivalence seemed to be mitigated when group members began **negotiating the group** by *making social judgements and comparisons with other group members*. Some group members reported being shocked by how 'normal' other group members were, suggesting they held stereotypical views of other offenders that they had not associated themselves with. Comparisons on levels of aggressiveness or seriousness of offence were important means of developing perspectives that positioned them in the group, often as a mentor to other group members whom they perceived as being less experienced. In many cases this was how they *related to group members,* by perceiving shared identities and forming alliances with those whom they felt might benefit from their experience. Therefore, within the TEGOBP, **negotiating the group** represents group members' early efforts to move on and is thus part of the engagement process.

While group members were feeling ambivalent pre-programme, facilitators were **preparing for engagement** by *getting into the right headspace* and *planning with co-facilitators.* This careful and important planning evidenced the nuanced relationships between co-facilitators that are about compromise, sharing tasks according to their strengths and confidence, and planning how they will support each other as well as group members. However, as can be seen in Figure 8.1, group members **feeling ambivalent** and facilitators' **preparations for engagement** were unrelated. This was perhaps because programme tutors did not report having any direct involvement in the referral process or meeting group members until the first session. However, p**reparing for engagement** had a diffuse influence on the process of facilitating engagement, which will have ultimately impacted upon group members' engagement. Therefore within the TEGOBP, **preparing for engagement** is part of the first stage of engagement that determines subsequent stages of the engagement process.

Unlike preparing for engagement, **setting the scene** was related to group members **feeling ambivalent** as facilitators tackled group members' initial resistance, following abrupt and uninformative referrals, by *instilling perceptions of choice*. Instilling perceptions of choice was a strategy for disarming group members and facilitating engagement, even among 'prolific offenders'. A further strategy for disarming group members was *focusing on group members, not offences,* particularly their strengths and skills in solution-focused programmes. Some facilitators' preferences for offence-related knowledge as a defence against manipulation were at odds with *focusing on group members, not offences*. Facilitators' focus on group members as people and demonstrating care for them may have enabled group members to more readily *relate to facilitators*, an important in-session driver for group members' engagement. By **setting the scene**, facilitators began the process of building engagement and personalising treatment frameworks for group members (discussed below) by encouraging them to decide what they wanted to change and what was important to them. Therefore within the TEGOBP, setting the scene is an early part of the process of facilitating engagement.

8.2.1 Relevant drivers and resources for 'getting started'

Group members' internal drivers contributed to **feeling ambivalent**, because apprehension about the programme was accompanied by motivation to get what they could out of the programme. The internal drivers also helped group members to overcome ambivalence, come to the first sessions, and get on with negotiating the group. Feeling motivated by *getting through the programme* in order to satisfy court requirements was minimised by group members in terms of their level of efforts towards working through the programme, yet it revealed a very worthwhile motivating factor, which was to 'stay out of trouble' – a key aim of all GOBPs. The intent to stay out of trouble served to make sure group members regularly attended their sessions 'on time' to avoid going back to court. *Wanting to learn about self* may also have contributed to ambivalence if group members were at the same time feeling apprehensive about attending the programme and about change. At the same time these internal drivers prompted group members to relate to group members and form alliances as a means of reducing feelings of ambivalence.

Facilitators drew upon their *confidence in understanding programme content* to prepare for engagement, and in particular *knowing about group members as people* was an important resource for *focusing on group members as people* rather than their offences, which was a strategy for disarming group members and potentially reducing their ambivalence at the start of programmes. By focusing on group members as people, facilitators gained more information about them, which strengthened this resource for **disarming group members and dealing with initial resistance**.

8.2.2 Relevant barriers to 'getting started'

The relevant barriers to getting started are presented in Figure 8.3. The oval shape representing the **programme and referral factors** overlaps with the conceptual category **feeling ambivalent** in group members' engagement, and the conceptual category **setting the scene** in facilitating engagement to create group member and facilitator characteristics that were identified by participants as barriers to their engagement.
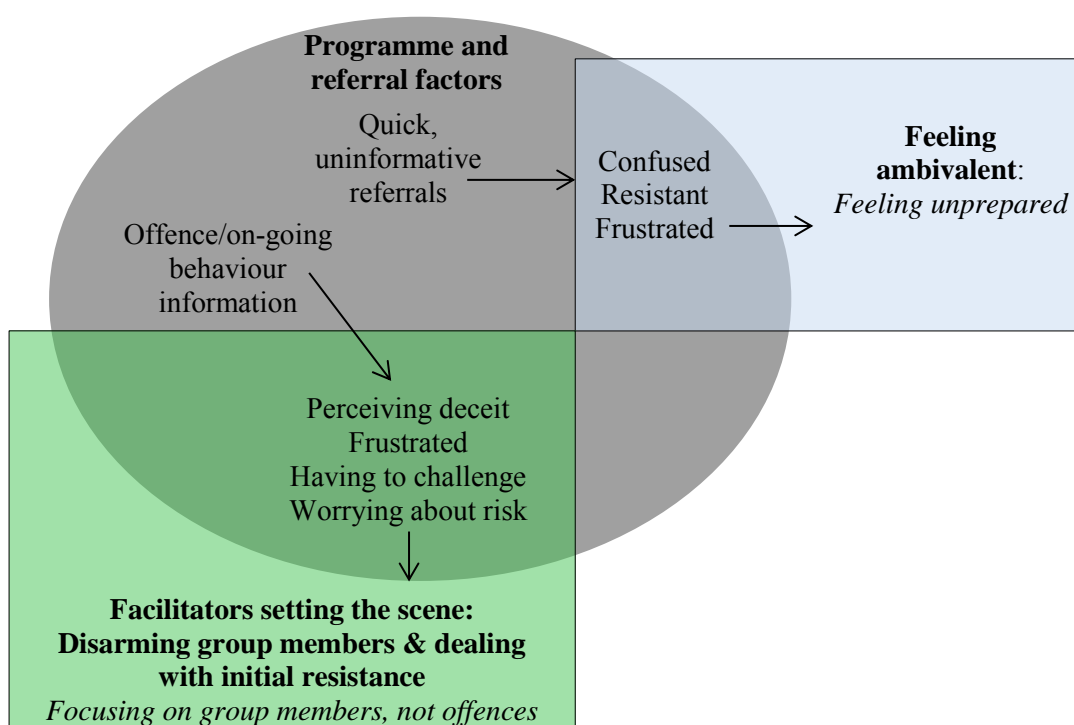
Figure 8.3 Barriers to 'getting started'

A combination of feeling ambivalent about programmes and quick, uninformative referrals, along with a focus of some facilitators on offending and problematic behaviours, may have proven to be a hindrance to engagement. As can be seen from Figure 8.3, *quick, uninformative referrals* led to group members feeling unprepared, which in turn led to confusion, resistance and frustration. This may have exacerbated group members' existing ambivalence and feelings of unpreparedness and in some cases, made it difficult to relate to other group members. This problem was exacerbated further still by *rolling programmes* that meant group members were joining an established group at different times.

Domestic violence programmes that were *offence-focused*, requiring third party information from a woman's safety worker about group members' *on-going behaviour,* led to facilitators feeling as

though they had to challenge group members. While some facilitators saw this knowledge as important to avoid being manipulated, others perceived this knowledge as a cause of their own confusion and frustration and a cause of group members' resistance, and thereby a barrier to facilitating engagement.

8.3 Working:

Establishing roles and positions; building engagement; and moving on as a group.

Facilitators began **establishing roles and positions** by *managing group members' impressions* of them, seeing these impressions as having an influence on group members' engagement. Facilitators attempted to create a balance of giving something personal of themselves to group members while maintaining professional integrity, which was important to aligning group members' knowledge and attitudes with the aims of the programme. A further way facilitators established positions was by *encouraging group members to engage each other.* Both facilitators and group members perceived that treatment 'flowed' when group members were *engaging each other.* Listening to each other's points of view was regarded by both group members and facilitators as more useful to group members than listening to facilitators. Facilitators adopted a 'back-seat' approach in some cases to allow the session to 'flow' and for group members to move on as a group. *Encouraging group members to engage each other* was also considered by facilitators as an effective strategy for indirectly tackling disruptive group members and challenging group members. Facilitators selected group members for these tasks whom they perceived to hold a positive status in the group. Encouraging intra-group engagement and minimising an impression of being in authority was reciprocally related to the tasks of **building engagement and personalising treatment frameworks**.

Facilitators constructed **personalised treatment frameworks**, which involved *improvising* the delivery of programme content in order for group members to grasp complex or abstract programme concepts. Solution-focused programmes were more conducive to this task, by offering facilitators greater flexibility in being able to respond to group members' learning needs. Facilitators also personalised treatment frameworks by *making programmes relevant* to group members so that they could make important connections between programme concepts and their personal lives. In order to achieve this, facilitators obtained personal knowledge about group members while group members were **moving on as a group** and *making self-disclosures.* Facilitators also searched for discrepancies in group members' self-disclosures to establish a way in; *'the hook'*, which can be likened to the working alliance. *'The hook'* was a strategy facilitators used to embed programme concepts within group members' personal lives and help them find relevance and meaning in the concepts.

The *self-disclosures* some group members made about their past and what was troubling them were significant factors in being able to move on. The release of pent-up frustration seems to have been

important in preventing group members' losing control or their temper, in the safe environment of the group. However, opinion among group members was divided about the topic of talk. While some seem to have needed to talk about their past, other group members saw this as additional punishment and anticipated they would be judged by other group members. These group members, who were attending solution-focused programmes, saw not having to talk about their pasts, particularly about their offending behaviour, as beneficial to their abilities to move on. But regardless of differences in opinions about the topic of talk, as a consequence of engaging each other in discussions and making self-disclosures, group members reported *learning from each other*, from sharing insights into each other's experiences and **moving on as a group**. Within the TEGOBP, **moving on as a group** is the group's collective efforts within the programme and a key part of the engagement process.

8.3.1 Relevant resources and drivers for 'working'

One of the functions of building engagement by personalising treatment frameworks was to establish programme relevance to group members, which required facilitators' knowledge of *group members as people*. The task of personalising treatment frameworks in which group members made self-disclosures also provided facilitators with personal information on group members, strengthening this resource for facilitating engagement. Making programmes relevant must have been successful in many cases because *realising programme relevance* was an in-session driver for group members. Working and moving on as a group, by engaging each other and learning from each other was facilitated by group members' *realisation of programme relevance*. This driver was group members' awareness of how the programme was going to help them move on, thus they were encouraged to work together as a group.

Relating to facilitators was also a key driver for group members' engagement, which was developed and strengthened through facilitators' development of *'the hook'* in order to make programmes relevant and personalise treatment frameworks. Thus facilitators' process of building engagement helped develop and strengthen group members' in-session drivers for engagement.

Facilitators' also drew upon their *confidence in understanding programme content* in order to improvise on programme content and delivery as a way of personalising treatment frameworks for group members. Success in having achieved this in turn strengthened their confidence in understanding programme content and objectives.

8.3.2 Relevant barriers to 'working'

The relevant barriers to working are presented in Figure 8.4. The oval shape representing the **programme and referral factors** overlaps with the conceptual categories: **building engagement;** group members' **in-session drivers** for engagement, and; **moving on as a group**, creating group

member and facilitator characteristics that were identified by participants as barriers to their engagement.
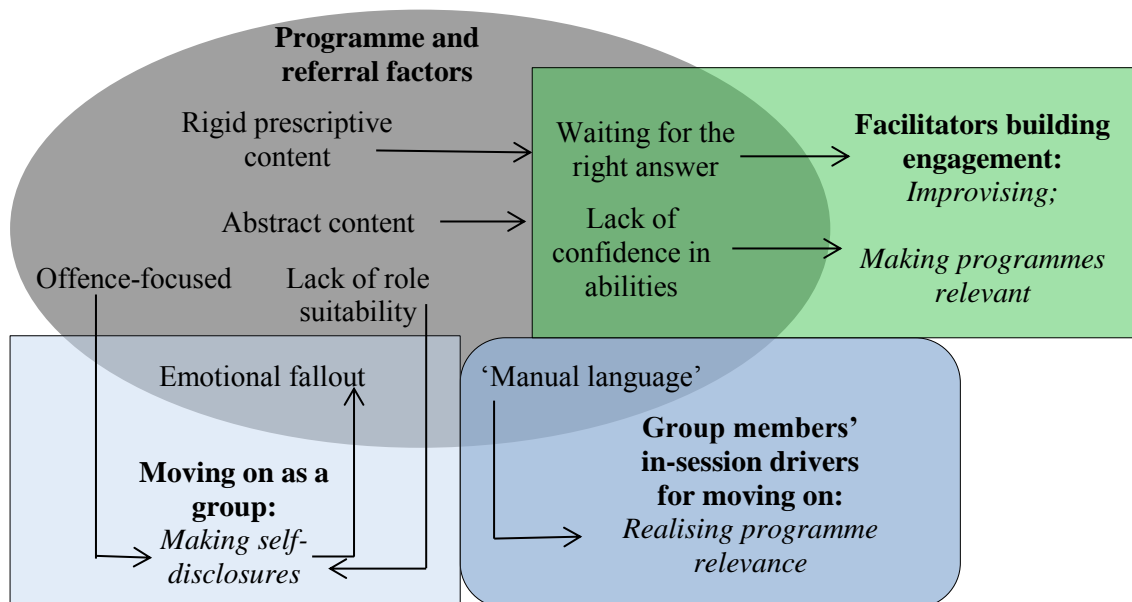
Figure 8.4 Barriers to 'working'

A barrier to facilitators being able to improvise was if programmes had *rigid, prescriptive content*, which was less of an issue in solution-focused programmes. This barrier prevented facilitators from being able to be creative and allow programme sessions to 'flow'; a word used by both group members and facilitators in relation to engagement and that captures engagement as 'moving on'. Facilitators and group members were aware that sometimes facilitators were *waiting for the right answer,* which had a negative impact on the 'flow' of the session.

A barrier to facilitators being able to make programmes relevant was a *lack of confidence* in their abilities to *communicate programme content,* which was the case if the content was too *abstract*. Likewise, group members found it confusing and difficult to *realise programme relevance* if facilitators were employing non-layman's *'manual language'* and not *communicating programme content clearly*.

A further problem for some group members was that making self-disclosures in *offence-focused programmes* was an important turning point in moving on but at the same time created negative consequences for their engagement. Some group members experienced *emotional fallout* from making self-disclosures that in one case posed a physical barrier to attendance. One group member also

reported difficulties making self-disclosures to a female facilitator whom he perceived *lacked role suitability.*

8.4 Getting somewhere:

Recognising and sustaining engagement; acknowledging and accepting; and taking the initiative. Facilitators started **recognising engagement** by observing cues to participation such as *asking questions*, *listening*, and *reflecting.* There were mixed opinions among group members about the importance and relevance of **acknowledging and accepting** the past in order to move on. Some group members expressed feeling that *coming to terms with the past* and *coming to terms with offending behaviour* were important turning points in moving on, but those attending solution-focused programmes felt it was only worth reflecting on the past in a 'positive manner'. However, these reflections were not a mainstay of programme sessions. Group members reported 'going away and thinking about it', and 'feeling upset afterwards'; hence facilitators would not have always noticed this as evidence of engagement within sessions. Therefore, within the TEGOBP, **acknowledging and accepting** are group members' emotional processes within but also *between* sessions that form part of the engagement process.

Group members reported **taking the initiative** and applying programme concepts to their personal lives and *making changes*. **Taking the initiative** therefore represents group members' active efforts between sessions that forms part of the engagement process and evidences change. However, it was questionable as to whether these changes were always evident within sessions. Only one group member attending a solution-focused programme referred to systematically reporting on his efforts between sessions as part of programme sessions. Equally, facilitators noticed evidence of engagement because group members anecdotally reported their efforts towards change, not because facilitators routinely or systematically enquired or searched for evidence of change. Furthermore, when facilitators reported noticing cues to participation, whether or not this participation reflected evidence of change was constructed as 'another matter'.

Facilitators responded to evidence of engagement in sessions by *exploring* group members' thoughts and feelings to **sustain their engagement** and 'stay in the moment', by sometimes letting group members lead the discussion in order to let it 'flow'. Facilitators provided *praise* to strengthen group members' resolve to making changes because this was perceived as important to **sustaining group members' engagement**. Facilitators also *reassured* group members as they considered the prospect of change, revealing the seriousness of helping group to which *using humour* provided an important balance. Facilitators reported *using humour* as a form of sustaining group members' engagement, a way of 'keeping them' from 'switching off'. Likewise this important balance was perceived by one group member who referred to her facilitator's position - *She played with you but was still in charge*

(23 F A DID 598). Within the TEGOBP, recognising and sustaining engagement is part of the engagement process.

8.4.1 Relevant resources and drivers for 'getting somewhere'

The internal drivers of *seeing self as an agent for change* and *feeling things change* were important throughout, but were particularly important when group members began making changes. Making changes then strengthened and reinforced these drivers, encouraging group members to *see themselves as an agent for change* and *feeling things change.*

Some group members also expressed wanting to develop insights into their behavioural patterns and how they related to others, in order to develop strategies for changing them. *Learning about the self* was therefore also an important internal driver for some group members to take the initiative and implement changes. These reciprocal relationships between wanting to learn about self, making changes, and feeling things change created curiosity and intrigue as group members became more involved in the programme to see what they could achieve. This also had an impact on their efforts between sessions, as they considered what they could 'bring to the group' in the next session.

The in-session drivers of *relating to facilitators* and *realising programme relevance* were also important throughout, but in particular *relating to facilitators* was important for coming to terms with the past and with offending behaviour. The support group members perceived from facilitators helped them through these important turning points and the emotional fallout that sometimes ensued.

Realising programme relevance was of particular importance to taking the initiative and making changes, as group members made efforts to apply treatment concepts, or work on goals in between sessions. Equally, an important resource facilitators employed for making programmes relevant was *knowledge about group members as people.* This resource was also important for recognising and sustaining group members' engagement in sessions, for knowing what to explore and what connections to help group members make.

8.4.1 *Barriers to 'getting somewhere'*

The relevant barriers to getting somewhere are presented in Figure 8.5. The oval shape representing the **programme and referral factors** overlaps with the conceptual categories: **in-session drivers for moving on** and **taking initiative**: making changes, leading to group member characteristics that were barriers to their own engagement.
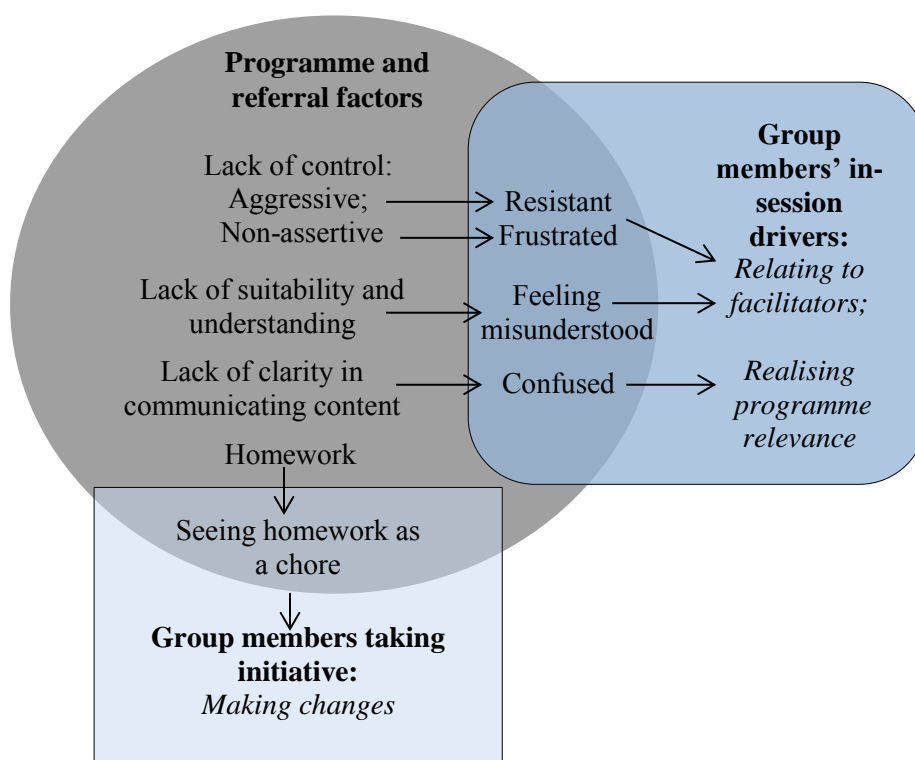
Programme and
referral factors

Group
members' in-
session
drivers:

Lack of control:
Aggressive; ──────→ Resistant
Non-assertive ──────→ Frustrated

*Relating to
facilitators;*

Lack of suitability and
understanding ──────→ Feeling
misunderstood ──────→

Lack of clarity in
communicating content ──────→ Confused ──────→

*Realising
programme
relevance*

Homework

Seeing homework as
a chore

Group members taking
initiative:
Making changes

Figure 8.5 Barriers to 'getting somewhere'

Compared to 'getting started' and 'working', there were few barriers that directly impacted on 'getting somewhere' but it is likely that the barriers relating to the previous stages had a cumulative influence. Furthermore, factors that had a negative impact on drivers and resources for getting somewhere also had an indirect influence. *Relating to facilitators* and *realising programme relevance* were important in-session drivers for group members to acknowledge and accept the past and to take the initiative and make changes. Barriers to relating to facilitators were: perceiving facilitators as having a *lack of control*, because they were too aggressive or conversely not assertive enough; a *lack of suitability and understanding,* because of their gender or age, which left one group member feeling misunderstood, and; *a lack of clarity in communicating content*, which left some group members confused and unable to realise programme relevance, which was important to taking the initiative.

A further potential barrier to 'getting somewhere' was *seeing homework as a chore,* which may have prevented group members from putting any effort into homework or practicing or applying programme concepts between sessions. Although it was not explicit in the data, this may have been because of how homework was introduced or how it was (if it was) explored and evaluated in the following session. Data from observations of sessions evidenced unclear introductions of homework or how it was relevant to group members' progress. There was also no evidence of systematic explorations and evaluations of homework as part of sessions. Consequently, *seeing homework as a*

chore may have had an implicit but adverse influence on group members' efforts towards change between sessions, and report on these changes in sessions.

8.5 Summary

A TEGOBP has been proposed from interpreting both group members' and facilitators' engagement in conjunction with one another. According to the TEGOBP, engagement is: *a process of group members moving on that is integrated with the process of facilitating group members to move on.* Group members' and facilitators' engagement is mutually contingent. Their positions, roles, and tasks in the process of moving on, and facilitating moving on are inter-related to greater and lesser degrees across the process of engagement in GOBPs. The TEGOBP was segmented into three principle processes: 'getting started', 'working', and 'getting somewhere'. Each of these processes comprises conceptual categories representing group members' and facilitators' engagement that interrelate and characterise these three processes. These processes are in turn influenced by group members' drivers and facilitators' resources for engagement, which each have particular influences on the engagement process. There were barriers to engagement, perceived by group members and known by facilitators that had a pervasive negative influence on engagement.

Chapter 9: Discussion

9.0 Introduction

The aim of this Chapter is to discuss the TEGOBP presented in Chapter 8 in relation to the synthesis of the literature reviews reported in Chapter 5, and within the context of other relevant research on offender motivation and change. The chapter is divided into two main sections. The first Section (Section 9.1) is a discussion of what drives group members to engage according to the TEGOBP in relation to the literature review-based Figure of engagement (Figure 5.1), and existing research on offenders' motivation. The resources facilitators draw from to facilitate engagement is also discussed. The second Section (Section 9.2) is a discussion of the much-needed fine-grained characterisation of the engagement process variables according to the TEGOBP in relation to the literature review-based Figure of engagement. While these are presented as two separate discussions, there is an important feature of the TEGOBP that should be noted. Drivers and resources for engagement (i.e. engagement determinants) are not conceptualised as only preceding engagement. Instead, they are continually strengthened and reinforced as a function of engagement, and are subsequently reciprocally related to the engagement process as depicted in Figure 8.2.

Section 9.1 is divided into subsections representing the conceptual categories comprising drivers and resources for engagement. Section 9.2 is divided into subsections representing the three stages of the engagement process. A Figure is also presented in each section which depicts how the conceptual categories comprising the TEGOBP correspond with engagement variables according to the literature review-based Figure of engagement. The relevant implications for research and practice are discussed in each of the two Sections.

Before discussions of how the TEGOBP relates to the literature review-based Figure of engagement, it is important to clarify four main points about scope that differentiate the two:

i. *Facilitators' engagement.* The literature review-based Figure of engagement only accounts for the engagement of clients or offenders. At the time of conducting this research, no research on facilitators' 'engagement' in psychotherapeutic settings or GOBPs existed. In the TEGOBP, engagement is *a process of group members moving on that is integrated with a process of facilitating group members to move on.* Group members' and facilitators' engagement processes are inseparable and it is therefore not possible to discuss group members' engagement without integrating the role of facilitators.

ii. *Social support and the out of session environment.* Within the literature review-based Figure of engagement, social support and the out of session environment are positioned as

engagement determinant variables, having a diffuse influence on offenders' motivation to engage in treatment. Social support and the out of session environment might be conceptualised within the TEGOBP as 'external drivers'. However, the foci of interviews and observations in Part 2 were on group members' experiences and what occurred within programme sessions. Social support and the out of session environment were not apparent in the data and are therefore not currently incorporated within the TEGOBP.

iii.   *Attendance.* Attendance was included in the literature review-based Figure of engagement because a *certain* amount of attendance is required for other engagement process variables such as participation to occur. All group members who took part in this study were either attending, or had recently completed a GOBP. Consequently attendance, amount of attendance, or conversely non-attendance, was of no relevance to the TEGOBP. Within the TEGOBP attendance is assumed rather than considered as a particular stage in the process of engagement and moving on.

iv.   *Engagement outcomes.* Completion, dropout, and post-treatment satisfaction were positioned as engagement outcomes in the literature review-based Figure of engagement. However, the majority of group members interviewed, and all of those observed for Part 2, were still attending GOBPs thus these outcome variables could not be considered within the TEGOBP.

9.1 Drivers and resources: Engagement determinants

Treatment motivation, the therapeutic relationship and peer support were all positioned as engagement determinant variables in the literature review-based Figure of engagement. The TEGOBP distinguishes between internal drivers and in-session drivers, and accounts for facilitators' resources in building engagement. In Section 9.1.1, group members' **internal drivers** are interpreted within the context of theory and research on treatment motivation. **Resources** facilitators draw upon to facilitate engagement are also discussed. In Section 9.1.2, group members' **in-session drivers** as well as instrumental tasks facilitators undertook to facilitate engagement are interpreted within the context of theory and research on the therapeutic alliance. How drivers and resources according to the TEGOBP correspond with the engagement determinant variables according to the literature review-based Figure of engagement can be seen in Figure 9.1.
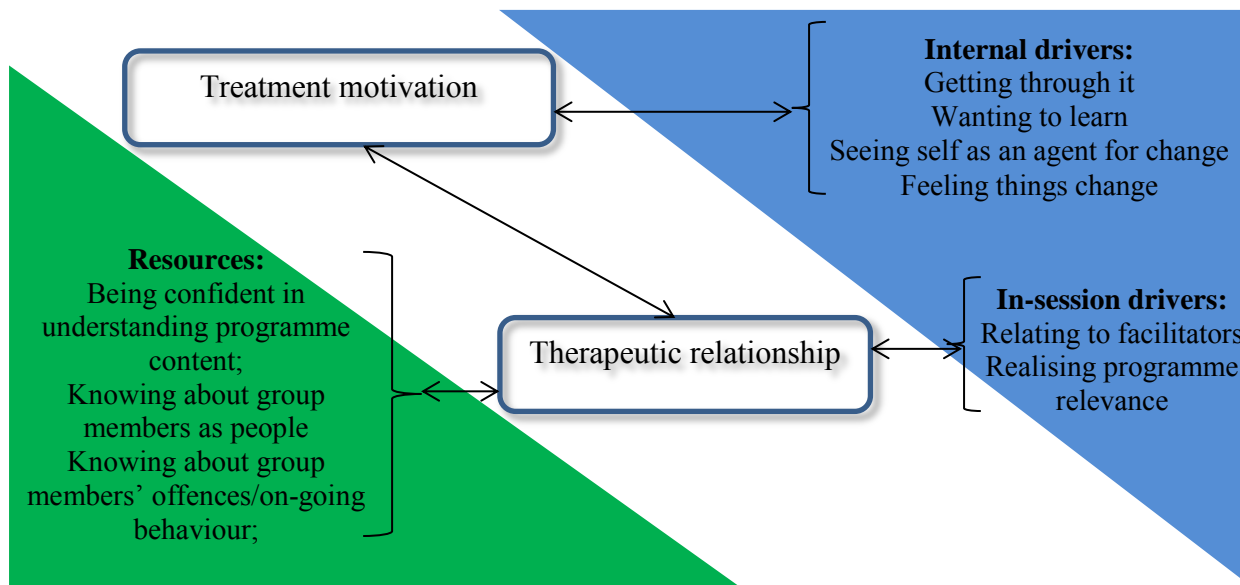
Figure 9.1 How drivers and resources according to the TEGOBP correspond with the engagement determinant variables in the literature review-based Figure of engagement

While peer support was conceptualised as an engagement determinant variable in the literature review-based Figure of engagement, it did not emerge as a driver for group members' engagement according to the TEGOBP. However, peer support was relevant to **negotiating the group** and **moving on as a group** (discussed in Section 9.2)

9.1.1 Internal drivers and resources for engagement

Group members' internal drivers for moving on were: *getting through it*; *wanting to learn something about self; seeing self as an agent for change;* and *feeling things change*. Facilitators' resources for facilitating engagement were *confidence in understanding programme content* and *knowing about group members as people, or knowing about offences and on-going behaviour.*

9.1.1.1 Getting through it

Group members' motivation to attend programmes was in some cases about *getting through it,* which for one group member was about generating an impression of involvement by telling facilitators what he thought they wanted to hear. This indicates that some group members can deliberately convey what they perceive is the type of involvement facilitators are expecting. The act of generating an impression of involvement may require the same, if not more, cognitive efforts and insights than mere involvement. In *noticing evidence of engagement,* facilitators considered that the capability of group members to mislead them about their engagement evidenced the presence of the cognitive processes at play in genuine engagement. Therefore what might appear as 'faked' engagement, underpinned by

a driver to simply get through the programme, might be one form of engagement, not a lack of 'genuine' engagement.

Getting through it was also about staying out of jail, which may represent an extrinsic determinant of engagement, but moderated by internal determinants (e.g. problem recognition) according to Drieschner and colleagues (2004). While this driver might represent a form of 'avoidance motivation' (Elliot and Covington 2001), i.e., from an undesirable event (staying out of jail) and not as powerful as 'approach motivation' has been found (Mann et al. 2004), it should not be underestimated on the basis that 'staying out of trouble' is arguably an aim of most GOBPs. This type of avoidance motivation can also be construed as stemming from external pressure; i.e., legal sanctions, but Maxwell (2000) showed that external threat does not directly impact on treatment compliance because it is moderated by the client's appraisal of the threat. Group members may perceive that jail is the only alternative for not attending GOBPs, but their perception of how undesirable this alternative is may determine the strength of their motivation to pursue the more preferable option of attending GOBPs.

9.1.1.2 Seeing self as an agent for change

External pressure is among a range of external determinants of motivation that Drieschner et al. (2004: 1128) argued are moderated by 'classical' internal determinants of motivation such as problem recognition (Dean 1958). Problem recognition has been more specifically conceptualised as a behavioural factor comprising offenders' treatment readiness, apparent through their decision to seek help from others (Ward et al. 2004). There was evidence of this in *seeing self as an agent for change*; an internal driver for group members' engagement. One group member reported 'asking for help' even though he was mandated on to a programme, but he may have retrospectively construed that he had been responsible for taking matters in to his own hands. Hence, problem recognition may be an important cognitive factor determining motivation but it might not always manifest behaviourally prior to treatment, particularly among mandated group members. However, group members' retrospective *perception* of this during treatment might still be an important internal driver.

One aspect of problem recognition has been identified as acceptance of responsibility for behaviour (Jenkins-Hall 1994). **Acknowledging and accepting**, particularly *coming to terms with offending behaviour* was not interpreted as a driver for engagement in the TEGOBP, but as an important turning point in the engagement process (Section 9.2.3.2). Consequently there is a disparity in how acceptance of responsibility features in the TEGOBP compared to other conceptualisations that have positioned it as an internal determinant of motivation (Drieschner, Lammers and van der Staak 2004). This is likely to be a reflection of the different aspects of problem recognition and how they are construed. Recognising there is a problem may be an internal determinant of motivation (both cognitive and behavioural) that precedes accepting responsibility for behaviour as part of the

therapeutic and change processes. However, Scott and King (2011) argued that there is a lack of evidence that internal determinants of motivation precede engagement, and that there is a more iterative process at play. These iterations may rely on the reciprocal relations evident between motivation and engagement in the TEGOBP. Problem recognition may motivate group members to engage, which may then lead to group members *coming to terms with offending behaviour,* which in turn strengthens group members' avoidance motivation, i.e., desire to move away from it. But the degrees to which problem recognition and accepting responsibility are considered important to engagement depends on their relevance to the overarching programme approach. Group members attending accredited domestic violence programmes felt that coming to terms with their offending behaviour was an important turning point, but group members attending a solution-focused programme regarded this as a hindrance to them moving on. Therefore it might be the case that group members' awareness of their problems or needs to accept responsibilities in order to move on may be influenced by the programme philosophy, and not necessarily stable, internal determinants of motivation.

9.1.1.3 Seeing self as an agent for change and feeling things change
Self-efficacy, which is argued to be related to treatment expectancies (Miller and Rollnick 1991) is conceptualised as a cognitive factor that may influence treatment readiness (Ward et al. 2004). Perceived self-efficacy has been argued to enhance internal motivation and performance (Bandura and Locke 2003) and consequently an important driver for engagement. The concept of self-efficacy appears to be reflected in group members *seeing self as an agent for change*, an internal driver for their engagement. The decision to seek help was described as a behavioural factor comprising internal treatment readiness conditions by Ward et al. (2004). Lee, Sebold and Uken (2004) argued that clients begin to change when they take the decision to enter treatment. While group members participating in this research were mandated to attend GOBPs and therefore did not have this decision to make, simply knowing that they were about to attend a programme meant they started *feeling things change* and this was an important internal driver for moving on.

Evidence of the iterative process between motivation and engagement that Scott and King (2011) referred to can be inferred from the reciprocal relationships between group members' internal driver of *seeing self as an agent for change* and *making changes,* which were mediated by **taking the initiative**. Taking the initiative strengthened group members' sense of *self as an agent for change* and created *feelings of change* that encouraged them to make further changes. Only one study reviewed in Chapter 4 assessed self-efficacy in relation to engagement and found improvements in self-efficacy was an outcome of participation (Harkins et al. 2011). It seems researchers have conceptualised self-efficacy as a measure of change (Day, Maddicks and McMahon 1993) rather than a predictor of engagement or treatment outcomes, particularly in substance abuse programmes (Yamamoto, Mori and Ushiki 2013) and drink-driving programmes (Holt et al. 2009). Enhancing self-efficacy is also a

target in solution-focused programmes (Lee, Sebold and Uken 2004). Consequently self-efficacy or *seeing self as an agent for change* does not only precede engagement, but is a continual driver for engagement as it becomes strengthened by related change behaviours, and can therefore be enhanced as part of the treatment process, as a means of increasing engagement.

9.1.1.3 Feeling unprepared

A further classical internal determinant of motivation to engage in treatment (Drieschner, Lammers and van der Staak 2004, Miller and Tonigan 1997) or cognitive factor influencing treatment readiness (Ward et al. 2004) is outcome expectancy. This represents offenders' expectations about what will happen in therapy and what the outcome will be (Garfield 1994). Offenders also have role expectancies, which are their expectations about how people will behave in treatment (Ward et al. 2004). These expectancies have been argued to come about through previous programme experience or experience of the assessment process (Ward et al. 2004).

The TEGOBP reveals a combination of stereotypical views held by group members about other group members, and a *lack* of expectancies about the programme and other group members. This emerged as *feeling unprepared;* a feature of **feeling ambivalent,** which was part of 'getting started' in programmes (discussed in Section 9.2.1) but **feeling ambivalent** also had an influence on moving on. A lack of outcome expectancies mainly arose because of quick or abrupt, un-motivating referrals. Consequently, programme expectancies, including expectancies about what other group members might be like, may have been important drivers for engagement had they not been neglected through a lack of information at the point of referral. Facilitators seemed to have compensated for this by **setting the scene** and *focusing on group members*. Group members also *established a position in the group* early on as a means of reducing **feelings of ambivalence.** Therefore the current research supports the importance of programme expectancies in motivation to engage but indicates that these expectancies tend to be managed within treatment to compensate for a lack of their management at the more opportune time of programme referral.

9.1.1.4 Facilitators' resource of confidence in understanding programme content

Facilitators needed to feel confident about the programmes they delivered in order to convey expertise to group members and engage them. Being able to improvise and demonstrate the relevance of programmes to group members emerged as a core task in 'working' to facilitate engagement (discussed in Section 9.2.2) and was contrasted to 'going through the manual'. Having to go through the manual emerged as a barrier according to both group members and facilitators if programmes are too rigid, prescriptive, or abstract. However improvisation and demonstrating relevance to group members required confidence in understanding programmes.

There appears to be little research on facilitators' training for the delivery of GOBPs or the impact of professional training and skills on offender engagement. However, the research reviewed on non-offender engagement reported in Chapter 3 showed that therapists' perceptions of institutional resources, which included training, were positively related to both participation and the therapeutic alliance as proxies for engagement (Greener et al. 2007, Simpson et al. 2009). Therapists' perceptions of these resources then have an impact on clients' perceptions. Clients' perceptions of therapists as experienced (Tryon 1985, Tryon 1989a, Tryon 1989b, Tryon 1992, Wang et al. 2006), professional and skilled (Palmstierna and Werbart 2013) were positively related to engagement. However therapists' competencies (Trepka et al. 2004) and use of specific strategies (Multon, Kivlighan and Gold 1996) were not related to engagement. It might be concluded that professional qualities depend on an underlying confidence in understanding programme content, but by themselves have limited impact on engagement.

9.1.1.5 Facilitators' resource of knowing about group members as people, or about offences and on-going behaviour

The knowledge facilitators acquired about group members was construed throughout the data as an important resource for facilitating engagement, and served a particular function for developing *the 'hook'* or therapeutic alliance (TA). Personal information about their relationships and who was important to group members allowed facilitators to help group members make connections across relationships and help them realise the relevance of programme concepts (see Sections 9.2.2.2). However, some facilitators delivering domestic violence programmes also sought knowledge about group members' offences and on-going behaviour because they perceived this as necessary to being able to challenge group members. Others however, saw the information as a source of confusion and a hindrance capable of biasing their impressions of group members. Thus challenging group members about their behaviour was regarded as part of the therapeutic task by some facilitators but not others. Therapists' use of confrontational approaches have been established as not fostering beneficial changes in sexual offenders (Serran and Marshall 2010) and there was no evidence in the current research that challenging group members helped to facilitate engagement.

Facilitators' opinions are divided nonetheless, which may reflect an underlying issue with domestic violence programmes that has been observed in sexual offender treatment programmes, which is a lack of moral distinction between punishment and treatment (Ward 2010). This lack of moral distinction may have led to, and in some settings be perpetuated by, differences in what facilitators perceive their role to be. A clear line may be drawn if there is confidence that both punishment and treatment are effective in their own right. As the purpose of any offender behaviour programme is to prevent reoffending, the importance of engagement to treatment effectiveness (McMurran and Ward 2010, Scott and King 2007) may help towards establishing a clear line. The current research indicates that the positive associations researchers have found between non-confrontational approaches and

treatment gains (Lee, Uken and Sebold 2007, Ware and Bright 2008, Ware and Marshall 2008) is likely to be mediated by engagement. Nearly all the resources and tasks involved in facilitating engagement emerged as non-confrontational, a particular exemplar of which was *focusing on group members as people* rather than their offences, which facilitators found conducive to facilitating engagement. Furthermore, solution-focused programmes seemed to provide facilitators with greater opportunities for facilitating engagement, fundamentally because the focus is not on offending behaviour, rendering challenging group members redundant within this treatment approach.

9.1.1.6 Internal drivers for engagement: Implications for research

There is currently considerable research on offenders' motivation to engage in treatment (Drieschner, Lammers and van der Staak 2004, Scott et al. 2011, Ward et al. 2004) that seems to have suffered some of the conceptual ambiguities evident in the engagement research. Comprehensive models of motivation have been developed that usefully characterise the roles of motivation determinants and consequently engagement determinants. However there are five potentially useful avenues for future research illuminated by the TEGOBP:

i. There appears to be currently no research on 'faking' motivation or engagement (or proxies thereof) in GOBPs; yet this may be a relevant avenue to explore in terms of, if, and to what degree it differs in how it functions from 'genuine' motivation or engagement;

ii. Problem recognition and different aspects of it, such as acceptance of responsibility, may need to be teased apart to explore their relevance to engagement and the extent to which service users' perceptions of their relevance are related to the programme approach; particularly whether coming to terms with offending behaviour is regarded within the philosophy of programmes as essential to engagement and change;

iii. Facilitators need confidence in understanding programme content to be able to facilitate engagement effectively. Research is needed to evaluate the effectiveness of GOBP training and any on-going training and supervision of facilitators, particularly in terms of how effective training is at building facilitators' confidence in facilitating engagement in GOBPs;

iv. Group members' treatment expectancies may encompass outcome expectancies and role expectancies, but further research may need to more carefully classify particular expectancies and focus on the specific sources of apprehension group members may experience about working in groups;

v. Self-efficacy has been construed as a proxy for engagement as well as a treatment outcome. Associations between self-efficacy and engagement, as well as how group members acquire self-efficacy appears to be relatively under-researched. Seeing self as an agent for change may

be an implicit aim of most GOBPs but how this can successfully be communicated to resistant group members, or enhanced among those already prepared for change needs greater research attention.

9.1.1.7 Internal drivers for engagement: Implications for practice

There are important implications for referral procedures, facilitator training, and how practitioners and facilitators can identify motivation to engage in treatment and enhance it. Five particular implications for practice emerge from the TEGOBP:

i. Perceptions that group members may be faking motivation or engagement should not be considered evidence of a lack of 'genuine' engagement. 'Faking it' might simply be one way group members can actually engage in the programme and rather than challenging it, facilitators might consider rolling with it and consider it as still representing a 'way in' to helping group members move on;

ii. Problem recognition and various aspects of it, including accepting responsibility and coming to terms with offending behaviour may not be essential to group members' engagement. Group members' perceptions of its relevance may in some cases reflect an underlying need to come to terms with offending behaviour, but equally this need may emerge as a function of the programme approach. If acknowledging and accepting offending behaviour is communicated to group members as important to their programme outcomes, they may internalise this in ways that necessitates practitioners to help manage the emotional fallout that may ensue, in order to maintain group members' engagement;

iii. Facilitators need confidence in understanding programmes to convey expertise to group members and this requires effective training. On-going supervision will assist with addressing any particular aspects of programmes facilitators are not confident with but the focus should be on the development of their interpersonal skills rather than the use of programme-specific strategies. It should thus be considered within training and supervision *how* facilitators' interpersonal skills can be encouraged to harness programme tasks and objectives in ways that will help them facilitate engagement;

iv. The point of referral is a crucial time for enhancing group member motivation to engage by developing positive expectancies about what happens during programmes, what group members will be doing during sessions, and about how they will benefit from having engaged in the programmes. Practitioners may want to pay attention to apprehension group members may be suffering from not knowing what to expect about working in a group, and what other group members will be like. While practitioners may hot have, or be able to give personal

information on other group members, a general overview of group size or even typical
composition, and an overview of group work may help allay some of these concerns;

v.   The point of referral may also represent a valuable opportunity to begin enhancing group
     members' self-efficacy, instilling beliefs that they can make personal gains from the
     programme before they have begun attending the programme. This might help shift
     ambivalence in the favour of motivation rather than apprehension.

9.1.2 In-session drivers and 'the hook': A therapeutic alliance

While some researchers have regarded the therapeutic relationship or counsellor rapport as part of the
engagement process (Joe et al. 2004), according to the TEGOBP, relating to facilitators is an in-
session driver for group members' engagement. Within Bordin's (1979) theory of the working
alliance, the quality of the therapeutic relationship is measured by the degree of agreement between
clients and therapists about tasks and goals, mediated by a bond between clients and therapists. Tasks
and goals did not emerge in the TEGOBP as important features of the TA, or *'the hook'*, but the bond,
or *relating to facilitators* did. Ross, Polaschek and Ward (2008) revised Bordin's theory of the
working alliance to include client characteristics (e.g. chronicity of interpersonal systems, relationship
histories) and therapist characteristics (e.g. professional qualities, self-disclosure) among other factors
argued to be of relevance to the TA. These characteristics in relation to '*the hook'* within the
TEGOBP are discussed below (Sections 9.1.2.2 and 9.1.2.3) but prior to this, it is important to
establish the role of the TA according to the TEGOBP.

9.1.2.1 Relating to facilitators and realising programme relevance

Even though there has been considerable research investigating the therapeutic or working alliance
(for systematic reviews see Ackerman and Hilsenroth 2003, Kietaibl 2012, Martin, Garske and Davis
2000, Meier, Barrowclough and Donmall 2005, Serran and Marshall 2010, Smith, Msetfi and Golding
2010, Taft and Murphy 2007), it is not clear exactly what role it plays in relation to engagement. The
therapeutic relationship has been considered an integral part of therapy and change (Horvath and
Luborsky 1993) and part of the engagement process (Joe et al. 2002). However, within the literature
review-based Figure of engagement it was conceptualised as a determinant of engagement on the
basis it has an influence on group members' efforts rather than comprising them. But whether or not it
is conceptualised as a determinant of engagement, or part of the engagement process, may depend on
whose role or perspective in the engagement process is being considered.

The TEGOBP accounts for both group members' and facilitators' engagement and may shed light on
the role of the TA in the engagement process. *Relating to facilitators* or the therapeutic alliance from
group members' perspectives, was an important in-session driver for moving on, indicating its role as
a determinant of engagement. However, the TA was initiated through facilitators' development of

'the hook', an instrumental task facilitators employed to personalise treatment frameworks, indicating its role as part of the process of facilitating engagement. Facilitators found their 'way in' by using personal knowledge about group members as people to make programmes meaningful and relevant. Hence from the perspectives of group members, the therapeutic alliance equates to an in-session driver for their engagement but from the perspectives of facilitators, it is key part of the process of facilitating engagement. *Realising programme relevance* was in turn a further in-session driver of group members' engagement, but this was also a product of facilitators *making programmes relevant* as a means of personalising treatment frameworks (discussed in Section 9.2.2.2).

Although the role of the TA in engagement differs between facilitators and group members, Marshall et al. (2003) portrayed clients' role as passive in its development. However, Ross, Polaschek and Ward (2008) argued that clients are not simply recipients of the therapeutic processes but bring distinctive personalities and experiences to their role. Facilitators in the current research found it difficult to relate to group members whom they perceived as deceitful or manipulative. Equally, some group members found it difficult to relate to facilitators, particularly if they perceived them as unsuitable because of age or gender, or they perceived them as aggressive. There may also be instances where group members are unsure as to how to relate to facilitators. There was evidence in the current research of group members 'testing' facilitators, which supports the findings of Drapeau et al. (2005) , where testing was used to establish facilitators' 'trustworthiness'. Trustworthiness has also been found elsewhere to be positively related to programme completion and programme satisfaction (Brown et al. under review). Thus facilitators' instrumental role in the development of *'the hook',* or TA, depends on group members being able to perceive the qualities in facilitators they regard as important to helping them move on, such as care, assertiveness, and trustworthiness.

9.1.2.2 Offender/Group member characteristics

Offender characteristics that are positively associated with the development of the TA reported in the literature review in Chapter 4 included decision-making (Staton-Tindall et al. 2007), motivation and treatment readiness (Simpson et al. 2012), while cold-heartedness, hostility (Staton-Tindall et al. 2007), and denial (Greaves et al. 2009) were negatively related to the development of the TA. During the development of the TEGOBP, *unmotivated, pre-contemplative, blaming, young, chaotic, disruptive, manipulative* and *deceitful* emerged as characteristics of group members most difficult to relate to.

An argument presented in Chapter 4 was that motivation is a dynamic trait and should thus be regarded a treatment target. This seems to be supported by the reciprocal relationships between internal drivers for engagement (e.g. seeing self as an agent for change) and group members' engagement itself (making changes) according to the TEGOBP. But the negative aspect of this is that seemingly *unmotivated* or *pre-contemplative* group members, perceived by facilitators as those

difficult to relate to, may become increasingly resistant, furthering facilitators' perceptions of them as being *unmotivated* and difficult to relate to. Equally, group members perceived as blaming, chaotic, disruptive, manipulative and deceitful may become self-fulfilling prophecies because of negative estimations facilitators may make, both about their own abilities to relate to these group members and about their programme outcomes. These group members' characteristics, particularly *manipulative* and *deceitful* may reflect antisocial tendencies common (to varying degrees) among mandated group members that are difficult to subdue in a group setting. However, researchers have argued that even offenders presenting with psychopathy, of which manipulation and lying is characteristic (Hare 1991), can benefit from treatment (Polaschek and Daly 2013). Polaschek and Daly (2013: 600) also argued that facilitators should not use challenges to the therapy process (perhaps more specifically the engagement process) as an indicator not of those who will benefit least from treatment, but those who need greater support. Consequently 'barriers' to facilitators' development of *'the hook'* or TA should be considered flags for greater investments in efforts and strategies to find a 'way in'.

9.1.2.3 Therapist/facilitator characteristics

The literature reviewed on offender engagement in Chapter 4 revealed that there appears to be little research on therapist characteristics associated with engagement in GOBPs. However the literature reviewed on non-offender engagement in Chapter 3 revealed therapists' reassurance, care, compassion and empathy (Korfmacher, Kitzman and Olds 1998, Palmstierna and Werbart 2013) were positively associated with the TA as a proxy for engagement. Although treatment engagement was not the focus of their research, Marshall et al. (2003) found that facilitators' warmth and genuineness had a positive impact on the developing TA with sexual offenders, whereas facilitators' aggressiveness had a negative impact. These findings are supported by the current research. Group members were readily able to relate to facilitators who they perceived 'cared' or 'listened' whereas those who found facilitators to be aggressive struggled to relate to them and this posed a barrier to their engagement.

While perceptions of facilitators' personal qualities were important to group members, their professional qualities did not emerge as being of importance, which is consistent with the findings of the review by Ross, Polaschek and Ward (2008). However, one group member in the current research reported a lack of appropriateness in the age and gender of the facilitator in terms of the topics of discussion (sexual behaviours), revealing a sense of propriety some group members may place on who is discussing personal topics with them. Group members' perceptions of facilitators' lack of assertiveness was also found in the current research to pose a barrier to engagement, which is consistent with the findings of Drapeau et al. (2005) who found that therapists who were strong, authoritarian, and capable of leadership but non-judgemental and caring were of importance to sexual offenders' perceptions of treatment. Robach (2000) found that facilitators who were too laid back increased group tension in group psychotherapy. However, facilitators' assertiveness may to some extent rely on their confidence in understanding (and perhaps having faith) in programme content.

Consequently, a fine balance of directedness and assertion, but not to the point of aggression, underpinned by confidence in an understanding (and perhaps faith) in programmes is important to the effective development of a TA that has a positive impact on engagement.

9.1.2.4 In-session drivers for engagement: Implications for research

Similarly to offender motivation research, there is considerable research on the therapeutic or working alliance in offender interventions (Ross, Polaschek and Ward 2008, Taft and Murphy 2007). The TEGOBP however highlights three particular areas warranting further research:

i. Group members perceived as manipulative and deceitful were problematic to facilitating engagement, particularly in domestic violence programmes. These characteristics appear to have only been researched as part of a broader focus on psychopathy but it would be beneficial to focus on how these factors influence the development of the TA. A focus on how referral and treatment factors can be adapted to minimise manipulation and deceit, and how facilitators might strategically manage their perceptions and expectations of these group members in order to effectively build alliances with them is also warranted;

ii. Facilitators' interpersonal characteristics of warmth, caring and listening were conducive to the development of the TA. However, perceptions of facilitators' professional qualities may be more implicit and need to be more strategically investigated to tease out how they may impact upon the development of the TA and engagement;

iii. Both professional and interpersonal qualities may be underpinned by confidence in understanding programme content, which in turn has an impact on facilitating engagement, but in forensic settings the influence of facilitators' confidence (or faith) in programmes has not yet been investigated and hence requires research attention.

9.1.2.5 In-session drivers for engagement: Implications for practice

It is clear from the TEGOBP that facilitators intuitively recognise the importance of the development of a strong TA to facilitating engagement. However there are four important challenging areas for the development of the TA that need particular focus in terms of facilitators' regard for group members and how information about group members is communicated:

i. Group members who appear unmotivated or pre-contemplative may be regarded by facilitators as more difficult to relate to and difficult to treat, but may still benefit from treatment if facilitators are encouraged to perceive these traits as dynamic and susceptible to change over treatment, particularly if facilitators invest greater efforts in building alliances with these group members;

ii.   Perceptions of manipulation and deception can only occur if third party information about group members' on-going behaviour is communicated to facilitators. The information may be perceived by some facilitators as important to being able to challenge group members if they are perceived as being deceitful, but it cannot prevent the act of deception. Furthermore the act of challenging is counter to developing engagement. This does not undermine the importance of gathering third party information, but how is used and who it is communicated to needs to be carefully considered in terms of the detrimental influence it may have on engagement in GOBPs;

iii.   A strong TA depends on a mutual sense of trust and a positive regard. Group members may 'test' facilitators as a means of finding out how to relate to them. Therefore facilitators should be prepared to respond to testing in a way that allows group members to perceive the qualities they perceive as important in facilitators (e.g. trustworthy, warm, caring);

iv.   Because the TA depends on a positive regard, revisiting offence information that develops a negative regard for group members is unlikely to be conducive towards the development of the TA and may in turn pose a barrier to the engagement needed for programmes to be effective. Consequently, practitioners should carefully balance the benefits of revisiting offence information against the potential costs to both facilitators' and particular group members' engagement.

9.2 Getting started, working, and getting there: Three Stages of the Engagement process

Within the literature review-based Figure of engagement, participation and homework or out of session behaviours are engagement process variables inter-linked through self-disclosures within sessions. Within the TEGOBP, 'getting started' and 'working' provide a more detailed characterisation of what participation and self-disclosures within treatment involves, while 'getting there' provides a more detailed characterisation of what group members' out of session behaviours involve. In Section 9.2.1, 'getting started' is interpreted within the context of theory and research in relation to change, social identity, and group processes. In Section 9.2.2., 'working' is interpreted within the context of theory and research in relation to the therapeutic alliance and social learning. In Section 9.2.3, 'getting somewhere' is interpreted within the context of theory and research in relation to motivational interviewing, denial, and acceptance of responsibility. The three-staged engagement process depicted in Figure 8.2 is superimposed onto the engagement process variables depicted in Figure 5.1 (see Figure 9.2).
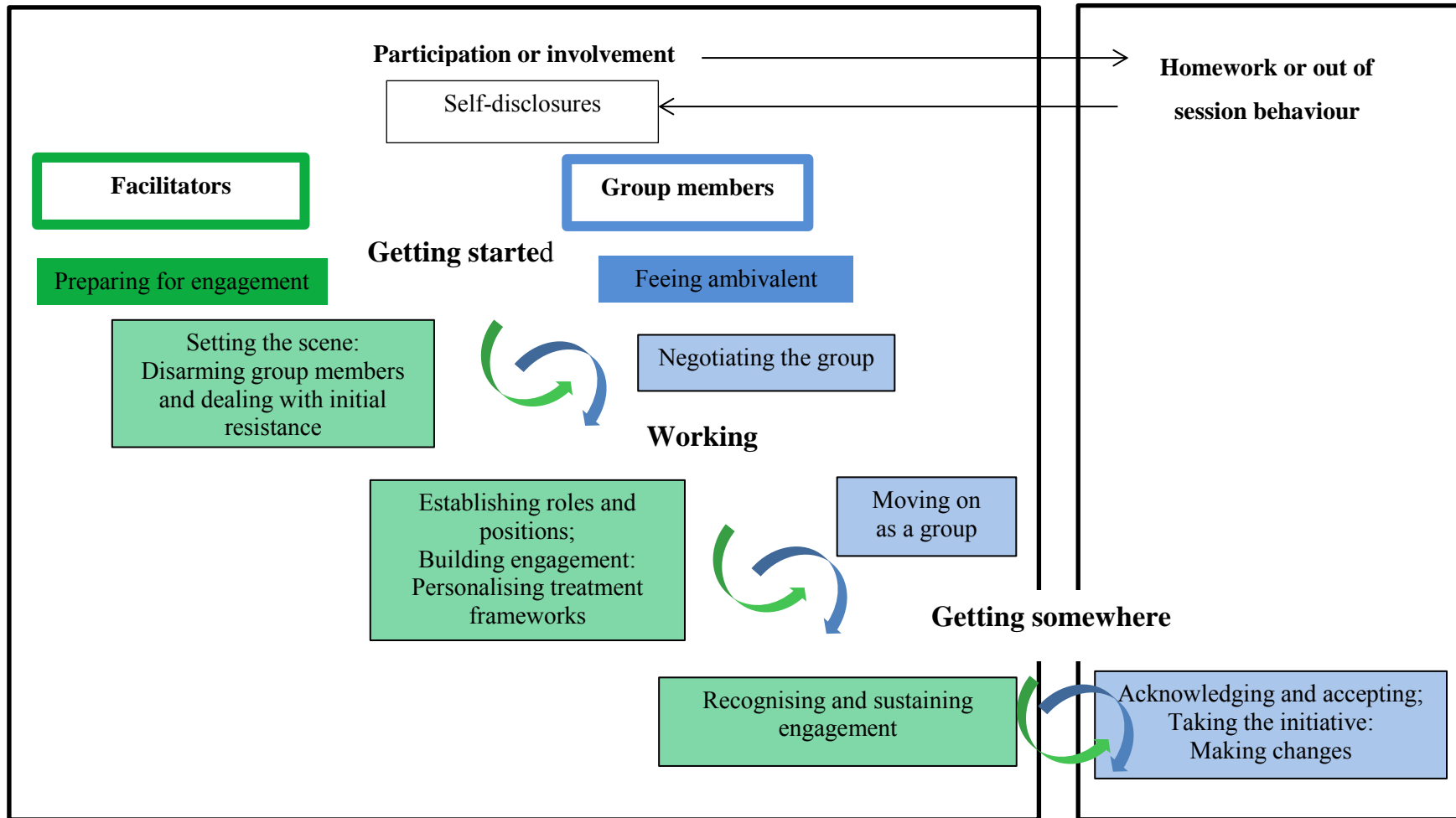
Figure 9.2 The three-staged process of engagement according to the TEGOBP immersed within the engagement process variables in the literature review-based Figure of engagement

9.2.1 Getting started

Getting started involved a range of group members' emotional experiences and early efforts towards treatment, including **feeling ambivalent**, **negotiating the group**, and facilitators' **preparations for engagement** and **setting the scene**.

9.2.1.1 Feeling ambivalent

'Getting started' featured group members feeling ambivalent prior to, and at the start of, attending programmes. According to the transtheoretical model of change (Prochaska and DiClemente 1982), individuals go through a series of stages representing behavioural changes, including a contemplative stage. At this stage, individuals experience ambivalence as they consider the costs and benefits of both engaging in the problem behaviour and changing the problem behaviour. Miller and Rollnick (2002) suggested that ambivalence is a natural phase in the process of change, but that getting stuck in ambivalence can be problematic to change, as problems persist and intensify (Prochaska and DiClemente 1982). Group members in the current research may have experienced ambivalence, both in relation to attending the programme and to the changes the programme might bring about, as they weighed up the costs and benefits of attending the programme.

The process of change with *and* without therapy (Prochaska and DiClemente 1982) are described within the transtheoretical model of change, but the contemplative stage may be accompanied by a decision to enter treatment that for group members attending GOBPs has been made for them. Hence weighing up the costs and benefits would not have been about whether to seek treatment, but about whether to make the most of treatment and make efforts towards change. Some group members, having been convicted of a criminal offence, may have contemplated making efforts towards change and moving away from offending behaviour prior to being referred on to the programme (or at least construed that they had done so retrospectively) but other group members may not have given this any consideration until the point of referral on to a GOBP. However, even if group members were resistant to the prospect of attending a GOBP or effecting change, there may have been *some* degree of ambivalence among all group members - perhaps because of a propensity to consider the costs and benefits of treatment, or, as was evident in the current research, because of simple curiosity that accompanied apprehension. Group members were curious about what the programme would involve and what they could achieve from participating in it.

However ambivalence is brought about, it is of importance to treatment outcomes. McEvoy and Nathan (2007) found patients who perceived both costs and benefits to change had better outcomes than those who perceived predominantly benefits, or those who perceived few costs or benefits. Too much motivation might reflect over-optimism about the benefits of change and achieving change (McEvoy and Nathan 2007) and therefore *some* apprehension about the costs of treatment might help to balance this. These findings indicate that ambivalence might be beneficial to engagement,

particularly if there is an element of curiosity that contributes to the ambivalence. Enhancing ambivalence might be achieved at the point of referral but in the current study group members were concerned that too much information about programmes might 'scare people away'. Furthermore, their apprehension also tended to be about what other group members would be like, not just about the programme. Therefore only *sufficient* information that is *relevant*, i.e. information that speaks to what group members are apprehensive or overly optimistic about, should be provided prior to treatment so as to enhance ambivalence and potentially, group members' engagement during programmes.

9.2.1.2 Negotiating the group

In the current research, group members negotiated the group at the start of programmes by making social judgements and comparisons with other group members, and relating to group members as a way of mitigating feelings of ambivalence. Within the social identity approach (Turner 2010), psychological group formation occurs through a process of self-categorisation in accordance with an externally designated group label (Hogg and Turner 1985). In the context of GOBPs, this externally designated group label is likely to be perceived by group members as that of 'offenders'; perhaps 'sexual offenders' or 'domestic violence offenders' depending on the GOBP. Within the current research some group members compared themselves to others on levels of aggressiveness and seriousness of offending behaviour, whereas some group members attending solution-focused programmes compared themselves to others on levels of effort to contribute within the sessions. These comparators may, at least in part, be a function of group members' perceived designated group label.

The process of self-categorisation has been argued to fulfil a need for coherence by complying with prescriptive behavioural expectations, or a need for self-esteem by allowing individuals to construct shared social identities (Tajfel and Turner 2004). The construction of shared social identities produces distinctive features of intra-group relations such as cooperativeness (Turner 2010). In the current research group members related to each other through *shared identities* which had a calming effect and prompted discussions and self-disclosures (discussed in Section 9.2.2.1). A perception of *shared identities* was closely linked with evidence of *group cohesion* as evidenced by the 'bond' reported by group members. This group cohesion helped group members develop important, relevant insights and also functioned as a distraction from some of the group environment formalities, which helped things 'flow'. This 'flow' as defined by both facilitators and group members captured the essence of engagement as 'moving on', therefore shared identities and group cohesion are of importance to the engagement process. In the literature review reported in Chapter 4, identifying with others who had changed (Roque and Lurigio 2009, Sowards, O'Boyle and Weissman 2006) and having a positive attitude towards the group (Ghodse et al. 2002) were positively associated with engagement. Group cohesion (Serran and Marshall 2010) and group climate (Illing et al. 2011, Kirchmann et al. 2009) have been found to be positively associated with therapeutic gains and treatment outcomes. Day (1999) found that discussing problems with people in similar circumstances was expressed by sexual

offenders as the most helpful part of treatment *Relating to group members* is a subscale of the Group Engagement Measure (Macgowan 2000) and was found to be strongly correlated with group attitude and treatment satisfaction (Macgowan and Levenson 2003). As *shared identities* and *group cohesion* were important to 'moving on', the TEGOBP indicates that the positive relationships established in the extant research between group cohesion, group climate, or intra-group relations and treatment outcomes are likely to be mediated by engagement. The converse of this however, is that a lack of shared identities or weak group cohesion may have an adverse influence on engagement and subsequent treatment outcomes.

While there was evidence that some group members identified themselves as a member of the group and related to other group members, others distanced themselves from the rest of the group. This may in some cases have been a form of denial as one sexual offender in the current research distanced himself from the rest of the group by minimising his offending behaviour in relation to their more 'extreme' offences. Another group member thought the programme was only relevant to 'other group members', reflecting a combination of a lack of perception of programme relevance (an in-session driver for engagement) and a lack of shared social identity with the group. Day (1999) argued that inter-group relationships are more important in predicting outcomes than programme content. A barrier to engagement was rolling programmes which meant group members were starting the programme at different times, making establishing a position in the group and developing relationships with other group members difficult. Consequently, how group members identify with and relate to the rest of the group as well as the ability to do so is important to their engagement.

9.2.1.3 Preparing for engagement and setting the scene
Facilitators planned sessions with co-facilitators in terms of how they were going to facilitate engagement, which included showing strengths and supporting the group, supporting each other, managing differences in planning requirements and how to cope with temporary facilitators. Some facilitators expressed a need for considerable planning while others felt they only needed a small amount of preparation. They had to negotiate and make compromises on how they wanted to work which proved to be problematic when working with different people, and particularly when working with temporary co-facilitators drafted in to cover absences. The working relationships between co-facilitators are likely to contribute to confidence in facilitating engagement in the same way that understanding programme content did. Just as group cohesion and a sense of shared identities was important to group members' engagement, the working relationships between co-facilitators was important to facilitating engagement.

An important task for facilitators in getting started was **setting the scene** which involved instilling perceptions of choice and focusing on group members, not offences. Drapeau et al. (2005) found that perceiving choice and autonomy in their treatment was important to sexual offenders' perceptions of

their treatment. Volitional factors have been conceptualised as internal determinants of treatment readiness (Ward et al. 2004) and although they might prove to be scarce among group members mandated to GOBPs, facilitators in the current research still attempted to take advantage of the therapeutic value of choice (Miller 1987). Facilitators made a point of *instilling perceptions of choice* as a means of **setting the scene** to deal with group members' initial resistance early on in GOBPs. Group members were encouraged to perceive choice in whether or not they attended solution-focused programmes, not because they needed to address a 'problem' but because of what they might stand to gain from attending the programmes. Facilitators therefore seem to intuitively recognise that group members' choices and actions as a result of those choices have an important positive influence on their motivation to engage.

Focusing on group members as people emerged as a strategy that helped to disarm resistant group members. *Knowing group members as people* provided a resource for this strategy which emerged in relation to accredited programmes but principally in relation to solution-focused programmes. This was consistent with the findings reported in Chapter 3 of positive associations between motivational interviewing (Westra and Dozois 2006), a solution-focused approach (Thompson et al. 2009) and engagement. It is also consistent with the good lives model, which is a strengths-based approach that focuses on how offenders can lead fulfilling and socially integrated lifestyles (Ward and Brown 2010). Within treatment, a focus on individuals' strengths is likely to harness facilitators' interpersonal qualities such as expression of affect (Burns and Nolen-Hoeksema 1991), motivation and interest in the client (Thompson et al. 2009, Tryon 1986, Tryon 1989a) more so than offence-focused approaches. A complex issue that facilitators of accredited programmes faced was that while these programmes tended to focus on offending behaviour, they were more able to relate to group members and facilitate engagement when they were focusing on group members as people. Consequently there may be a level of incompatibility between programme focus and the interpersonal style required by facilitators in order to facilitate engagement among group members.

9.2.1.4 Getting started: Implications for research
Research on change, group processes and social identities is of relevance to understanding engagement in GOBPs, but the TEGOBP draws attention to three particular areas that require further research:

i.   Ambivalence towards programmes and change involves the process of weighing up costs and benefits. However, ambivalence among group members may arise simply just by knowing they are about to attend a programme; i.e. change is about to happen on some level without them having necessarily contemplated it. To what extent ambivalence is still beneficial in settings where group members are mandated to treatment, and whether ambivalence that has arisen not from cognitive processes, but from curiosity combined with other emotional

responses to being referred on to a programme is of benefit to their engagement needs further attention;

ii. The current research indicated shared identities and group cohesion were of importance to engagement and while there is a wealth of research on social identity and social categorisation in relation to groups, little of this has been applied to how groups work together in GOBPs. A focus on the reasons for group members not identifying with the rest of the group, including the influence of treatment factors such as rolling programmes, and the extent to which non-identification has a detrimental impact on engagement warrants further enquiry;

iii. Co-facilitators' working relationships emerged as being important to facilitating engagement but there appears to be no existing research on this subject. As a positive working relationship between co-facilitators may contribute to their confidence in facilitating engagement, and in turn has an impact on group members' engagement, research is required to clarify which factors enhance or inhibit the development of a positive working relationship in GOBPs.

9.2.1.5 Getting started: Implications for practice

There are important implications for practice in relation to getting started, particularly as the earlier in the treatment process procedures and conditions are manipulated to enhance the likelihood of engagement the less effort facilitators will have to invest towards dealing with resistance. The TEGOBP draws attention to three particular procedures and strategies practitioners should consider:

i. Referral procedures need to take into consideration the likely ambivalence group members will be experiencing and enhance it where possible. Practitioners need to actively explore how group members feel about the prospect of attending a programme and encourage group members whom appear apprehensive to perceive benefits and equally encourage group members who appear overly optimistic to consider the efforts required to achieve change. For particularly resistant group members who have not considered the costs and benefits of treatment and change, enhancing ambivalence might be more a case of a 'nudge' to create curiosity about what the programme might involve. Information should be provided that is relevant to what group members' concerns or apprehensions are centred on, or information that might enhance curiosity and intrigue;

ii. The current research evidenced that group members were averse to being separated from 'friends' and identified themselves differently when they worked with different members of the group. Rolling programmes also created a barrier to engagement as group members starting the programme at different times was problematic to developing relationships. As shared identities and group cohesion are important to engagement, rolling programmes, and splitting up subgroups that have naturally formed may be counter to facilitating engagement.

iii.   Some facilitators intuitively instilled perceptions of choice in group members, which is compliant with strengths-based approaches but might prove difficult for some facilitators to communicate to group members who are mandated to an accredited GOBP. Facilitators need to consider strategies for instilling perceptions of choice as early as possible in order to minimise resistance.

9.2.2 Working

Working involved facilitators **establishing positions and roles, building engagement by personalising treatment frameworks,** and **moving on as a group.**

9.2.2.1 Establishing positions and roles and moving on as a group

Facilitators carefully *managed group members' impressions* of them because this was construed as particularly important to facilitating engagement. A fine but important balance needed to be achieved in terms of how much personal information facilitators revealed to group members about themselves. This seems to reflect controversy in the research whereby some researchers have proposed that therapists' self-disclosures facilitate the TA (Marshall et al. 2003) while others have argued that it detracts the focus in treatment away from the client (Karver et al. 2005). It seems from the TEGOBP that this controversy is a question of quantity; some self-disclosure from facilitators is required to develop a connection with group members, something they can identify with, but only a sufficient amount of information to serve this purpose should be disclosed. The current research indicated that facilitators were aware of the need for this balance and carefully managed group members' impressions of them by monitoring the amount of personal information they disclosed. However the rationale for not revealing too much of themselves emerged as being about maintaining sufficient distance and integrity in order to effectively align group members' knowledge and attitudes according with the aims of the programme, i.e. maintain their role as facilitator, rather than distracting the focus away from group members as Karver et al. (2005) argued.

How facilitators worked together and related to each other came under the close scrutiny of some group members in the current research. Group members attending domestic violence programmes in particular identified with co-facilitators who seemed to relate well to one another 'like a husband and wife'. According to social learning theory (Bandura 2004) individuals learn from observing pro-social or antisocial behaviour. Social learning theories have been drawn upon as causal explanations for sexual offending (Stinson, Sales and Becker 2008) and domestic violence offending (Mihalic and Elliott 1997) but seem to have had less of an intentional role in the design of treatment programmes despite the co-facilitation requirement of most GOBPs. However there appears to be some implicit awareness of the importance of co-facilitators portraying a positive and respectful working relationship, by explicitly supporting each other as well as group members. A positive working

relationship is likely to build facilitators' confidence which similarly to understanding programme content, would have an impact on facilitating engagement.

When facilitators managed group members' impressions of them, they made efforts to present themselves as one of the group. One way of achieving this was by encouraging group members to engage each other through sharing personal experiences and insights, indicating facilitators' awareness, as Day (1999) found, that group members' similar circumstances lead to inter-relations among group members that are more important than content, probably because it means they are engaged. In the current research it also emerged from group members' perceptions that engaging each other was a big part of moving on.

Two subscales of the Group Engagement Measure (Macgowan 2000) are contributing (participating in group activities) and working (on own problems and on others' problems). In the current research, group members revealed their reciprocal engagement took the form of participating in group discussions, sharing experiences and perspectives, exploring thoughts and feelings. This might be construed as participating in group activities but group activities did not explicitly emerge in the current research as relevant to engagement. However, the subscale of 'working' in the Group Engagement Measure focuses on the extent to which group members talk to others in ways that encourages them to focus on their problems and do constructive work on their problems (Macgowan 2000). The 'working' subscale was found by MacGowan and Levenson (2003) to be strongly correlated with group attitude and treatment satisfaction. In the current research, group members reported that one of the benefits from *working together as a group* was *learning from each other.* These 'working' efforts and insights were most likely the product of intra-group relations, shared social identities, and group cohesion. Therefore, and in support of research elsewhere (Beech and Fordham 1997, Day 1999) that has established the importance of the group environment to change, the group discussions *around* group activities seem to be of greater importance to engagement than the activities themselves.

As a consequence of shared identities and group cohesion, group members were encouraged to make self-disclosures within programme sessions. Self-disclosures in the literature review-based Figure of engagement represented an important in-session link between homework or out of session behaviours and participation in sessions (see Figure 9.2). It was argued that these self-disclosures presented an important opportunity for facilitators to explore group members' out of session efforts as a means of enhancing participation. In the literature reviewed in Chapter 4, Frost's (2004) argument that self-disclosure management styles were a key indicator of engagement was reported. It was further argued in the review that self-disclosure management styles may reveal treatment compliance, not engagement, and that not all programme approaches foster the need for self-disclosures of offending behaviour (Holdsworth et al. 2014).

In the current research there were mixed opinions about the function or need for self-disclosures. For group members attending an accredited domestic violence programme the group environment offered a safe place to make self-disclosures as a form of releasing pent-up frustration. However, there were *emotional fallouts* from having made self-disclosures that created a barrier to their engagement. Other group members attending solution-focused programmes saw self-disclosures as a hindrance to engagement and saw the lack of having to do so both a benefit and a relief. For these group members they felt they had been punished enough without having to disclose their offending behaviour to the rest of the group. However, from having observed these group members within programme sessions, it was apparent that they frequently engaged in discussions about their past - not because they were required to, but because they felt it was of benefit to moving on. Consequently how group members talked about their past and the function it served emerged as being of importance in terms of how it related to their engagement. The need to talk about issues may be so pressing that it needs to be aired in the safe environment of the group, but group members may implicitly perceive this 'need' from facilitators in relation to the programme approach. Self-disclosures regardless of the programme approach need to have some element of therapeutic value in terms of moving group members on rather than sustaining them in their troubled past, in order to be conducive to engagement.

9.2.2.2 Building engagement: Personalising treatment frameworks

Building engagement by personalising treatment frameworks emerged as one of the most important processes involved in facilitating engagement. Facilitators used group members' self-disclosures to gather personal information, or search for discrepancies as a means of developing *the 'hook'* and *making programmes relevant*. This seems to be a general task in facilitating engagement because *realising programme relevance* was an in-session driver for group members' engagement. In the literature reviewed on offender engagement in Chapter 4, no treatment factors were investigated that could be interpreted as related to personalising treatment, although findings indicated that programme content was irrelevant to attendance (Tapp et al. 2009). In the current research, programme content perceived as abstract was perceived by both group members and facilitators as a barrier to engagement. In Chapter 3 however, a study by Simpson and Joe (2004) was reported that investigated the effect of 'node-link mapping' which was a two-dimensional method counsellors used for representing personal issues that provided a visual focus for on-task attention, for both clients and counsellors. This cognitive mapping strategy was positively associated with the therapeutic alliance (Simpson and Joe 2004) and seems to be what facilitators in the current research were intuitively doing as a fundamental process in facilitating engagement. They improvised on programme content and created links between personal details group members had revealed and programme concepts. By personalising group members' treatment frameworks facilitators seemed to have been providing group members with a cognitive schema that they could continually use to interpret and make sense of

programme content (i.e. an in-session driver for engagement). Making programmes relevant also developed a treatment rationale for group members' continued attendance.

Fundamental to personalising treatment and making programmes relevant was the development of *'the hook'*, which was similar to the therapeutic alliance (discussed in Section 9.1.2). Facilitators *selectively attended* to personal information they deemed to be of relevance to the programme and it emerged as being important that the 'right' personal information was attended to. Focusing on the wrong personal information was construed by facilitators as an easy mistake to make but damaging to engagement. But in an attempt to find a 'way in', and in the absence of being able to perceive relevant personal information, one facilitator reported *using discrepancies* in group members' accounts to establish *'the hook'*. The facilitator encouraged group members to talk until a discrepancy emerged that revealed a desire to change, which the facilitator then used as a 'way in'. Developing discrepancies in clients' accounts is a motivational interviewing strategy (Westra 2012) which helps clients to explore inconsistencies between their current behaviours and values. This strategic use of group members' discrepancies as a way in seems to have been intuitively employed by the facilitator, which may have encouraged the type of ambivalence reported by some of the group members in the research, which in turn may be the sort of ambivalence associated with contemplating change (Prochaska and DiClemente 1982).

9.2.2.3 Working: Implications for research

Research on social learning as well as the Group Engagement Measures (Macgowan 2000) that details different types of 'working' were useful to interpreting the process of 'working' in the TEGOBP, but there are particular features of the theory that indicate further research is required in relation to the relevance of self-disclosures, cognitive strategies, and developing discrepancies to engagement:

i. Group members perceived a need to make self-disclosures which represented an important function in relation to acknowledging and accepting. However, perceptions of the need to make self-disclosures differed among group members, seemingly according to the programme approach. Research needs to more closely look at how self-disclosures are important to engagement and the change process and what encourages or inhibits self-disclosures (please also see the second point under Section 9.4.5);

ii. Facilitators personalised treatment by making programmes relevant to group members. Only one study appears to have investigated the effectiveness of node-link mapping strategies and its associations with engagement, but this appears to be a useful strategy for developing relevance and enhancing engagement, and therefore requires further investigation;

iii. The use of developing discrepancies is a powerful motivational interviewing tool, and may be inadvertently employed by some facilitators of GOBPs. The extent to which discrepancies in

group members' accounts are identified and developed within GOBPs and what effect this might have on engagement needs to be considered in future research.

9.2.2.4 Working: Implications for practice

'Working' represents the central process of engagement according to the TEGOBP and there are four subtle but important factors that should not be overlooked and require practitioners' attention:

i. Group members appear to be perceptive to the working relationships between co-facilitators and it seems to have an influence on their engagement. Although logistically challenging for some providers, where ever possible, positive relationships between co-facilitators that have evidenced a proven track record in the delivery of GOBPs should be maintained in the interests of facilitating engagement;

ii. Group members' discussions around activities rather than activities themselves are more important to engagement; hence the importance of allowing time for these discussions within programme sessions should not be over-looked;

iii. Self-disclosures may be important turning points in *some* group members' engagement but they might lead to emotional fallouts that require carefully managing. Self-disclosures might be more meaningful if they are encouraged but not required and left to group members to determine whether making self-disclosures (and in relation to what) is of benefit to helping them move on;

iv. Facilitators might take advantage of group members' self-disclosures to identify personally meaningful information about group members that will help to establish a hook, but in the absence of any such information, and even when there is such information facilitators should consider identifying and developing discrepancies in group members' accounts in order to encourage contemplation for change.

9.2.3 Getting somewhere

Getting somewhere involved facilitators **recognising and sustaining** group members' engagement. It also involved the important turning point in group members' engagement of **acknowledging and accepting**, then **taking the initiative** and **making changes**.

9.2.3.1 Recognising and sustaining engagement

Facilitators revealed a variety of cues for group members' engagement that ranged from explicit reports of making changes in between sessions to implicit cues such as actively listening and asking questions. However some facilitators' perceptions of engagement were confined to what they observed within sessions, relegating any efforts group members made to apply programme concepts as beyond their remit in facilitating engagement. Whether group members had changed was

constructed as 'another question' or 'another matter'. This was not the case for all facilitators though, as some made efforts to encourage group members to explore their efforts between sessions towards change. However, this did not emerge as a systematic process – exploring group members' between session efforts towards change seemed to be a response to anecdotal information offered by group members. Observations of solution-focused programmes however evidenced facilitators' routine and systematic procedure for discussing group members' between session efforts to work on their personal goals. Each group member' efforts towards goal work were a source of discussion that was a feature of every programme session.

However when engagement within sessions was in evidence, facilitators sustained it by exploring and staying in the moment to capture and reveal important points through discussions that were helping group members to move on. In the literature review of non-offender engagement reported in Chapter 3, affirming statements and listening reflectively (Boardman et al. 2006) and asking open-ended questions (Moyers, Miller and Hendrickson 2005), a motivational interviewing strategy, were positively associated with engagement. Similarly to the motivational interviewing strategy of developing discrepancies, some facilitators seemed to have been intuitively employing these sorts of strategies as a means of facilitating engagement. Programme tutors are trained in Motivational Interviewing in preparation for delivering GOBPs but it was not clarified how many of the participants in the research had received such training. A particular problem facilitators identified was that exploring and staying in the moment was what they were doing when they were really engaging group members, but the rigidity and prescriptive nature of some programmes prevented them from being able to achieve this. As offenders have also complained about programmes being too rigid (Drapeau et al. 2005) it can be concluded that an overly rigid structure is problematic to engagement.

9.2.3.2 Acknowledging and accepting

Acknowledging and acceptance was a consequence of having made self-disclosures within sessions. For some group members making self-disclosures or the use of Geese theatre and group discussions encouraged them to come to terms with the past helped them gain an insight into their offending behaviour. This in turn enabled them to see events differently, to break down the events that led up to their offending behaviour. They reconciled witnessing domestic violence, or being a victim of childhood abuse with their subsequent offending behaviour. Although not explicitly the case for each group member, there was evidence from at least one group member that coming to terms with his past had helped him move on.

Coming to terms with the past and offending behaviour involved emotional upset and reflection, as opposed to explicit active behaviours in treatment that would be easily noticed by facilitators. Levenson (2014) argued that early trauma from early adverse experiences, can lead to abusive behaviours and that clinicians should consider trauma-informed care. Acknowledging and accepting

in the current research evidenced part of the engagement process that occurred between sessions, and therefore unnoticed by facilitators. Making self-disclosures sometimes resulted in emotional fallouts that posed a barrier to attendance. Therefore the role of acknowledging and accepting in the process of engagement may depend on whether it is perceived by group members as necessary for them to be move on, but also whether facilitators incorporate care and support for self-disclosures, and for acknowledging and accepting, as part of treatment.

A popular intermediate treatment target for GOBPs, particularly sexual offender treatment programmes has been for group members to accept responsibility for their offending behaviour, even though the research has yet to establish that failing to accept responsibility for offending behaviour is a risk factor for recidivism (Ware and Mann 2012). However, in the literature review of offender engagement in Chapter 4, lower rates of denial were reported as being positively associated with participation and counsellor rapport (Greaves et al. 2009, Macgowan and Levenson 2003). Therefore acceptance may be important to engagement to some degree, even though it may not translate to recidivism. In the current research a group member attending a sexual offender treatment programme reported 'going through the motions' and conveying involvement to satisfy facilitators' requirements (see *getting through it*, Section 9.1.1.1). Consequently group members are capable of demonstrating involvement and possibly acceptance of responsibility if there is an explicit expectation of this within programme sessions.

The question remains, however, as to whether genuine acceptance is part of the engagement and change process. The importance of engagement to treatment effectiveness (McMurran and Ward 2010, Scott and King 2007) may help towards establishing a clear line between punishment and treatment. This is an argument that may also apply to the question of whether or not acceptance forms an important part of the engagement process, and whether it is necessary for change. The current research suggests that it may be the case for some group members, but not for others. Acknowledging and accepting was a consequence of self-disclosures, which were important to some group members but not those attending solution-focused programmes. Maruna and Mann (2006)argued that offenders should be encouraged to accept responsibility for their future rather than their past. However some group members attending solution-focused programmes did make self-disclosures but on their own terms, i.e., they did not perceive an obligation to do so. In conjunction with the capability of some group members to feign involvement in sexual offender treatment programmes, it would appear that genuine acknowledging and accepting *may* be an important turning point in the engagement process for some group members, but only if it is determined by them, and not the programme, as important to moving on.

9.2.3.3 Taking the initiative: Making changes

Taking the initiative portrayed what group members did in between sessions that evidenced what they were doing about moving on. Group members were *making changes* as a result of their emotional and behavioural efforts towards moving on. For some group members, making changes was a product of forming relationships with group members and having acknowledged and accepted past events. The changes group members made strengthened the internal engagement driver of *feeling progress,* through a sense of getting somewhere, which in turn encouraged them to continue making changes. The act of making changes made group members feel as though they were 'getting there', which reinforced the nature of their engagement as moving on.

Only one study reported in the literature review on non-offender engagement in Chapter 3 assessed change in relation to engagement and found that taking steps toward alcohol-use behaviour change was associated with higher rates of attendance (Collins, Malone and Larimer 2012). The fact that only one of the total 128 studies reviewed in Chapters 3 and 4 investigated a proxy for change in relation to engagement reflects that change within the context of interventions research is considered an outcome of engagement as opposed to part of the engagement process. However, change can be conceptualised as both a process and an outcome – 'changing' or 'changed'. Change as an outcome may reflect the degree or extent of change; such as reductions in aggression or anger, but the change process may reflect the efforts towards achieving these outcomes, such as self-soothing strategies or altering behavioural patterns that typically precede anxiety or anger. As facilitators (apart from those delivering solution-focused programmes) only explored evidence of change in response to group members' anecdotal reports, this suggests facilitators too tended to regard change as an event that *may* occur after engagement in treatment, as opposed to a process that is integral to the process of engagement.

9.2.3.3 Getting somewhere: Implications for research

The existing change research is useful for interpreting this latter process of engagement but the TEGOBP also highlights there is a need for research to develop tools for making connections between treatment engagement and change. In particular, the TEGOBP points to research in three particular areas:

i.   Noticing evidence of engagement may require systematic exploration but this was not always the case in the current research. Research needs to develop an in-session systematic procedure for noticing evidence of engagement and exploring it, particularly with a focus on developing links between group members' efforts in between sessions to programme content and their in-session efforts;

ii.   Acknowledging and accepting as a result of self-disclosures was an important turning point in engagement for some group members but not others. It was concluded from the TEGOBP that genuine acknowledging and accepting may be an important turning point in group members' engagement only if it is determined by them, and not the programme, as important to moving on. Further research is warranted to investigate this further, particularly in relation to the role of self-disclosures in engagement in GOBPs;

iii.   Change is frequently regarded as an outcome of engagement but there is a change process that leads to these outcomes. Research assessing engagement and evaluating treatment effectiveness should focus on developing in-session measures of both engagement and change. Not only would this help develop a greater understanding of how to conceptualise the process of engagement and the process of change in relation to one another, but in-session assessments would be of use to facilitators wanting to capture early on in treatment the degree to which group members are engaged in change and then revise (wherever possible) the remainder of treatment accordingly.

9.2.3.4 Getting there: Implications for practice

Perhaps the most important implications for practice are those in relation to 'getting there'. Treatment engagement and change should not be conceptually separated, but considered one and the same. The TEGOBP indicates four important implications practitioners, facilitators, and developers of GOBPs need to consider in the interests of making GOBPs effective:

i.   Facilitators need to be encouraged to perceive that for group members, engagement can exist in between sessions as well as within sessions and that this is even more likely to be the case if facilitators routinely and systematically search for any evidence of engagement. They need to help group members develop connections between the programme and efforts they may be making in between programme session towards change, no matter how small these efforts may seem;

ii.   Programmes that have rigid session schedules or are overly prescriptive create barriers for facilitating engagement. Facilitators need opportunities to work flexibly with group members; to be able to improvise and explore what they intuitively perceive is relevant to group members' engagement;

iii.   Some, but not all, group members may need to acknowledge and accept responsibility for their offending behaviour as a part of their engagement. It is likely that if group members are forced to accept responsibility but have not reached a point where they are willing to do so, or acceptance is either irrelevant or counter to their engagement and moving on, they will either become resistant to treatment or may portray acceptance to facilitators in order to satisfy the

programme requirements. In the spirit of personalising treatment, facilitators should provide opportunities for group members to go through the process of acknowledging and accepting along with the necessary emotional support that may be required , such as trauma-informed care (Levenson 2014), but allow group members to make the decision as to whether or not this is needed to move on;

iv.   The changes targeted through programmes occur as a consequence of a process of change, which exists throughout the treatment process, and is likely to be dictated by the extent to which group members are engaged in programmes. Group members' efforts in between sessions, no matter how small, evidence this change process it taking place. This change process can be encouraged to lead to greater outcomes if it is focused on within programme sessions by *routinely and systematically* looking for, and then exploring, group members' accounts of their efforts towards change. Praising these efforts, as well as simply providing group members with the opportunity to reflect on what they have achieved within sessions, will strengthen their motivation to continue to make positive changes.

9.3 Methodological reflections and research limitations

In Part One, the aim of the literature reviewers was to establish how has been operationally defined and assessed; and which client or offender characteristics, therapist characteristics, and treatment factors are associated with engagement. The parameters of the reviews were based on the definitions researchers have employed for engagement and therefore are limited to how engagement has been formerly conceptualised. The development of the TEGOBP in Part Two following these reviews, sheds light on limitations to their inclusiveness of relevant research, which may have been extended to capture studies investigating the therapeutic alliance, which emerged throughout this research as being the cornerstone of engagement. Furthermore, group process such as *'Establishing a position in the group'* and '*Engaging each other as a group'* were integral to the TEGOBP but are rarely regarded as proxies for engagement (with the exception of the Group Engagement Measure: Macgowan 2000). In future, researchers should consider capturing research germane to core features of engagement such as the therapeutic alliance and group processes, but which are not always explicitly employed as proxies for engagement.

In Part Two, the use of a constructivist grounded theory methodology was essential to generating theory and providing detailed insights and depicting the nuances in the nature of engagement in GOBPs. However, qualitative approaches are unable to provide the high levels of objectivity that some researchers and practitioners seek. For this reason steps were taken to ensure that the methodology adhered to the guidelines proposed by Shenton (2004) for achieving research trustworthiness (reported in Chapter 2, Section 2.5). In particular, the triangulation methodology

involved analysing data from both interviews and observations of sessions. The use of these methods in concert exploited their strengths (Brewer and Hunter 1989) and contributed towards credibility (the equivalent of internal reliability), dependability (test re-test reliability), and confirmability (objectivity). Triangulation proved a key criterion for confirmability (Miles and Huberman 1994) because data from interviews and observations provided important opportunities for corroborating my analysis and interpretation of the data. In particular, observing sessions enabled me to mentally orient myself within GOBPs and provided important background and contextual data to help inform the interpretations of interview data. Furthermore, observing sessions also led to refinements of the interview schedules. For instance having observed a number of sessions of the Women's Group and seeing some participants' frustrations when other group members were talking for a long time, I enquired about this during interviews. Thus, more than just providing data, observing sessions provided me with important insights in terms of what to focus on during interviews.

The one aspect of research trustworthiness that might not be entirely fulfilled was transferability (generalisability), Engagement in GOBPs is embedded within its general context and therefore the TEGOBP can only be fully understood within the context of the GOBPs investigated in this research. There are a range of offending behaviour programme settings (prison, community) and programme factors (length, aims) and not all of these variations are accounted for here. Firstly, the TEGOBP may not explain engagement in prison-based GOBPs, particularly as offenders' between session environments emerged as a key factor in relation to their engagement. Secondly, there was a mix of GOBPs, including five different accredited programmes ranging in length from 16 sessions (Drink Impaired Driving Programme) to 38 sessions (Sex Offender Treatment Programme) , non-accredited offence-focused programmes, and brief solution-focused programmes (lasting 12 sessions). The group members also varied in levels of risk (low to medium for non-accredited programmes, medium to high for accredited programmes), type of offence (violent, sexual), and the sample included both males and females. While this represents a good cross-section of GOBPs and group members, there are other treatment contexts this research does not account for, such as youth offending treatment programmes or substance abuse; the latter of which has attracted a great deal of engagement research because of inherent problems engaging this client group (Simpson et al. 2004). Therefore there are limits of the GOBP contexts which mean that the TEGOBP may not translate to all other similar contexts. Consequently the transferability of the TEGOBP might be inferred, but only established through further enquiry. There are also more specific limits of the context of the TEGOBP which relate to the sample and data collection procedures.

9.3.1 Sample

Facilitators and group members taking part in the research were an opportunistic sample because of previous collaborations between Coventry University and the four probation trusts. A further limitation of the sample was that group members interviewed were attending or had recently

completed programmes. It is perhaps the case that these particular group members may have felt generally positive about the programme and that was a reason for taking part in the research. Group members feeling less positive about the programme might have been less likely to volunteer for the research. Furthermore, dropping out of programmes is a significant issue for most GOBPs and knowledge as to why offenders drop out is of importance to understanding engagement. However, the nature of this issue makes recruiting these offenders problematic. No particular attempts were made in this research to recruit offenders who had dropped out of treatment but efforts should be made in future research to develop ways around recruitment issues.

9.3.2 Interview schedules

The interview schedule was semi-structured and comprised 'grand-tour' and 'mini-tour' questions that were employed to encourage participants to talk through sessions and particular aspects of sessions in ways that would reveal the nature of their engagement. While this was revealing of in-session experiences, the interview schedule did not comprise questions deigned to encourage participants to talk through their between session experiences in relation to programmes. At the time of data collection, the literature reviews comprising Chapters 3 and 4 were still in progress. The importance and relevance of out of session behaviours had not been fully realised and therefore not incorporated within the interview schedules. However, particularly for group members, this would have generated greater knowledge about their between session engagement which in the current research, was only explored when group members referred to it anecdotally.

9.3.3 Session observations

A general limitation of observing sessions might have been that participants may have felt they were being assessed. A more particular issue was that some of the sessions observed were of a solution-focused programme developed by Coventry University for one of the probation trusts who took part. The facilitators being observed were aware of this and while they were fully aware of the purposes of this research and provided their full consent, it cannot be ruled out that they may have felt they were being assessed in their ability to deliver the programme. This may then have influenced how they worked with the group. Furthermore, this observation was of the first delivery of the new solution-focused programme. Facilitators would not have been as familiar with the programme in comparison with the facilitators delivering the accredited Thinking Skills programme observed, who had been delivering the programme for some time and therefore familiar with it.

A non-participatory informal method of observation was selected for this research. During the observation of one programme session I pointed to a poster on the wall, containing information on a group member to aid one of the facilitators who was searching for information. This action was construed by one of the group members as my participation. The group member questioned my role in observing the sessions, and the decision was made to terminate the observation of the programme

(this issue is also reported in Chapter 2 and details are in appendix 19). In retrospect, while greater adherence may have been required on my part, the non-participatory, informal method was the most appreciate for this research.

9.4 Conclusions

GOBPs, regardless of offence type, programme philosophy and treatment approach, are tasked with reducing reoffending by changing how offenders think and behave. These behavioural changes represent programme outcomes, but it seems to be the case that while engagement is not an ultimate outcome, it is an intermediary outcome. In other words, it is perhaps indisputable that offenders need to be 'engaged' in order for behavioural changes to occur as a result of GOBPs. Consequently, on-going investments in the development, or redevelopment, of GOBPs in order to maximise their effectiveness in reducing reoffending are futile, unless they are based on the principles of engagement.

It was established within Part 1 of this thesis that even though engagement is important to the effectiveness of GOBPs, researchers have done little so far to clarify what the nature of engagement constitutes in order to inform practice. This appeared to be the case across clinical settings for both offenders and non-offenders, despite the wealth of research and theory on motivation to change and the process of change. Research has featured inadequate and inconsistent definitions of engagement, sometimes employing unreliable proxies and assessing client or offender characteristics, such as demographics, which have proven to offer little value in predicting engagement. However, some researchers have provided a useful starting point by conceptualising engagement as participation and out of session behaviours; clients' or offenders' efforts within and between sessions towards treatment. It has also been clear from the existing research how nuanced the associations are between offender characteristics, particularly psychosocial variables and engagement proxies, and the importance of the therapeutic relationship to the engagement process.

A function of Part 1 was to organise and characterise the role of engagement proxies in the existing research and clarify lapses and limitations in engagement conceptualisations that the TEGOBP developed in Part 2 could address. The TEGOBP offers four distinct developments in how engagement should be conceptualised, as well as a more fine-grained characterisation of some of the engagement variables employed in the existing research. The distinct developments are that firstly, prior to this research, facilitators' engagement in GOBPs had not been researched, but according to the TEGOBP group members' engagement and facilitators' engagement are inseparable, and should only be conceptualised in conjunction with one another. Secondly, determinants of engagement do not only precede engagement, they are reciprocally related to the engagement process, becoming reinforced and therefore targets for treatment. Thirdly, attendance should be *assumed* within any

conceptualisation of engagement rather than considered as a reliable proxy for engagement. Engagement cannot occur without the minimum requirement of attendance (at some level), and therefore alone, attendance does not constitute engagement. Lastly, the TEGOBP emphasises the importance of what occurs *between* programme sessions as being an essential part of the engagement process. In turn this highlights the fundamental problem with conceptualising engagement within sessions as distinct from group members' engagement in change. Efforts towards change occur outside of programme sessions - therefore engagement in sessions and efforts between sessions must be clearly linked as a central part of the treatment process in order to maximise engagement and effect change.

The TEGOBP provides greater detail on what group members' efforts in and between programme sessions involves, what drives these efforts, and details concerning the task of facilitating engagement and the associated resources for achieving this task. The theory also reveals barriers that prevent both facilitators' and group members' engagement which require attention in research and practice. Engagement should take centre stage in the design and development of GOBPs and the relevant referral procedures. The TEGOBP indicates that motivating, informative referrals that instil perceptions of choice in group members are important to initiating engagement and minimising the potential for resistance. Strengths-based or group member-focused as opposed to offence-focused approaches, and programmes that provide sufficient flexibility for facilitators to respond to who they have in front of them, are more conducive to building engagement. Facilitators who 'listen' and 'care' rather than challenge, are what drives group members' engagement. To this end, facilitators need research-informed training, support, on-going supervision, as well as recognition of their important, therapeutic role in facilitating engagement from programme providers.

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Appendices

Appendix 1. Coventry University Ethics Acceptance

Dear Sir/Madam

Researcher's name: **Emma Holdsworth**
Project Reference: **P6777**
Project Title: **Offender and facilitators' engagement with offending behaviour programmes**

The above named applicant has successfully completed the Coventry University Ethical Approval process and received authorisation for her project to proceed.

I should like to confirm that Coventry University is happy to act as the sole sponsor for this applicant and attach details of our Public Liability Insurance documentation.

With kind regards

Yours faithfully

Joanna Hemming

Administrative Assistant/Receptionist

Appendix 2. NOMS Ethical Approval

National Offender Management Service
National Research Committee
Email: National.Research@noms.gsi.gov.uk

Ms Emma, V. Holdsworth

Post PhD student

Coventry University   :

Priory Street

Coventry

CV1 5FB

aa7076@coventry.ac.uk

martinemma@sky.com

30 November 2012

APPROVED SUBJECT TO MODIFICATIONS – NOMS RESEARCH

Dear Ms Holdsworth

Title: 195-12 b

Reference: Offender and facilitators' engagement with offending behaviour programme

Further to your research application to the NOMS National Research Committee (NRC), the Committee is pleased to grant approval in principle for your research. The Committee has requested the following modifications/information:

- The NRC recommends that the observations of the offending behaviour programmes are recorded and analysed, maximising the value of this stage of the project and enabling clear links to be made between the observational data and the interview data. An information sheet and consent form will be required.
- If it is not known whether the approached facilitators are representative of all facilitators at the trusts, this should be recognised in the final reports.
- Please could you clarify the offender target group – those on any type of OBP or only violent/ domestically violent offenders?
- **Offenders' participant information sheet and consent form**

- o Research participants should be made aware of the requirement that researchers are under a duty to disclose to probation trusts if an individual discloses information that either indicates a risk of harm to themselves or others or refers to a new crime that they have committed or plan to commit.
- o Participants should be asked to direct any requests for information, complaints and queries through the Probation Trust. Direct contact details should be removed.
- How will the data be transported and stored? Why will the data be kept for seven years? Under the NOMS Agency Research Applications Instruction (para 3.42) data should normally be kept for twelve months, but this "can be extended by agreement with NOMS, e.g. when the research is to be published and the scientific journal requires the original data to be kept for a longer period".

Before the research can commence you must agree formally by email to the NRC (National.research@noms.gsi.gov.uk), confirming that you will comply with the terms and conditions outlined below and the expectations set out in the NOMS Research Instruction

http://www.justice.gov.uk/downloads/offenders/psipso/psi-2012/psi-13-2012-research-applications.doc

If probation trusts are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. *Please note that NRC approval does not guarantee access to trusts; access is at the discretion of the Chief Executive and subject to local operational factors and pressures). This is subject to clearance of vetting procedures for each trust.*

Once the research is completed, and received by the NRC Co-ordinator, it will be lodged at the Prison Service College Library.

Yours sincerely

National Research Committee

National Research Committee - Terms and Conditions

All research

- **Changes to study** - Informing and updating the NRC promptly of any changes made to the planned methodology.
- **Dissemination of research** The researcher should prepare a research summary for NOMS (approximately three pages; maximum of five pages) which (i) summaries the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for NOMS decision-makers. It should be submitted to the NRC alongside the NRC project review form (which covers lessons learnt and asks for ratings on key questions). Provision of the research summary and project review form is essential if the research is to be of real use to NOMS. The report should use language that an educated, but not research-trained person, would understand. It should be concise, well organised and self-contained. The conclusions should be impartial and adequately supported by the research findings. Further guidance on the format of the report is available on request.
- **Publications -** The NRC (National.research@noms.gsi.gov.uk) receiving an electronic copy of any papers submitted for publication based on this research at the time of submission and at least one month in advance of the publication.
- **Data protection** - Compliance with the requirements of the Data Protection Act 1998 and the Offender Management Act 2007-
    - http://www.legislation.gov.uk/ukpga/2007/21/contents
    - http://www.legislation.gov.uk/ukpga/1998/29/contents

  Researchers should store all data securely and ensure that information is coded in a way that maintains the confidentiality and anonymity of research participants. The researchers should abide by any data sharing conditions stipulated by the relevant data controllers.

- **Research participants -** Consent must be given freely. It will be made clear to participants verbally and in writing that they may withdraw from the research at any point and that this will not have adverse impact on them. If research is undertaken with vulnerable people – such as young offenders, offenders with learning difficulties or those who are vulnerable due to psychological, mental disorder or medical circumstances - then researchers should put special precautions in place to ensure that the participants understand the scope of their research and the role that they are being asked to undertake. Consent will usually be required from a parent or other responsible adult for children to take part in the research.
- **Termination** - NOMS reserves the right to halt research at any time. It will not always be possible to provide an explanation, but NOMS will undertake where possible to provide the research institution/sponsor with a covering statement to clarify that the decision to stop the research does not reflect on their capability or behaviour.

Research requiring access to prison establishments and/or probation trusts

- **Access -** Approval from the Governor of each establishment / Chief Executive of the probation trust you wish to research in. (Please note that NRC approval does not guarantee access to establishments/trusts; access is at the discretion of the Governor/Chief Executive and subject to local operational factors and pressures). This is subject to clearance of vetting procedures for each establishment/trust.
- **Security** - Compliance with all security requirements.
- **Prison Service -** Researchers are under a duty to disclose certain information to the Prison Service. This includes behaviour that is against prison rules and can be adjudicated against (see Section 51 of the Prison Rules 1999), illegal acts, and behaviour that is harmful to the research participant (e.g. intention to self-harm or complete suicide). Researchers should

make research participants aware of this requirement. The Prison Rules can be accessed here and should be reviewed:
http://www.justice.gov.uk/downloads/guidance/prison-probation-and-

rehabilitation/psipso/PSO_0100_the_prison_rules_1999.doc

- **Probation Trusts -** Researchers are under a duty to disclose to probation trusts if an individual discloses information that either indicates a risk of harm to themselves or others or refers to a new crime that they have committed or plan to commit. Researchers should make research participants aware of this requirement.

Appendix 3. Facilitator Participant Information Sheet for Interviews

Participant Information Sheet

1. **Invitation**

My name is Emma Holdsworth and I am a post-graduate student. You are being invited to take part in a research study. Before you take part, it is important for you to understand why this research is being conducted and what it will involve. Please read the following information carefully, and feel free to ask if there is anything that is not clear or if you would like further information.

2. **What is the purpose of the study?**

This study is being carried out as part of a PhD which is about offender and facilitator's engagement with offending behaviour programmes. Research has shown that the engagement of offenders with intervention programmes is important in achieving positive outcomes from intervention. However, very little research has been carried out regarding facilitators' perceptions of offending behaviour programmes and their engagement with the offending behaviour programmes they deliver.

The aim of this study is to explore and gather important information about facilitators' perceptions of offending behaviour programmes, and the nature of their engagement with offending behaviour programmes. The importance of the clinician or counsellor's role in bringing about psychological change has been well established in clinical and counselling psychology, but has yet to be established within forensic psychology. It is hoped that this research will contribute to our understanding of the facilitators' role in offender intervention, and the importance of facilitators' engagement with offending behaviour programmes. Ultimately the aim of this research is to develop a theoretical model of engagement. It is hoped that this may be used to inform practice, training, and intervention programme planning.

3. **Why Have I been asked to take part?**

The reason you have been requested to take part is because you are an employee of a Probation Trust. You will have had some experience in delivering offending intervention programmes (accredited and / or non-accredited) which is the focus of the study. Therefore if you are willing to be interviewed you will make a valuable contribution to the study.

4. **Do I have to take part?**

No. At any point before or during the interview you can withdraw from the study and any data recorded up to that point will be destroyed. Withdrawal is possible up to (Deadline), which is two weeks following the conclusion of the data collection sessions. You can withdraw by contacting me using the email address stated below. Please note that your participation number is stated below, which you should quote in any communication should you wish to withdraw. In this circumstance, the relevant data will be removed and destroyed. There are no consequences if you decide to withdraw from the study.

5. **What will happen to me if I take part?**

If you decide to take part you will need to sign the consent form that is with this information sheet. You will be asked to take part in an interview which will last approximately 30 – 45 minutes and will be audio recorded. The nature of the interview is semi-structured so there isn't a specific set number of questions that need to be answered but there are a number of points that will be raised in relation to your experience of delivering offending behaviour programmes. If at any point during the interview you wish to take a break, you may do so by verbally indicating to me your requirement.

6. **What are the possible disadvantages for taking part?**

The process of discussing your experiences in delivering offending behaviour programmes may

awaken unsettling memories which you may find distressing. If this occurs at any point during the interview, you should indicate to me (either verbally or by raising your hand) that you wish to stop the interview and withdraw from the study.

7. **What are the possible benefits of taking part?**
There is no intended benefit to individuals taking part in this research. However your contribution to this research will generate an understanding of the process of engagement from the perspective of facilitators within offending intervention programmes. This will ultimately assist with the development of offending behaviour programmes and the training of facilitators.

8. **What if something goes wrong?**
As previously mentioned you are fully entitled to withdraw from the study at any point up until the deadline (date) by contacting me using the email address stated below. Please note your participation number stated below in any communication so that the relevant data can be removed and destroyed. Once again, there are no consequences if you decide to withdraw from the study.

9. **Will my taking part in this study be kept confidential?**
Your data will be audio-taped for transcription but will remain anonymous. Following transcription the audio recordings will be destroyed but the transcriptions themselves will be kept in a locked filing cabinet, which is compliant with the Data Protection Act 1998 procedures for handling, processing, storage and destruction of data. Some of the data will be included in the write-up of the study, therefore others will read it. However your anonymity is guaranteed because you have been allocated a participant number. This means that your identity does not need to be recorded and can therefore not be revealed within any published data.

10. **What will happen to the results of the research study?**
The analysis of the data collected from the interviews will be written up and presented as part of a PhD thesis. If the analysis proves to be unique, it may also be presented at academic conferences and / or written up for publication in peer reviewed academic journals. In this case please be reminded of the guarantee of your anonymity. If you would like a copy of the final study, please let me know by e-mailing me at the address below after (date).

11. **Who is organising and funding the research?**
The research is organised by me; Emma Holdsworth, and I am a PhD student of the Department of Psychology and Behavioural Sciences at Coventry University. This project is funded by Coventry University.

12. **Who has reviewed the study?**
The Coventry University Research Ethics Committee has reviewed and approved this study.

13. **What if there is a problem?**
Any complaint about the way you have been dealt with during the study or any harm you might suffer will be addressed. If you have a complaint or a concern, you can raise this with me in the first instance (contact details are below) and I will do my best to answer your queries. If you remain unhappy or wish to complain formally, you can do this through the University Complaints Procedure or by contacting:

Prof. Ian Marshall
Room RC104
Coventry University
Priory Street
Coventry
CV1 5FB

Contact for further information

Emma Holdsworth
emma.holdsworth@coventry.ac.uk

Participation No._____

Please retain this participant information sheet for your own records.

THANK YOU
Thank you for taking the time to read this information and for considering taking part in this study.
Your contribution to this research is valuable and greatly appreciated.

Appendix 4. Group Member Participant Information Sheet for Interviews

Participant Information Sheet

1. **Request to be interviewed**
Your permission to be interviewed about your experience of an offending behaviour programme is requested. Before you agree, it is important for you to understand why this research is being conducted and what it will involve. Please read the following information carefully, and feel free to ask if there is anything that is not clear or if you would like further information.

2. **What is the purpose of the study?**
This study is being carried out as part of a PhD which is about offender and programme tutor engagement with offending behaviour programmes. Research has shown that the engagement of participants with offending behaviour programmes is important for programmes to work.

The aim of this study is to explore and gather important information about how participants engage with offending behaviour programmes. It is hoped that this research will help us to understand what engagement is about, and how to maximise engagement.

3. **Do I have to take part?**
No. At any point before or during the interview you can withdraw from the study and any data recorded up to that point will be destroyed. Withdrawal is possible up to (Deadline), which is two weeks following the conclusion of the data collection sessions. You can withdraw by contacting your offender manager. Please note that your participation number is stated below, which you should quote in any communication should you wish to withdraw. There are no consequences if you decide to withdraw from the study.

4. **What will happen to me if I take part?**
First you will need to sign the consent form. You will be asked to take part in an interview which will last approximately 30 – 45 minutes and will be audio recorded. If at any point during the interview you need to take a break; please ask.

If you agree to take part please be aware that I, the researcher, am under a duty to disclose to probation trusts if an individual discloses information that either indicates a risk of harm to themselves or others, or refers to a new crime that they have committed or plan to commit.

5. **What are the possible disadvantages for taking part?**
The process of talking about your experiences in attending the programme/s may make you recall something which unsettles you. If this happens at any point during the interview, you should let me know (either by saying so or by raising your hand) that you wish to stop the interview and withdraw from the study. If this happens you are advised to contact your offender manager for support and to discuss any concerns you may have.

6. **What are the possible benefits of taking part?**
There is no intended benefit for taking part. However you may find it beneficial to voice your opinions about your experiences with offending behaviour programmes. Your contribution will enable a greater understanding of the process of engagement with programmes. This may then contribute towards the development of offending behaviour programmes which will benefit future programme participants.

7. **What if something goes wrong?**
As previously mentioned you are fully entitled to withdraw from the study at any point up until the deadline (date) by contacting your offender manager. Please note your participation number stated below in any communication so that the relevant data can be removed and destroyed. Once again, there are no consequences if you decide to withdraw from the study.

8. **Will my taking part in this study be kept confidential?**
Your data will be audio-taped for transcription but will remain anonymous. Following transcription the audio recordings will be destroyed but the transcriptions themselves will be kept in a locked filing cabinet, which is compliant with the Data Protection Act 1998 procedures for handling, processing, storage and destruction of data. Some of the data will be included in the write-up of the study, therefore others will read it. However your

anonymity is guaranteed because you have been allocated a participant number. This means that your identity does not need to be recorded and can therefore not be revealed within any published data.

9. What will happen to the results of the research study?
The analysis of the data collected from the interviews will be written up and presented as part of a PhD thesis. If the analysis proves to be unique, it may also be presented at academic conferences and / or written up for publication in peer reviewed academic journals. In this case please be reminded of the guarantee of your anonymity.

10. Who is organising and funding the research?
The research is organised and funded by the Department of Psychology and Behavioural Sciences at Coventry University.

12. Who has reviewed the study?
The Coventry University Research Ethics Committee and the National Research Council have reviewed and approved this study.

13. What if there is a problem?
Any complaint about the way you have been dealt with during the study will be addressed. If you have a complaint or a concern, you should raise this with your offender manager.

Participation No._____

Thank you for considering in taking part.

Appendix 5. Group Member Participant Information Sheet for Observing Sessions

Participant Information

1. **Request for session to be observed and recorded**
Your consent for this session to be observed and recorded is requested for independent research. Please read the following information carefully, and ask if there is anything you are not sure about.

2. **What is the aim of the research?**
This aim of this research is to find out about engagement within group programmes. It is hoped that this research will help us to understand what engagement is about, and how to develop programmes that maximise engagement.

3. **Do I have to agree?**
No. You can decline now, or at any point during the session and any data recorded up to that point will be destroyed. You can request any data recorded that includes you be destroyed up to 31st August 2013. You can do this by contacting your offender manager, quoting the session number at the bottom of this letter. There are no consequences if you decline.

4. **What will happen to me if I agree?**
First you will need to sign the consent form. The session you are attending will then be observed and recorded. The recording will then be transcribed by the researcher and used for analysis.

5. **Will my taking part be kept confidential?**
All participants will remain anonymous. Following transcription the recording of the session will be destroyed but the transcript will be kept in a locked filing cabinet, which is compliant with the Data Protection Act 1998 procedures for handling, processing, storage and destruction of data. Some of the data will be included in the write-up of the study, therefore others will read it. However your anonymity is guaranteed because your identity is not recorded by me, the researcher, and can therefore not be disclosed in any published data.

6. **What are the possible disadvantages for taking part?**
It may feel unsettling to know the session is being observed. If you feel particularly unsettled at any point, you should let one of the facilitators know so that the observation can be stopped.

7. **What are the possible benefits for taking part?**
You will be making a valuable contribution to this research. In order for programmes to improve, we need to fully understand what engages a group within a session, and what doesn't.

8. **What will happen to the results of the research?**
The analysis of this session, along with other data collected will be written-up and presented as part of a PhD thesis. It may also be presented at academic conferences and / or written up for publication in academic journals. In this case please be reminded of the guarantee of your anonymity.

9. **Who is organising and funding the research?**
This is independent research organised and funded by the Department of Psychology and Behavioural Sciences at Coventry University

10. **Who has reviewed the study?**
The Coventry University Research Ethics Committee and the National Research Committee at National Offender Management Services have both reviewed and approved this study.

12. **What if there is a problem?**
If you have any questions or concerns about this research you should raise this with your offender manager. Any questions and complains will be addressed.

Session number:

Thank you

Appendix 6. Facilitator Consent Form for Interviews
Consent Form (facilitators)

Thank you for considering taking part in this study; your contribution is valued and appreciated.

Please tick the following boxes as appropriate:

I have read and understood the participant information sheet ☐

I understand that I am not in any way obliged to take part in this study ☐

I understand my rights to withdraw from the study ☐

I understand how to withdraw from the study,
and that I can do this up until_____ ☐

I understand that the interview will be audio recorded for transcription
and that the handling of this data will be compliant with the
Data Protection Act 1998 procedures for handling, processing,
storage, and destruction of data, and hereby agree to the
audio recording of this interview ☐

Participant ID number_____

Signature_____

Date_____

Appendix 7. Group Member Consent Form for Interviews

Consent Form

Thank you for considering taking part in this study; your contribution is valued and appreciated.
Please tick the following boxes as appropriate:

I have read and understood the participant information sheet

I understand that I am not in any way obliged to take part in this study

I understand my rights to withdraw from the study

I understand how to withdraw from the study,
and that I can do this up until_____

I understand that the interview will be audio recorded for transcription
and that the handling of this data will be compliant with the
Data Protection Act 1998 procedures for handling, processing,
storage and destruction of data, and hereby agree to the
audio recording of this interview

Participant ID number_____

Signature_____

Date_____

Appendix 8. Group Member Consent Form for Observing Sessions

Consent form for observation

Session number:

Thank you for agreeing to this session being observed and recorded for this study; your contribution is valued and appreciated. Please tick the following boxes as appropriate:

I have read and understand the participant information letter ☐

I understand that I am not in any way obliged to agree to this session being observed ☐

I understand my rights to decline and request any data recorded including me be destroyed ☐

I understand how to decline and request any data be destroyed, and that I can do this up until 30th June 2013 ☐

I understand that the session will be recorded for transcription and that the handling of this data will be compliant with the Data Protection Act 1998 procedures for handling, processing, storage and destruction of data, and hereby agree to the recording of this session ☐

Signature_____

Date:

Appendix 9. Facilitator Debrief for Interviews

Debrief (facilitators)

I would like to say thank you for your time and valuable contribution to this research.

If you experience any distress as a result of taking part in this study, you are advised to contact any organisations you are affiliated to through your occupation or the organisations listed below for guidance and support:

www.hse.gov.uk/stress
hdc2.bupa.co.uk/fact_sheets/html/stress_workplace.html

The aim of this study is to explore and gather important information about facilitators' perceptions towards interventions, and the processes that surround intervention programmes, and what facilitator's believes does and does not work in terms of approaches to intervention. This will ultimately contribute to offender intervention research, and inform practice and intervention planning.

All the data from the interviews will remain anonymous. Withdrawal is possible up to (Deadline), which is two weeks following the conclusion of the data collection session. You can withdraw by contacting me using the email address stated below. Please make a note of your participation number on your copy of the participant information sheet in case you wish to withdraw. In this circumstance, the data will be removed and destroyed. There are no consequences if you decide to withdraw from the study.

Further information regarding offender intervention and engagement may be obtained from a number of academic journals, including:

The British Journal of Criminology
Legal and Criminological Psychology
The Journal of Forensic Psychiatry
Clinical Psychology Review

Thank you again for participating in this research. For any further information or queries I may be contacted at:

emma.holdsworth@coventry.ac.uk

Appendix 10. Group Member Debrief for Interviews

Debrief

I would like to say thank you for your time and valuable contribution to this research.

If you experience any distress as a result of taking part in this study, you are advised to seek support from your offender manager.

The aim of this study is to explore and gather important information about participants' engagement with the programmes offered by probation services. This will contribute to any further developments of programmes.

All the data from the interviews will remain anonymous. Withdrawal is possible up to 14/10/2014, which is two weeks following the conclusion of the data collection. You can withdraw by contacting your offender manager. Please make a note of your participation number on your copy of the participant information letter in case you wish to withdraw. In this circumstance, the data will be removed and destroyed. There are no consequences if you decide to withdraw from the study.

Thank you again for participating in this research.

Faculty of Health and Life Sciences

Direct Line

Appendix 11. Group Member Debrief for Observing Sessions

Debrief

I would like to say thank you for your time and valuable contribution to this research.

If you experience any distress as a result of taking part in this study, you are advised to seek support from your offender manager.

The aim of this study is to explore and gather important information about participants' engagement with the programmes offered by probation services. This will contribute to any further developments of programmes.

All the data from the recording of sessions will remain anonymous. Withdrawal is possible up to 14.10.2014, which is two weeks following the conclusion of the data collection. You can withdraw by contacting your offender manager. Please make a note of your participation number on your copy of the participant information letter in case you wish to withdraw. In this circumstance, the data will be removed and destroyed. There are no consequences if you decide to withdraw from the study.

Thank you again for participating in this research.

Faculty of Health and Life Sciences

Direct Line

Appendix 12. Invitation for Participation

Offender and facilitators' engagement within group offending behaviour programmes

Emma Holdsworth

Project summary
The aim of the study is to explore the nature of engagement within offending behaviour group programmes. The standpoint for the project is that the therapeutic process required to achieve psychological and behavioural change involves engagement on the part of both the offenders and the facilitator. Consequently the focus of the research is on what offenders' and facilitators' engagement constitutes, and the features of the therapeutic process that relate to engagement.

Justification for the research
The engagement of offenders is widely recognised as being necessary for programmes to have any effect, but what engagement actually constitutes is not fully understood, with researchers using different definitions (e.g. attendance or participation). The argument driving this research is that in order to improve engagement and ultimately programme outcomes, a clear understanding of what offender engagement constitutes is necessary. Furthermore, how facilitators engage (programme tutors and offender managers) with offending behaviour group programmes has largely been ignored in the existing programmes research, even though it is widely recognised that the facilitator has a significant bearing on programme outcomes. Engagement within group programmes needs to be clearly defined and understood in ways that are useful to the evaluation and developments of offending behaviour programmes.

Methodology – what the study will involve:
This is a qualitative study (grounded theory) which will involve:
- Observations of offending behaviour group programme sessions (any group session)
- Semi-structured interviews of no longer than one hour. Both offenders and facilitators would be interviewed about programmes they have delivered/attended.

The focus is on engagement irrespective of the offender's risk or type of offence, and irrespective of the type of programme. The observed sessions and interviews would be audio-recorded and transcribed, but all participants would remain anonymous. The project is scheduled to complete in September 2014. It is anticipated that data collection will cease in September 2013.

Feedback
Once data has been transcribed, it will be emailed to the relevant participant so that they can (if they wish) check what they have said, so that any additions, amendments, or deletions can be made to their data.

The project is scheduled to complete in September 2014, upon which time the thesis will be made available to the probation trusts and participants that have contributed to the project.

If you have any questions, or are willing to offer the opportunity for me to observe sessions, and/or interview offenders and/or facilitators, please either call me on 07808 865522, or contact me at:
emma.holdsworth@coventry.ac.uk

Appendix 13. Flyer for Engagement Research

GROUP ENGAGEMENT RESEARCH

Emma Holdsworth

PhD student, Department of Psychology and Behavioural Sciences, Coventry University

Aim:

This PhD research aims to help understand and explain offender AND facilitators' engagement in group offending behaviour programmes

Why?

Engagement is widely recognised as being important for programmes to work, but what offenders' engagement is, and what influences it, is not fully understood – there has also been NO published research to date on facilitators' engagement in programmes

What is required?

- **Interviews with offenders who have either completed or are currently attending a group programme (no longer than 1 hour - audio recorded)**
- **Interviews with facilitators who have experience delivering group programmes (no longer than 1 hour - audio recorded)**
- **Observations of group sessions (audio recorded)**

The focus is purely on engagement in groups and what influences it, regardless of offence/programme type – offenders will NOT be asked about their offences. All participants will remain anonymous.

If you are willing to contribute in any way to this research, know anyone who might be willing, or have further questions, please contact me on:

emma.holdsworth@coventry.ac.uk

Thank you for considering taking part

Appendix 14. Facilitator Interview Schedule

<u>Experience and background</u>

1. What is your experience in delivering accredited programmes? (Concentrate interview on the programme the participant has most experience in delivering)

2. Can you tell me how you became a programmes tutor/ offender manager delivering programmes?

<u>Grand tour questions</u>

1. I have never observed a programme session being delivered. Can you talk me through a typical (programme) session – from when you start preparing for the session, the session itself, to when you complete any tasks related to the session afterwards?

2. Can you now talk me through what a session looks like if it's not going well? So for example what would I see you doing, and how would the group be responding to you?

3. Can you now talk me through what a session looks like if it is going well? So for example what would I see you doing, and how would the group be responding to you?

<u>Mini tour & example questions</u>
Use mini tour and example questions after or during the grand tour questions to focus on smaller aspects or shed more light on a particular topic:

E.g. can you talk me through a typical role-play?
E.g. can you give me an example of when it was difficult to get offenders to participate in role-play?

<u>Facilitator's belief in programme objectives and sense of autonomy</u>

3. From your experience, do you think offenders benefit from the programme? (in what way)

4. To what extent do you think you personally influence programme outcomes?

5. What would you say are your personal strengths in delivering this programme?

6. What would you say are your weaknesses in delivering this programme?

<u>Facilitator's resonance with programme</u>

7. Are there any aspects of the programme that make you feel uncomfortable and that make it difficult to work with? (if so, what do you do about this?)

8. Are there any aspects of the programme that you particularly feel comfortable with and know you can work well with? (if so, why)
9. Are there any aspects of the processes surrounding the programme (preparation, assessment) that you would change to enable you to work more effectively with offenders?

10. Are there any aspects of the programme itself (structure, content) that you would change to enable you to work more effectively with offenders?

<u>Facilitator's resonance with the group</u>

11. Are there any aspects of a group or a particular type of offender that makes you feel uncomfortable and find them difficult to work with?

12. If so, how do you go about dealing with this?

13. Are there any aspects of a group or a particular type of offender that you particularly like and know you can work well with?

Facilitator's perception of their own engagement

14. How would you describe yourself when you are engaged with a group and the session you are delivering, so for example what would I see you doing)

15. How would you describe yourself when you are not engaged with a group and the session you are delivering, so for example what would I see you doing?

16. Is your engagement something you feel you are in control of? (If so, what do you do)

17. What else tends to influence whether or not you are engaged?

Facilitator's perception of offenders' engagement

18. How would you describe an 'engaged offender', so what would they look like or how would they be behaving?

19. How would you describe an 'un-engaged offender' so what would they look like or how would they be behaving?

20. Is the offenders' engagement something you feel you can influence? (If so, how, what do you do)

21. What else do you think influences offenders' engagement?

Facilitator's enthusiasm and motivation

22. Is delivering programmes something you generally enjoy doing?

23. Is delivering programme something you feel you are good at doing?

24. What tends to influence your enthusiasm for delivering programmes the most?

25. What would you say is the biggest motivator for you delivering programmes?

Appendix 15. Group Member Interview Schedule

<u>Grand tour questions</u>

1. Can you tell me about when you were first told you were going on to (??) programme?

2. I have never seen one of the programme sessions being delivered. Can you talk me through one of the sessions you have attended – from when you start making your way to the sessions, the session itself, to when you finish up and go home afterwards?

3. Can you now talk me through a session you remember that didn't go very well? So for example what was happening? What were you doing? What was everyone else in the group doing? What was the tutor doing?

3. Can you now talk me through a session you remember that went really well? So for example what was happening? What were you doing? What was everyone else in the group doing? What was the tutor doing?

<u>Mini tour & example questions</u>
Use mini tour and example questions after or during the grand tour questions to focus on smaller aspects or shed more light on a particular topic:

E.g. can you talk me through this exercise – what happens?
E.g. can you give me an example of when it was difficult to do this exercise?

1. Was the programme what you expected?

2. Do you feel you have benefited from the programme? (in what way)

3. *If yes to the above* - What was it about the programme that helped you?

4. *If no to the above* – What was it about the programme that didn't work for you?

5. Were there any parts of the programme that made you feel uncomfortable or that you found difficult to work with?

6. Were there any parts of the programme that you liked and found easy to work with?

7. Is there anything about how you were told about the programme that you would change to make it better?

8. Is there anything about the actual programme itself that you would change to make it better?

9. How did you feel about working with a group?

10. Did you find it easy or difficult to work with this group?

11. Do you think working in a group helped you work on the programme or did it make it hard?

12. When you were working hard within a session and things were going well, what would I see you doing?

13. When you were findings things tough within a session, what would I see you doing?

14. What makes the difference between things going well and things not going well?

15. Did you use any of the stuff you covered in sessions at home? In what way?

16. How did you find the programme tutors?

17. Did you feel they were trying to help you?

18. Do you think the tutors made a difference to how well you did out of the programme?

19. What else made a difference to how well you did out of the programme?

20. What would you say was the reason you returned after the first session (check this is applicable)?

21. What was the main reason you completed the programme (check this is applicable)?

22. What is the biggest thing you remember about the programme?

23. Did you feel it was important to attend?

Appendix 16. Developed Facilitator Interview Schedule

Experience and background

What is your experience in delivering accredited programmes? (Concentrate interview on the programme the participant has most experience in delivering)

Can you tell me how you became a programmes tutor/ offender manager delivering programmes?

Grand tour questions

1. I have never observed a programme session being delivered. Can you talk me through a typical (programme) session – from when you start preparing for the session, the session itself, to when you complete any tasks related to the session afterwards?

2. Can you now talk me through what a session looks like if it's not going well? So for example what would I see you doing, and how would the group be responding to you?

3. Can you now talk me through what a session looks like if it is going well? So for example what would I see you doing, and how would the group be responding to you?

Use mini tour questions to target specific aspects of the programme
E.g. can you talk me through a typical role-play?
E.g. can you give me an example of when it was difficult to get offenders to participate in role-play?

4. To what extent do you think you personally influence programme outcomes?

5. What would you say are your personal strengths in delivering this programme?

6. What would you say are your weaknesses in delivering this programme?

7. Are there any aspects of the programme that make you feel uncomfortable and that make it difficult to work with?

8. Are there any aspects of the programme that you particularly feel comfortable with and know you can work well with?

9. Are there any aspects of the programme itself that you would change to enable you to work more effectively with offenders?

10. Are there any aspects of preparing for the programme that you would change to enable you to work more effectively with offenders?

11. To what extent does how you work with your co-facilitator influence your work/how you work?

12. Are there any aspects of a group or a particular type of offender that makes you feel uncomfortable and find them difficult to work with?

13. Are there any aspects of a group or a particular type of offender that you particularly like and know you can work well with?

15. How would you describe yourself when you are working well with a group - so for example what would I see you doing?

16. How would you describe yourself when you are not working well with a group - so for example what would I see you doing?

17. How would you describe an 'engaged offender', so what would they look like or how would they be behaving?

18. How would you describe an 'un-engaged offender' so what would they look like or how would they be behaving?

19. Do you have knowledge of what happens to some of the offenders you have worked with on programmes?

20. If so, how does this influence your work?

21. Does any appraisal of your work influence how you work in programmes?

Finish by asking if there is anything else the participant would like to add that they feel is relevant.

Appendix 17. Developed Group Member Interview Schedule

I have not yet observed a programme session and know very little about what they look like. It would be really useful if we could start by talking about your general experience with programmes.

> 1. What is your experience of attending group programmes? (If more than one, ask participant to concentrate on the most recent)

> 2. Can you tell me about when you were first told you were going on the programme:
>> Was the programme what you expected?

>> Did you understand why you were being referred on to that particular programme?

>> How did you feel about working with a group?

Grand tour questions

> 3. Can you talk me through a 'typical session' – from when you start making your way to the session, when you arrive, the session itself, to when you finish up and go home afterwards?

> 4. Can you now talk me through a session you remember that didn't go very well? So for example what was happening? What were you doing? What was everyone else in the group doing? What was the tutor doing?

> 5. Can you now talk me through a session you remember that went really well? So for example what was happening? What were you doing? What was everyone else in the group doing? What was the tutor doing?

Use mini tour questions to target specific aspects of sessions
E.g. can you talk me through the role play you referred – so from when you were told you would be doing role-play to the end – what would I have seen you doing?

> 6. Can you tell me about the programme tutors:
>> How did they communicate with you?

>> Did they have an influence on you and how you worked on this programme?

> 7. What was the main reason for completing the programme?

> 8. What is the biggest thing you remember about the programme?

> 9. Did you think about the topics you covered in the sessions afterwards?

> 10. Was there something relevant about the topic covered to something going on in your life?

> 11. Have you talked about stuff covered in the sessions with anyone?

> 12. Do you think any of the topics covered in the sessions have made you think differently about things?

> 13. Has anything covered in the sessions made you do anything differently?

Finish by asking if participant has anything else they would like to say about their experience on the programme.

Appendix 18. Letter Regarding Termination of Observation of Women's Group

20th June 2013

REF: PhD Observational data

I have had a discussion today on the telephone with my Director of Studies, Dr Erica Bowen, about the Women's Group session I observed this morning, the details of which follow.

There was a discussion about skills and strengths, with one of the facilitators having an open discussion with one of the group members. The facilitator asked the group member about her skills and strengths in relation to the goal, but the group member was a little confused by the question. Behind where I was sitting, was the group member's poster detailing her skills and strengths. I moved my head and indicated the poster (without speaking) to the facilitator. Another group member who was trying to speak to the first group member at that time then asked the facilitator privately, during a break in the session, whether I was observing the session or taking part. The facilitator advised the group member that I was there purely in an observational capacity.

The facilitator relayed this information to me at the end of the session. It was her opinion that the group member was not antagonised in any way, but was just asking about my role in the group. At first I asked the facilitator (who happened to be the group member's offender manager) to speak with her before the next session and check if she was still happy for me to continue observing the group. However after some reflection on the matter, I was concerned that even if the group member said she was happy for me to continue observing the sessions, I might still potentially create a type of distraction for her.

I called Erica and described the issue, asking for her advice. She recommended that I withdraw from observing the group, and I was in full agreement with this. It was concluded from our discussion even if the group member consented to me continuing to observe the group, my mere presence could cause distraction or even antagonise the group member at some point, and that from an ethical perspective the progression of the group members through the programme was of greater importance than any further data collection from the group. What further supported this decision was that I had already collected a considerable amount of both interview data and observational data at this point. I felt that a point of saturation had been reached, and thus data collection was concluded.

Emma Holdsworth

Appendix 19. Example of Data Coding

focused code description	subcategories	conceptual categories
facilitator characteristics that facilitate engagement		enablers to engagement
making social comparisons with other group members	relates to establishing roles and positions	establishing a position in the group
making social comparisons with other group members	relates to establishing roles and positions	establishing a position in the group

Appendix 20. Example of Data Coding

focused code description	subcategories	conceptual categories
facilitator characteristics that facilitate engagement		enablers to engagement
making social comparisons with other group members	relates to establishing roles and positions	establishing a position in the group
making social comparisons with other group members	relates to establishing roles and positions	establishing a position in the group
seeing the bigger picture		
learning by helping other group members	relates to encouraging group members to engage each other	

Appendix 21 Table 3.1 Summary of samples, treatment types, and how engagement and other factors were defined or assessed in the engagement-defined studies

Table 3.1 Summary of samples, treatment types, and how engagement and other factors were defined or assessed in the engagement-defined studies

Authors	Sample & treatment type	Research aim	Operational definition/ assessment of engagement
		Engagement as attendance	
Ammerman et al. (2006)	515 mothers in a community-based home visitation program	Predictors of early engagement	Length of time active in program in first year, number of home visits received, gaps in service
Geers et al. (2009)	Study 1: 95 students – nutrition education Study 2: 91 students - psychotherapy	Study 1: Influence of goal importance on dispositional optimism and program interest Study 2: Influence of goal importance on dispositional optimism and attendance to psychotherapy	Study 1: Treatment interest Study 2: Treatment attendance
Granholm et al. (2006)	32 outpatients with schizophrenia attending Cognitive Behavioral Skills Training	Contribution of participation, homework, cognitive insight and skill acquisition to change	Attendance to > 50% sessions
Joe et al. (1999b)	396 clients attending methadone treatment	Model testing of treatment process and outcomes	Number of sessions attended during the first 90 days of treatment
Noel and Howard (1989)	418 outpatients attending a psychotherapy program	Effect of the same or different therapist at intake on attendance	Remaining in treatment beyond eight sessions
Simpson et al. (1995)	557 clients attending methadone maintenance programs and 34 counsellors	Differences in psychosocial and behavioral functioning over time in treatment, and as a function of level of attendance	Number of sessions attended in first 90 days low engagement = 3-5 sessions medium engagement = 6-8 sessions high engagement = 9 or more sessions
Simpson et al. (1997)	527 clients attending methadone treatment	Model testing for time in treatment	Combined number of group and individual sessions attended during the first 60 days of treatment
Tryon (1985)	3 senior counsellors, 8 students, 2 first-year trainees	The development of the engagement quotient (EQ)	Attendance to at least one session following intake
		Association between attendance and client and counsellor characteristics	Attendance to at least one session following intake
Tryon (1989a)	5 trainee counsellors, 4 professional counsellors, 308 students	Difference between professional and trainee counsellors' approach to clients and clients' perceptions of counsellors	Attendance to at least one session following intake
Tryon (1989b)	4 trainee counsellors, 5 professional counsellors, 295 students	Difference between professional and trainee counsellors' and male and female counsellors'	Attendance to at least one session following intake

		approach to clients	
Tryon (1992)	5 trainee counsellors, 5 professional counsellors, 163 students	Association between attendance and therapist ratings of client attractiveness	Attendance to at least one session following intake
Tryon and Tryon (1986)	43 trainee counsellors	Association between attendance and trainee characteristics	Attendance to at least one session following intake
VandeMark et al. (2010)	157 clients attending a technology-supported substance abuse intervention	Differences in characteristics of engagers and non-engagers and clients' intervention experience	Service contact: engagers = 3 or more contacts, non-engagers = 2 or less contacts
Wang et al. (2006)	30 clients attending family therapy	Associations between attendance and clinic, therapist, and client factors	Non-engagement: non-attendance following schedule of first appointment

Engagement as participation			
Baydar et al. (2003)	607 mothers attending a Parent Training Program, 275 controls	Influence of maternal mental-health risk factors on participation and training benefit	Attendance, parent discussion and involvement: Weekly session observations and records of homework completed.
Boardman et al. (2006)	46 clients attending a smoking cessation trial	Associations between ratings of therapist and client behaviors	Patient involvement dimension of the VPPS[hhh]
Dingle et al. (2008)	24 clients attending an open-group CBT substance misuse program	Levels of motivation to participate in CBT with music	Self-rated levels of motivation to participate and enjoyment
Fiorentine et al. (1999)	302 clients attending outpatient drug-free programs	Client and treatment factors associated with participation	Average number of weekly counselling sessions in which client participated multiplied by number of weeks in treatment
Frankel and Levitt (2009)	9 clients and 8 therapists from community and University centers	Model of clients' disengagement in therapy	Disengagement: when clients withdraw, distance, or lessen their intensity of involvements
Joe et al. (1999a)	1362 long-term residential patients 866 outpatient drug-free patients 981 outpatient methadone treatment patients	Model of client retention	Therapeutic involvement (counseling rapport, confidence in treatment, and commitment to treatment) and session attributes (no. of counselling sessions plus no. of times drug addiction or related health topics or other topics were discussed in first month).
Klag et al.(2010)	350 resident clients from 6 therapeutic communities for substance abuse	Model of the predictors, motivation roles and affects	Personal involvement subscale of TES[ff]
(Westra & Dozois, 2006)Moyers et al. (2005)	103 clients attending substance abuse counselling	Model of the relationship between therapist skills and behaviors and client involvement	Observations of active involvement, expression of interest, and seeking of information

Nelson and Borkovec (1989a)	30 Generalized Anxiety Disorder clients attending cognitive or nondirective therapy	Dimensionality and stability of participation	Self-ratings of engagement in therapy activities as dimension of participation

Engagement as homework compliance or practice

Baydar et al. (2003)	607 mothers in a Parent Training Program, 275controls	Influence of maternal mental-health risk factors on participation and benefit of training	Attendance, parent discussion and involvement: weekly session observations, and records of homework completed
Graff et al. (2009)	102 women and partners attending alcoholism treatment	Predictors of retention and engagement within couple and gender-specific treatment	Percentage of homework completed
Korfmacher et al. (1998)	228 mothers in a nurse home visitation program	Program involvement factors relating to outcomes	Attention, interaction with facilitator, understanding of program materials, amount of problem-solving practiced
LeBeau et al. (2013)	84 clients with anxiety disorder attending CBT or attendance and commitment therapy	Association between compliance and homework, and prediction of outcomes by compliance and homework	Homework rated by therapist after each session
Westra and Dozois (2006)	55 clients with an anxiety disorder receiving MI then CBT or CBT alone	Effectiveness of MI as pre-treatment to CBT for anxiety disorders	Treatment completion and client and therapist rated homework compliance (effort, amount of homework, and amount of time spent on homework)

Engagement as the therapeutic relationship or counseling rapport

Dowling and Cosic (2011)	15 counsellors, 475 gamblers	Prediction of outcomes by engagement variables, therapist-rated and therapeutic alliance	Client-rated and therapist-rated therapeutic alliance, client attendance, and therapist-rated client commitment
Korfmacher et al. (1998)	228 mothers in a nurse home visitation program	Program involvement factors relating to outcomes	Attention, interaction with facilitator, understanding of program materials, amount of problem-solving practiced
McFarlane et al. (2010)	48 home visitors, 328 mothers attending the HSP[t]	Associations between therapeutic relationship and home visitors' and mothers' attachment security	Dose of visits received, maternal trust in home visitor, home visitor's response to IPV and poor maternal health
Murphy et al. (2009)	114 combat veterans attending a PTSD clinic	Randomized control trial of a PTSD motivation enhancement group	Problem-specific readiness to change: URICA[zz], genera readiness to change: Treatment program evaluation and perception of program relevance, attendance and dropout rates, group-specific engagement: WAI-S-C[gg]
Simpson and Joe (2004)	711 patients attending outpatient methadone treatment	Models of relationships among pre-, process-, and treatment outcomes	Attendance and counsellor ratings of counselling rapport

		Measures of engagement	
Greener et al. (2007)	3475 clients & 531 staff across 163 substance treatment units	Associations between client motivation, psychosocial functioning, staff attributes, organizational climate, and client engagement	Participation, treatment satisfaction, counseling rapport: CEST[ll]
McMurran et al. (2013)	38 clients attending Personal Concerns Inventory-based Motivational Interview plus treatment, 38 clients attending treatment	Feasibility study for a randomized control trial evaluating the effects of Personal Concerns Inventory- based Motivational Interview	Participation, constructive use of sessions, openness, efforts to change behavior, efforts to improve socio-economic situation, making sacrifices, goal directedness, reflecting between sessions: TER[s]
Simpson et al. (2007)	59 counsellors, 1147clients attending substance abuse treatment	Impact of innovative processes on training ratings and progress in adopting innovations	Participation, treatment satisfaction, counseling rapport: CEST[ll]
Simpson et al. (2009)	1539 clients, 439 staff across 44 substance treatment units	Comparison of US and UK data on associations between client motivation, psychosocial functioning, staff attributes, organizational climate, and client engagement	Participation, treatment satisfaction, counseling rapport: CEST[ll]
Tait et al. (2003)	50 in-patients diagnosed with schizophrenia	Influence of recovery style on engagement	Availability for visits, collaboration, help-seeking, adherence: SES[sss]
Thompson et al. (2007)	42 intervention families, 41 comparison families	Comparison of retention in solution-focused family therapy and treatment as usual	Participation, treatment satisfaction, counseling rapport: CEST[ll]

		Qualitative studies	
Godlaski et al. (2009)	12 women in a substance abuse treatment	Grounded theory	Defined by clients as being respected, listened to, and understood by counsellors
James et al. (2006)	7 therapists, 7 clients in a psycho-educational family intervention	Grounded theory	Defined by therapists as 'The careful establishment of a trusting relationship involving a commitment to an agreed piece of work'
Thompson et al. (2007)	19 families in a family therapy intervention	Content analysis	Defined by clients as being listened to, understood, and accepted by, calm, non-judgemental, friendly, genuine therapists
Wagner et al. (2003)	24 home visitors and 667 families from PAT[kkkk] sites	Exploratory study resulting from a randomized experimental study	Five dimensions: 'say yes'; 'be there'; 'be involved'; 'do the homework'; 'look for more'

Appendix 22. Table 3.2 Summary of samples, treatment type, and how variables were defined or assessed in the engagement proxy studies

Table 3.2 Summary of samples, treatment type, and how variables were defined or assessed in the engagement proxy studies

Authors	Sample and treatment type	Research aim	How attendance was defined or assessed
		Attendance	
Bogenschutz et al. (2006)	952 outpatients, 774 post-inpatients attending cognitive behavioral, motivational enhancement therapy or twelve step facilitation Alcoholics Anonymous	Structural equation modelling to evaluate role of self-efficacy on changes in drinking	Form- 90[bbb]AA attendance divided by number of days in assessment interval
Collins et al. (2012)	95 homeless individuals receiving substance abuse treatment	Generalized estimate equation modelling exploring relationships between motivation attendance and treatment outcome	ASI[aaa]: Substance attendance treatment in past 30 days
Dale et al. (2011)	422 clients with alcohol problems attending motivational enhancement therapy and 320 attending social behavior and networking therapy	Prediction of attendance by client characteristics	Number of sessions attended
Jones (2001)	112 clients with schizophrenia attending computer-only, nurse-only, combination intervention, or no intervention	Difference in attendance and outcome	Completion rates
Kay-Lambkin et al. (2011)	97 clients with depression attending brief, therapist delivered, or computer-based intervention	Comparison of acceptability of treatment across different modalities	Number of sessions attended
Kwan et al. (2010)	106 clients with major depressive disorder attending psychotherapy or receiving pharmacotherapy	Effects of treatment preference on attrition, alliance, and depressive symptoms	Percentage of attended sessions
Lambert et al. (2002)	1020 clients attending a University Counselling center and 49 counsellors with or without feedback on clients' progress	Effects of feedback about clients provided to therapists on clients' attendance and outcomes	Number of sessions attended
Lecomte et al. (2012)	36 clients with psychosis attending group interventions	Prediction of attendance and participation by therapeutic alliance	Percentage of attended sessions
Magen and Rose (1994)	56 parents of children with problem behaviors	Comparison of problem-solving versus behavioral skills training	Observational ratings of clients' attendance
Presnell et al. (2012)	111 rural, older clients (63 African-American, 48 white) attending CBT	Effects of race/ethnicity match between client and therapist on process and outcomes	Number of sessions attended
Principe et al. (2006)	91 clients with psychological distress attending psychotherapy	Associations between stages of change, alliance, and psychological distress	Return for a second session
Pulford et al.(2011)	109 clients in an outpatient alcohol and other drugs treatment service	Prediction of treatment assistance aspirations by attendance	< 5 appointments vs. 5+ appointments
Whipple et al. (2003)	981 clients attending a University Counselling	Effects of feedback about clients provided to	Number of sessions attended

	center 48 therapists with or without feedback on clients' progress	therapists and clinical support tools on clients' attendance and outcomes	
Zemore (2012)	200 clients in an outpatient program for substance abuse	Prediction of attendance by psychosocial factors	Number of sessions attended

Participation or involvement

Allen et al. (1984)	Transcripts of 16 sessions of psychotherapy	Reliability assessment of a therapeutic alliance scale	Behavioral collaboration
Bowersox et al. (2013)	7408 discharged veterans attending mental health appointments	Factor analysis of scale to measure treatment satisfaction and participation	Attendance to follow-up appointments
Buirs and Martin (1997)	6 clients in substance-abuse treatment	Comparison of clients' EXP scores in relation to negative-self or positive-self role-play	EXP[pp] (progression of client involvement with inner referents)
Edelman and Chambless (1995)	52 clients attending CBT for social phobia	Relationship between adherence to group CBT and outcomes	Therapists' ratings of adherence to role-play and participation in the group
Lecomte et al. (2012)	36 clients with psychosis attending group interventions	Prediction of attendance and participation by therapeutic alliance	Therapists' ratings of group participation
Vivino et al. (2009)	14 psychotherapists nominated by peers as compassionate	Interviews to explore conceptualizations of therapists' compassion	Client involvement in the therapy process

Homework compliance

Addis and Jacobson (1996)	98 clients with depression attending behavioral activation (BA) or cognitive therapy (CT)	Effect of pre-treatment reason giving on process an outcome of BA and CT	Therapists' and clients' ratings of degree to which homework was completed
Addis and Jacobson (2000)	150 clients with depression attending CBT and 4 therapists	Relationship between acceptance of treatment rationale, compliance and change	Therapists' and clients' ratings of degree to which homework was completed
Burns and Nolen-Hoeksema (1991)	307clients with depression attending CBT	Associations between baseline coping styles and compliance and response to CBT	Therapists' and clients' report of frequency of homework compliance
Burns and Nolen-Hoeksema (1992)	185 clients with depression attending CBT	Associations of therapeutic empathy and homework compliance with clinical recovery	Therapists' and clients' report of frequency of homework compliance
Burns and Spangler (2000)	521 clients with depression attending CBT	Bidirectional causal relationships between homework compliance and changes in depression	Therapists' and clients' report of frequency of homework compliance
Edelman and Chambless (1995)	52 clients attending CBT for social phobia	Associations between adherence to group CBT and outcomes	Therapists' ratings of degree to which homework was completed after each session
Gonzalez et al. (2006)	123clients attending CBT for substance abuse	Associations between substance use, homework compliance and readiness to change	Average percentage of homework completion as rated by therapist (daily monitoring, coping strategies)
Hebert et al. (2010)	94 clients attending web-based treatment for insomnia	Ability of TPB[d] and TTM[mmm] to explain adherence and attrition	Practice of homework (sleep hygiene, relaxation therapy, sleep restriction) at least 4 nights a week
Magen and Rose (1994)	56 parents of children with problem behaviors	Comparison of problem-solving versus behavioral skills training	Observational ratings of clients' report of homework completion
Neimeyer et al. (2008)	46 clients with depression attending CBT and 14 therapists	Associations between willingness to participate, cognitive skill acquisition, homework compliance	Clients' weekly report plus independent ratings as 'complete' or 'not complete'

		and treatment progress	
Westra(2011)	Data from 75 clients with an anxiety disorder attending MI then CBT or CBT alone	Comparison of observed resistance to self-reports of motivation on ability to predict compliance and outcome	Clients' ratings on HCS[kkk] (single item assessing degree of completion)
Westra et al. (2007)	67 clients with an anxiety disorder attending CBT	Mediating role of homework between anxiety change expectancy and outcomes	Client rated homework compliance (effort, amount of homework, and amount of time spent on homework)

Therapeutic relationship

De Bolle et al. (2010)	567 clients with depression receiving supportive therapy, CBT, or psychodynamic therapy with medication and 141 psychiatrists	Prediction of outcomes by therapeutic alliance	HAQ-1[ww] (client and therapist rated)
Goldberg et al. (2013)	37 clients attending smoking cessation therapy	Relationship between therapeutic alliance and outcomes in the context of mindfulness	WAI-G [hh] (client rated)
Holmes and Kivlighan (2000)	40 clients attending group or individual counselling	Therapeutic process similarities and differences in group and individual counselling	Relationship climate – GCHIS[nn] (ratings of clients' critical incident questionnaire)
Kay-Lambkin et al. (2011)	97 clients with depression attending brief, therapist delivered, or computer-based intervention	Comparison of acceptability of treatment across different modalities	ARM[c] (client rated)
Kuutman and Hilsenroth (2012)	76 clients attending psychodynamic psychotherapy and 26 therapists	Client characteristics and treatment processes associated with focus on early therapeutic relationship	CASF-P[dd] (client rated)
Lecomte et al. (2012)	36 clients with psychosis attending group interventions	Prediction of attendance and participation by therapeutic alliance	WAI[gg] (client and therapist rated)
Multon et al. (1996)	36 student counsellors and 36 student clients attending TLDP[rrr]	Development of adherence and alliance among novice counsellors	WAI[gg] (client rated)
Palmstierna and Werbart (2013)	11 clients attending psychodynamic therapy and 9 counsellors	Clients' experiences of successful psychotherapy	Clients' perceptions of the successful psychotherapy
Principe et al. (2006)	91 clients with psychological distress attending psychotherapy	Associations between stages of change, alliance, and psychological distress	WAI [gg] (client rated after first session)
Trepka et al. (2004)	30 clients attending cognitive therapy and six therapists	Associations between therapist competence, alliance and outcomes	CALPAS[yy] and ARM [c] (client rated)

Appendix 23. Table 3.3 Client characteristics associated with variables underlying operational definitions and assessments of engagement

Table 3.3 Client characteristics associated with variables underlying operational definitions and assessments of engagement

Client characteristics	Engagement variables (number of studies finding an association) and ~~engagement variables~~ (number of studies finding no association)
<u>Demographics</u>	
Age	~~Attendance~~ (2[ppp ccc]) ~~Participation/involvement~~ (2[v ii])
Older	< Participation/involvement (1[i]) > Participation/involvement (1[eeee]) > Homework compliance (1[aa]) < Homework compliance (1[eeee])
Education	~~Attendance~~ (1[cccc]) ~~Participation/involvement~~ (1[v]) ~~Homework compliance~~ (2[z eeee])
> level	> Participation/involvement (1[eeee])
Employment	~~Attendance~~ (1[cccc]) ~~Participation/involvement~~ (1[v])
Employed	> Attendance (1[ppp])
Unemployed or between jobs	> Therapeutic relationship/counseling rapport (1[p])
Gender	~~Attendance~~ (1[ppp])
Female	> Attendance (1[cccc]) > Participation/involvement (1[ii] > Homework compliance (1[aa])
Income	~~Attendance~~ (1[cccc])
> Income	> Participation/involvement (1[eeee])
< Income	> Homework compliance (1[eeee])
Living situation	~~Attendance~~ (1[cccc])
On parole/probation	~~Attendance~~ (1[cccc])
Race	~~Attendance~~ (1[cccc]) ~~Participation/involvement~~ (1[v])
White versus non-white	> Attendance (2[f ppp]) > Participation/involvement (2[i eeee]) < Participation/involvement (1[ii])
White & African American versus Hispanic	> Homework compliance (1[eeee])
Race/ethnicity match with therapist	~~Attendance~~ (1[jjj])
Relationship status	~~Participation/involvement~~ (1[v])
Divorced/separated	> Therapeutic relationship/counseling rapport (1[p])
More satisfying relationship	> Homework compliance (1[bb])
Children	> Attendance (1[cccc])
<u>Factors relating to needs for treatment</u>	
Historic factors	
Criminal activity	> Attendance (1[f]) ~~Attendance~~ (1[ppp])

Males only	< Participation/involvement (1[v])
Females only	> Participation/involvement (1[v])
Mental illness	> Attendance (1[f])
Mental illness treatment	~~Attendance~~ (1[cccc])
Substance-use treatment	~~Attendance~~ (1[ppp])
No treatment	> Attendance (1[cccc])
Personality factors	
Personality disorder	> Therapeutic relationship/counseling rapport (1[rr])
Avoidant personality trait	< Participation /involvement (1[u])
Dependent personality trait	> Homework (1[u])
Psychological factors	
Anxiety	~~Participation/involvement~~ (1[u]) Homework compliance (2[u iiii]) ~~Therapeutic relationship/counseling rapport~~ (1[qqq])
< Anxiety	> Therapeutic relationship/counseling rapport (1[ooo])
> Anxiety	< Participation/involvement (2[cc qqq])
Bipolar disorder	> Participation/involvement (1[i])
Chronic mental illness diagnosis (males only)	< Participation (1[v])
Depression	~~Participation/involvement~~ (2[u bb]) Homework compliance (6[k l m u bb z]) ~~Therapeutic relationship/counseling rapport~~ (1[qqq])
> Depressive symptoms	> Participation/involvement (2[i ii]) < Participation/involvement (2[cc qqq]) <Therapeutic relationship/counseling rapport (1[p])
Reduction in symptoms during treatment	> Homework compliance (4[k l m fff]) > Therapeutic relationship/counseling rapport (1[ooo])
> Reasons for depression (cognitive therapy)	< Homework compliance (1[a])
> Reasons for depression (behavioral activation)	> Homework compliance (1[a])
> Hopelessness	< Participation/involvement (1[v])
> Medical comorbidity	< Participation/involvement (1[i]) > Therapeutic relationship/counseling rapport (1[p])
Psychological distress symptoms	~~Therapeutic relationship/counseling rapport~~ (1[lll])
Psychotic symptoms	~~Attendance~~ (1[sss]) ~~Participation/involvement~~ (T[sss])
Schizophrenia symptoms	~~Participation/involvement~~ (1[bb]) ~~Homework compliance~~ (1[bb])
Social factors	
Aggression	~~Therapeutic relationship/counseling rapport~~ (1[rr])
Cold/vindictive	> Therapeutic relationship/counseling rapport (1[rr])
> Hostility	< Participation/involvement (2[cc qqq]) <Therapeutic relationship/counseling rapport (1[qqq])
Parenting practices	
Negative, harsh, inconsistent, ineffective	> Homework compliance (1[z])
Positive, supportive	> Homework compliance (1[z])
Partner who accepts/encourages alcohol misuse	> Homework compliance (1[z])
Personal fear and avoidance	~~Participation/involvement~~ (1[u]) ~~Homework compliance~~ (1[u])
Social avoidance	~~Participation/involvement~~ (1[u]) ~~Homework compliance~~ (1[u])
> Risk-taking	< Participation/involvement (1[qqq]) <Therapeutic relationship/counseling rapport (2[ooo qqq])
Substance/alcohol related factors	

Negative alcohol outcome expectancies > Attendance (1[o])

Substance or alcohol misuse > Attendance (1[o]) ~~Attendance~~ (2[ppp cccc]) > Participation/involvement (1[v]) < Participation/involvement (1[i]) < Homework compliance (1[aa]) ~~Homework compliance~~ (1[z])

   males only < Participation/involvement (1[v])

   < misuse (motivated clients only) > Homework compliance (1[z])

<u>Factors relating to capacities to address problems</u>

Attitude to problem/treatment

Acceptance of the treatment rationale/treatment compliance > Homework compliance (1[b]) ~~Homework compliance~~ (1[uu]) > Therapeutic relationship/counseling rapport (1[y])

Ambivalence about problem ~~Attendance~~ (1[n])

Avoidant versus active recovery style < Attendance (1[sss]) < Participation/involvement (1[aaa])

Commitment ~~Attendance~~ (1[r])

Perceived barriers to treatment ~~Participation/involvement~~ (1[v])

Perceived utility of treatment & ancillary services > Participation/involvement (1[v])

Problem recognition/cognitive insight > Attendance (1[n]) ~~Attendance~~ (1[sss]) ~~Participation/involvement~~ (2[bb sss]) ~~Homework compliance~~ (1[bb])

Resistance to treatment < Homework compliance (1[gggg])

Treatment progress > Attendance (1[tt])

Motivation/change

Change

   Change expectancy > Homework compliance (1[iiii])

   Stage of change - contemplative ~~Attendance~~ (2[lll llll]) > Therapeutic relationship/counseling rapport (1[lll])

   Taking steps > Attendance (1[n])

Motivation/treatment readiness/willingness/belief and intentions to complete > Attendance (2[o ppp]) ~~Attendance~~ (2[cccc llll]) >Participation/involvement (3[ii cc qqq]) > Homework compliance (2[ee gggg]) ~~Homework compliance~~ (4[k aa fff gggg]) >Therapeutic relationship/counseling rapport (1[qqq])

   Amotivation ~~Participation/involvement~~ (1[oo])

   Motivation (females only) > Participation/involvement (1[v])

   < External motivation > Participation/involvement (1[oo])

   > External motivation > Participation/involvement (1[ii])

   > Integrated motivation > Participation/involvement (1[oo])

Psychosocial factors

Basic functional living skills > Participation/involvement (1[bb]) > Homework compliance (1[bb])

Capacity for attachment > Therapeutic relationship/counseling rapport (1[vv])

Coping strategies (use of) pre-treatment ~~Homework compliance~~ (1[k])

Decision-making > Participation/involvement (1[qqq]) >Therapeutic relationship/counseling rapport (2[ooo qqq])

Expression of affect > Participation/involvement (1[e])

Optimism > Attendance (1[w]) > Participation/involvement (1[e])

Perceived control in immediate social interaction > Attendance (1[f])

Positive life direction > Attendance (1[f])

Self-esteem/efficacy/confidence > Attendance (3[h o ppp]) > Participation/involvement (2[cc qqq]) ~~Participation/involvement~~ (1[v]) >Therapeutic

	relationship/counseling rapport (2 [ooo qqq])
Skill acquisition	> Participation/involvement (1 [bb]) > Homework compliance (1[bb]) ~~Homework compliance~~ (1[fff])
Social connectedness/consciousness/conformity	~~Attendance~~ (1 [cccc]) > Participation/involvement (2 [cc qqq]) >Therapeutic relationship/counseling rapport (2 [ooo qqq])
Social desirability	> Attendance (1 [llll])
Social support/network	> Attendance (2 [f o]) > Homework compliance (1 [ee])

Appendix 24. Table 3.4 Therapist characteristics associated with variables underlying operational definitions and assessments of engagement

Table 3.4 Therapist characteristics associated with variables underlying operational definitions and assessments of engagement

Therapist characteristics	Engagement variables (number of studies finding an association) and ~~engagement variables~~ (number of studies finding no association)
Therapist demographics	
Different to therapist at intake	> Attendance (1[ggg])
Experienced	> Attendance (5 [www zzz yyy bbbb ffff])
Older	> Attendance (1 [aaaa])
Therapists' treatment approach	
> Commitment	> Participation/involvement (1[e])
> Interest/motivation	> Attendance (2 [yyy xxx]) > Participation/involvement (1[ttt])
Interpersonal style	
> Acceptance/understanding of the client	> Attendance (1 [ffff]) > Participation/involvement (1[uuu]) > Therapeutic relationship/counseling rapport (2[uuut x])
> Confronting	> Participation/involvement (1[ccc]) < Participation/involvement (1[g])
> Care/compassion/empathy	> Participation/involvement (3 [k qq dddd]) > Homework compliance (1[k]) > Therapeutic relationship/counseling rapport (2 [qq iii])
> Collaboration/cooperation/disclosure/expression of affect/egalitarianism	> Participation/involvement (2 [qq k])
Interpersonal skills and competence	~~Therapeutic relationship/counseling rapport~~ (1[vvv])
> Interpersonal skills and competence	> Attendance (1 [xxx]) > Participation/involvement (3 [ttt qq k]) > Therapeutic relationship/counseling rapport (1 [tt])
Perceptions/ratings of the client	
> Clients' improvement	> Attendance (1[f])
> Clients' problem as more severe	> Attendance (1[x])
> Clients' attractiveness	> Attendance (1 [aaaa])
> Feedback on clients' progress	> Attendance (2 [tt jjjj])

Appendix 25. Table 3.5 Treatment factors associated with variables underlying operational definitions and assessments of engagement

Table 3.5 Treatment factors associated with variables underlying operational definitions and assessments of engagement

Treatment factors	Engagement variables (number of studies finding an association) and ~~engagement variables~~ (number of studies finding no association)
Treatment referral & treatment preference	
Care information	> Participation/involvement (1[i])
Preferred treatment versus non-preferred treatment	> Attendance (1[ss])
Program	
Orientation/approach	
Behavioral skills versus problem-solving	~~Attendance~~ (1[xx]) > Homework compliance (1[xx])
Cognitive behavioral versus supportive therapy versus psychodynamic therapy	~~Therapeutic relationship/counseling rapport~~ (1[p])
Motivational Interviewing (pre CBT)	> Homework compliance (1[hhhh])
Pharmacotherapy versus psychotherapy	~~Attendance~~ (1[ss])
Post-traumatic stress disorder motivational enhancement versus psycho-education	> Attendance (1[ffff]) > Therapeutic relationship/counseling rapport (1[ffff])
Solution-focused versus usual family therapy	> Attendance (1[ttt]) ~~Participation/involvement~~ (1[ttt]) > Therapeutic relationship/counseling rapport (1[ttt])
Therapeutic strategies	
Asking open-ended questions, affirming statements, Listening reflectively	~~Participation/involvement~~ (2[ccc g])
Focus on the client-therapist relationship	~~Therapeutic relationship/counseling rapport~~ (1[rr])
Psychodynamic strategies	~~Therapeutic relationship/counseling rapport~~ (1[ddd])
Psychodynamic interviewing style	> Therapeutic relationship/counseling rapport (1[ddd])
Content/features	
Cognitive mapping strategies	> Therapeutic relationship/counseling rapport (1[ooo])
Empathy building	> Attendance (1[ppp])
Music incorporated within CBT	> Participation/involvement (1[q])
Problem-solving	> Attendance (1[ppp])
Role-play	

Positive possible self   < Participation/involvement (1^j)
Negative possible self   > Participation/involvement (1^j)
Strategies for making/maintaining changes   > Attendance (1^{nnn})
Support during crisis   > Attendance (1^{nnn})
Talking to a professional   > Attendance (1^{nnn})
Treatment dose (number of sessions and number of times topics discussed   > Participation/involvement (1^{kk})

Treatment environment

Computer-based treatment versus therapist delivery   ~~Attendance (1^{mm}) Therapeutic relationship/counseling rapport~~ (1^{mm})

Group counselling versus individual counselling   > Therapeutic relationship/counselling rapport (1^{rr})

Therapeutic relationship/alliance/counseling rapport   > Attendance ($5^{kk\ vv\ ppp\ i\ ss}$)

> Participation/involvement (2 **Error! Bookmark not defined.** [g])

Talking to others   > Attendance (1^{cccc})

Organization

Institutional resources   > Participation/involvement (1^i) ~~Participation/involvement (1^i)~~ >Therapeutic relationship/counseling rapport ($2^{cc\ qqq}$)

Staff attributes   ~~Participation/involvement ($2^{cc\ qqq}$) Therapeutic relationship/counseling rapport~~ (1^{qqq}) > Therapeutic relationship/counseling rapport (1^{cc})

Influence on other staff   > Participation/involvement (1^{cc})

Organizational climate   ~~Participation/involvement~~ ($2^{cc\ qqq}$) > Therapeutic relationship/counseling rapport ($2^{cc\ qqq}$)

Appendix 26. Table 4.1 Summary of samples, research design, how engagement was defined or assessed in addition to other factors in the engagement-defined studies

Table 4.1 Summary of samples, research design, how engagement was defined or assessed in addition to other factors in the engagement-defined studies

Authors	Sample and group program	Research design	How engagement was operationally defined or assessed	Other factors assessed
		Engagement as attendance, completion, or drop-out		
Cook et al.(1991)	55 non-violent male sexual offenders attending long-term group therapy outpatient program	Comparison between program completion group; default group and non-engagement group on type and number of offences on record	Completion: fulfillment of program aims according to the satisfaction of group leaders Non-engagement: attendance to up to three sessions	Type and number of offences committed prior to and following attendance to group program
Marinelli-Casey et al. (2007)	57 male substance-using offenders and 230 substance-using males volunteering or probation referred for treatment	Comparison of drug court participants' and non-drug court participants' response to matrix-model treatment (multi-component) within the Methamphetamine Treatment Project	Immediate treatment dropout: dropout within the first 30 days of admission into treatment	Socio-demographic characteristics, psychosocial assessments, nature, number, and severity of seven life domains: drugs, alcohol, employment, family/social, legal, medical, and psychiatric, urinalysis
McCarthy and Duggan (2010)	81 Male personality disordered offenders	Psychosocial factors relating to completion and non-completion, and frequency, severity and time taken to re-offend after discharge	Non-engagement: regularly missing groups	Intelligence, psychopathy, personality disorder,, anxiety, anger expression, impulsivity, post-discharge offending data
Sowards et al. (2007)	117 female substance-using offenders attending an outpatient drug-treatment program	Mixed methods: 11 interviews and program evaluation surveys exploring factors relating to program completion	Program success: program completion	Dimensions of motivation and readiness at intake, self-reported drug use; background factors; program exist status
Ting et al. (2001)	145 male offenders attending domestic violence program	Examination of predictive associations of substance abuse with engagement variables and partner abuse outcomes	Session attendance	Alcohol and drug use, working alliance, group cohesion and task orientation, relationship abuse

Authors	Sample and group program	Research design	How engagement was operationally defined or assessed	Other factors assessed
Vallentine et al. (2010)	42 male mentally-disordered offenders detained in high security hospital attending UMI[1]	Mixed methods to explore the effectiveness of psycho-educational material in their engagement with other group therapies	Completion, refusal, or dropout of other group therapies	Relapse: changes in medication, level of care: high versus low dependency wards, number of violent incidents; subjective wellbeing, symptoms, social functioning, risk to self/others

Authors	Sample and group program	Research design	How engagement was operationally defined or assessed	Other factors assessed

<div align="center">Engagement as participation</div>

Harkins et al. (2010)	55 male and 21 female imprisoned offenders attending Geese Theatre's 'Re-Connect'	Mixed methods during and post to evaluate the impact of program for offenders due for release	Researcher/member of Geese Theatre's daily ratings of offenders' behavior in the group[2] pre-program and post program	Self-efficacy: motivation to change, confidence in skills
McCarthy and Duggan (2010)	81 Male personality disordered offenders	Psychosocial factors relating to completion and non-completion, and frequency, severity and time taken to re-offend after discharge	Non-engagement: not actively participating in group work	Intelligence, psychopathy, personality disorder, anxiety, anger expression, impulsivity, post-discharge offending data
Sowards et al. (2007)	117 female substance-using offenders attending an outpatient drug-treatment program	Mixed methods: 11 interviews and program evaluation surveys exploring factors relating to program completion	Program success: participation in activities	Dimensions of motivation and readiness at intake, self-reported drug use; background factors; program exist status

Authors	Sample and group program	Research design	How engagement was operationally defined or assessed	Other factors assessed

<div align="center">Engagement as homework or out of session behaviors</div>

| Frost and Connelly (2004) | 16 imprisoned male sexual offenders attending a relapse prevention group program | Qualitative method (grounded theory) to examine the significance of out of session behavior on therapeutic engagement | Out of session behavior Stages of engagement: recall from session; issue identification; rumination; consultation; reflection | |

[1] Understanding Mental Illness

[2] Evaluation of behavior in the group form, Geese Theatre Handbook (Baim, Brookes, & Mountford, 2002)

Levesque et al. (2010)	248 male domestic violence offenders mandated to usual care and 244 male domestic violence offenders mandated to usual care plus Journey to Change	Comparison of outcomes of Usual Care to usual care plus Journey to Change	Assessment of 13 strategies to stay violence-free: talking to partner, friends, family, priest, pastor, rabbi, medical health professional; attending one-on-one, couple, or other group counseling; reading self-help books; leaving the relationship for a short while; leaving the relationship permanently; reducing stress; managing anger; and using any other strategies – at baseline and at 5 months follow-up	Stages of change for staying violence free, condom use, program completion, police involvement
McCarthy and Duggan (2010)	81 Male personality disordered offenders	Psychosocial factors relating to completion and non-completion, and frequency, severity and time taken to re-offend after discharge	Non-engagement: not completing homework	Intelligence, psychopathy, personality disorder, anxiety, anger expression, impulsivity, post-discharge offending data
Sowards et al. (2007)	117 female substance-using offenders attending an outpatient drug-treatment program	Mixed methods: 11 interviews and program evaluation surveys exploring factors relating to program completion	Program success: sustained period of sobriety, cooperation with court mandates	Dimensions of motivation and readiness at intake, self-reported drug use; background factors; program exist status
Ting et al. (2001)	145 male offenders attending domestic violence program	Examination of predictive associations of substance abuse with engagement variables and partner abuse outcomes	Homework compliance: ACRS[3]	Alcohol and drug use, working alliance, group cohesion and task orientation, relationship abuse

Authors	Sample and group program	Research design	How engagement was operationally defined or assessed	Other factors assessed
			Measures of engagement & treatment satisfaction	
Chovanec (2012)	95 domestic violence offenders and 4 facilitators of domestic violence perpetrator program	Mixed methods assessing engagement and offenders' and facilitators' perspectives of engagement	Interviews of offenders and facilitators about factors affecting offenders' engagement, GEM[4]	Arrest history, employment, chemical dependency treatment, mental illness, experience of family trauma (physical

[3] Assignment Compliance Rating Scale (Bryant, Simons, & Thase, 1999)
[4] Group Engagement Measure (Macgowan, 2000)

			(therapist's version)	abuse, witnessing abuse)
Greaves et al. (2008)	23 male and 13 female young non-dependent drug-using offenders attending a Community based Drug Intervention Program (DIP)	Mixed methods as clients attended clinic to examine offenders' attitudes about substance use to determine appropriateness of DIP	Treatment Motivation: Desire for Help, Treatment Readiness, and Treatment Needs subscales of the TCU-CEST[9] during treatment	Substance use over last 30 days, criminal history, severity of dependence
Levenson and Macgowan 2004	61 male sexual offenders attending group therapy outpatient program based on cognitive behavioral relapse prevention model (purposive)	Correlations between engagement, denial, and treatment progress	GEM[4] (client's and therapist's version) during treatment	Treatment progress, denial
Levenson et al. (2009)	336 male sexual offenders attending three outpatient counseling centers (subsample of 88 completed the GEM)	Correlation between treatment satisfaction and engagement	GEM[4] (client's version) during treatment	Treatment satisfaction and treatment importance
Levenson et al. (2010)	88 male sexual offenders attending an outpatient counseling center (purposive)	Correlations between treatment satisfaction and treatment importance, and between treatment satisfaction and engagement (concurrent validity for treatment satisfaction measure)	GEM[4] (client's version) during treatment	Treatment satisfaction and treatment importance
MacGowan and Levenson (2003)	61 male sexual offenders attending group therapy outpatient program based on a cognitive behavioral relapse prevention model	Investigation of the psychometric properties of the GEM	GEM[4] (therapist's version) during treatment	Group attitude, treatment progress, denial
Pankow and Knight (2012)	521 male substance-using offenders from six prison-based therapeutic community programs	Establish a model for asociality and determine its relationship with engagement	Treatment participation and peer support: CJ-CEST[8] during treatment	Treatment motivation, psychological and social functioning, criminal thinking
Raney et al. (2005)	87 Male imprisoned offenders at different stages of participating in RDAP[5]	Mixed methods to explore participants' perceptions of helpfulness of RDAP and the influence of an early release incentive	Participants' hopes for treatment topics, perception of helpfulness of program, program satisfaction, what participants liked most either one	Ratings of treatment topics: cognitive skills, living with others, criminal lifestyles, transition, relapse-prevention, personal change plan, and wellness

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[5] Residential Drug Abuse Program

			month, three months, or six months into treatment	
Rowan-Szal et al. (2009)	359 female imprisoned substance-using offenders attending CLIFF[6] or OTP[7]	Differences between groups in, and effects of treatment on, motivation, psychosocial functioning, criminal thinking and treatment engagement	Treatment participation, treatment satisfaction, counselor rapport, peer and social support subscales of the CJ CEST[8]	Demographics, psychosocial functioning, drug use, motivation, psychosocial functioning, criminal thinking
Roy et al. (2012)	40 male offenders attending domestic violence groups	Interviews and focus groups to explore factors influencing engagement	Conceptual framework including seven dimensions of the GEM[4]	
Simpson et al. (2012)	3025 male and 1997 female imprisoned substance-using offenders attending eight residential therapeutic-community programs	Psychometric validity of the CEST[Error! Bookmark not defined.] and TCU CTS[9] short forms	Treatment participation, treatment satisfaction, counselor rapport, and peer support: TCU ENG[9] form	Drug Screening, criminal thinking, motivation, psychological functioning, social functioning
Staton-Tindall et al. (2007)	1950 male imprisoned offenders and 824 female imprisoned offenders attending drug abuse programs as part of CJ-DATS[10]	Differences between males and females in engagement, psychosocial functioning, and criminal thinking, and relationships between engagement and psychosocial functioning, and engagement and criminal thinking in relation to gender	Treatment participation and counselor rapport subscales of the CJ CEST[8]	Psychosocial functioning, criminal thinking
Authors	Sample and group program	Research design	How engagement was operationally defined or assessed	Other factors assessed

Engagement as self-disclosure

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[6] Clean Lifestyle is Freedom Forever
[7] Standard Outpatient Treatment Program
[8] Criminal Justice version of the Client Evaluation of Self and Treatment (Joe, Broome, Rowan-Szal, & Simpson, 2002)
[9] Texas Christian University Engagement form adapted from the Client Evaluation of Self and Treatment (Joe et al., 2002)
[10] Criminal Justice Drug Abuse Treatment Studies project

Frost (2004)	16 imprisoned male sexual offenders attending a relapse prevention group program	Qualitative method (grounded theory) to establish offence pattern disclosures	Self-disclosure demonstrating a willingness to take part in therapy

Appendix 27. Table 4.2 Summary of the samples, research design, and how variables were assessed in the non-engagement-defined studies

Table 4.2 Summary of the samples, research design, and how variables were assessed in the non-engagement-defined studies

Attendance, Completion, and Dropout

Authors	Sample and group	Research design	How attendance/completion/dropout was operationally defined or assessed	Other factors assessed
Bowen (2010)	77 male domestic violence offenders attending a domestic violence program and 31 probation tutors	Examination of perceptions of the therapeutic environment and associations with attendance, psychological change, alleged reoffending	Attendance: number of hours attended	Therapeutic environment, pro-domestic violence attitudes, anger, interpersonal dependency, emotional reliance on others, Locus of Control, desirable responding
Buttell et al. (2011)	485 female offenders mandated to a domestic violence program	Comparison of completers and dropouts using mixed methods	Dropout: clients who had completed intake interview but failed to complete entire program	Demographic interviews, desirable responding, propensity for abusiveness,
Clegg et al. (2010)	156 imprisoned sexual offenders offered group cognitive behavioral treatment program: refusals, dropouts, compliant	Comparison of refusals, dropouts, and compliant offenders on demographic, offence-related, clinical, and psychological assessment data	Dropouts: attended at least one session but dropped out of expelled for non-compliance

Currently compliant: those compliant with second or third phase of treatment and no history of treatment noncompliance | Personality, intelligence, academic skills, neuropsychological functioning |
| Daly et al. (2001) | 220 male domestic violence offenders referred to a domestic violence program | Examination of predictors of attendance | Attendance: total number of sessions attended | Referral source, physical violence, exposure to family violence, alcohol use, psychopathology, partners' prediction of attendance |

Derks (1996)	52 imprisoned male personality disordered offenders referred to a relapse prevention program	Completers, currently completing, dropouts	Completers: those who had already completed or were still attending the program	Demographics, personality, symptoms, hostility, anxiety, anger
			Dropouts: those who dropped out at any point	
Deschenes et al. (2009)	477 male and 273 female drug-court participants	Evaluation of the impact of enhancing drug- court services	Completion: graduation – 180 consecutive days of sobriety, find employment and housing, develop aftercare plan, complete community service, complete vocational program and other activities required by judge	Data on residential treatment, specialty groups, vocational referrals
DeVall and Lanier (2012)	526 male drug-court participants	Examination of influence of demographics and legal factors on program completion	Completion: graduation – completion of three phrases of treatment resulting in a final disposition	Demographics, age at first arrest, age at substance-use onset, number of misdemeanors and offences prior to program entry, sentencing guidelines, mode of entry, and drug of choice
Evans et al. (2009)	926 male offenders assessed for substance abuse treatment across 30 sites	Examination of records in relation to characteristics of completers and dropouts	Completion/dropout: self-reported discharge status at 3 month follow-up or CADDS[11] discharge status	Addiction severity, treatment motivation, treatment process
Ghodse et al. (2002)	50 male and 29 female offenders admitted to inpatient drug treatment	Examination of characteristics of non-completers, completers with no after-care, and completers with after-care of a tri-stage drug-use treatment program	Non-completion: discharged for noncompliance or self- discharge against medical advice before completion of detoxification	Socio-demographic background, history of and current drug and alcohol use, physical health, mental health, offending behavior, and interpersonal relationships with substance abusers
			Completion with no aftercare: completed detoxification program but received less than 6 weeks aftercare	
			Completion with aftercare: completed	

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[11] California Alcohol and Drug Data System

			detoxification program and received at least 6 weeks aftercare	
Hadley et al. (2001)	1,185 female and 5,114 male forensic psychiatric outpatients	Examination of attendance records in relation to age and gender	Attendance: number of absences	Age
Hollin et al. (2008)	2,186 male offenders: completers, non-completers, non-starters and 2,749 controls in relation to general offending behavior programs	Program evaluation	Completion: of all sessions, non-completion: failed to finish because of own volition or expulsion	Demographic information, criminal history, risk scores
McGuire et al. (2008)	929 male offenders: completers, non-completers, non-starters, controls in relation to general offending behavior programs	Program evaluation	Completion: of all sessions, non-completion: failed to finish because of own volition or expulsion	Demographic information, criminal history, risk scores
McMurran et al. (2008)	56 male offenders attending a personality disorder treatment program	Comparison of characteristics between completers, those expelled for rule-breaking, and non-engagers	Completion and non-engagement grouping criteria not specified	Psychopathy, intelligence, social problem-solving, anxiety
McMurran and McCulloch (2007)	24 male prisoners: completers and non-completers of a general offending behavior program	Exploratory study of what interferes with program completion	Completion of all sessions	Reasons for non-completion: Semi-structured interviews, motivation: ratings of intrinsic and extrinsic motivation
Nunes and Cortoni (2008)	100 imprisoned male sexual offenders who completed or dropped out of sexual offender treatment programs	Differences between completers and dropouts in sexual deviance and general criminality	Dropout/expulsion: dropped out or expelled for unacceptable behavior or performance	Sexual deviance, general criminality
Polaschek (2010)	132 male high-risk violent prisoners attending intensive cognitive behavioral therapy program	Comparison of completers and non-completers on a range of demographic and psychosocial variables	Non-completion: criminal justice system withdrawal (exists determination not related to program involvement), therapist-initiated withdrawal (staff-based exclusion), and prisoner-initiated withdrawal (clients' request to leave)[12]	Risk of serious reconviction, anger, aggression, empathy, anxiety, depression, alcoholism, rape beliefs, attitudes to women, attitudes to violence, level of service, psychopathy, intellectual

[12] Categories adapted from Wormith and Olver (2002)

functioning

Roque and Lurigio (2009)	Male probationers attending a substance abuse treatment	Characteristics of offenders attending a treatment readiness group	Attendance to one or more sessions	Drug and alcohol use, family and living conditions, employment, education, income, criminal justice status, mental and physical health problems
Rosenbaum et al. (2002)	326male offenders either self-referred or court-ordered to domestic violence program	Evaluation of programs of three different lengths, based on associations between referral source, demographics, intra-personal, experiential factors and completion, recidivism	Completion: attendance to six out of seven session, eight out of 10 sessions, or 17 out of 20 sessions	Data on demographics, violence and family history, type of referral, relationship to victim, history of aggression, interpersonal aggression between parents, education, employment, history of depression, history of head injury
Schweitzer and Dwyer (2003)	445 imprisoned male sexual offenders: completers, non-completers and controls in relation to sex offender treatment program	Evaluation of program: examination of recidivism rates over 5 years	Completion: completion of program prior to release, non-completers: dropped out at any point before the end	Data on demographics and offence history prior and post program
Shaw et al. (1995)	114 imprisoned male sexual offenders: completers and non-completers of sex offender treatment program	Investigation of the predictors of treatment completion	Completion: completion of all or most of the treatment modules Non-completion: failure to complete all or most of the treatment modules or display of inappropriate behavior	Demographic, offence history, reading level, antisocial personality disorder
Tapp et al. (2009)	83 male offenders within a high security hospital attending a general offending behavior program	Evaluate the impact of the Enhanced Thinking Skills program	Dropout: completion of 10 or less sessions	Demographics, clinical outcomes, criminal thinking style, social problem solving

Participation

Authors	Sample and group	Research design	How participation was operationally defined or assessed	Other factors assessed
Daly et al. (2001)	220 male offenders referred to a domestic violence abuse program	Examination of predictors of attendance	Staff member ratings on sobriety during sessions, use of techniques, self-disclosure, non-sexist language, attentive body posture	Referral source, physical violence, exposure to family violence, alcohol use, psychopathology, partners' prediction of attendance
Jackson and Innes (2000)	178 imprisoned male offenders attending self-development training program	Logistic regression of the predictors of program participation using demographics and prison factors	Self-reported participation in at least one type of program: vocational training classes, college courses, anger/stress management and/or values programs	Attitudes and behavioral styles, demographics, previous offence history, time served, visits from friends or family
Kalichman et al. (1990)	55 imprisoned male rapists attending a sex offender treatment program	Prediction of treatment participation using personality profiles	Participation: attendance rates and clinician ratings of participation	Personality profile, criminal history, psychosocial history
Roque and Lurigio (2009)	Male probationers attending a substance abuse treatment program	Evaluation of the impact of treatment readiness program on participation in substance abuse treatment	Length of stay and completion of substance abuse treatment	Drug and alcohol use, family and living conditions, employment, education, income, criminal justice status, mental and physical health problems
Shearer and Ogun (2002)	49 male inpatients in a substance abuse treatment program, 51 male inpatients in a pre-release therapeutic community, 60 male inpatients in a therapeutic community substance abuse treatment facility	Comparison of treatment resistance between three groups	Voluntary participation/forced participation: coerced treatment, court-ordered treatment, mandated treatment, involuntary treatment, or compulsory treatment	Resistance

Appendix 28. Table 3. Offender characteristics associated with variables underlying operational definitions and assessments of engagement

Table 3. Offender characteristics associated with variables underlying operational definitions and assessments of engagement

Offender characteristics	Engagement variables (no. of studies finding an association) and ~~engagement variables~~ (no. of studies finding no association)
Demographics	
Age (older)	>Attendance (1[13]) ~~Attendance~~ (2[14, 15]) Completion (3[16, 17, 18]) ~~Completion/dropout~~ (4[19, 20, 21, 22]) ~~Participation~~ (2[15, 23])
Education/reading ability	>Attendance (1[15]) ~~Attendance~~ (1[19]) Completion (3[22, 24, 25]) >Participation (1[23]) ~~Participation~~ (1[15])
Educated (white only)	Completion (1[18])

[13] Roque and Lurigio (2009)
[14] Hadley et al. (2001)
[15] Daly et al. (2001)
[16] Hollin et al. (2008)
[17] Derks (1996)
[18] DeVall and Lanier (2012)
[19] Evans et al. (2009)
[20] Tapp et al. (2009)
[21] Ghodse et al. (2002)
[22] Shaw et al. (1995)
[23] Jackson and Innes (2000)
[24] Buttell et al. (2012)
[25] Deschenes et al. (2009)

Education (court-referred only) Completion (1^{26})

Employment >Attendance (1^{15}) <Attendance (1^{13}) Completion ($4^{18, 19, 24, 25}$) ~~Completion/dropout~~ ($2^{21, 25}$) >Participation ($2^{15, 23}$)

Gender (male) >Attendance (1^{14})~~Attendance~~ (1^{18}) ~~Completion/dropout~~ (1^{21}) <Participation (1^{27})

Married (white only) Completion (1^{18})

No dependent children at home Completion (1^{19}) ~~Completion~~ (1^{18})

Race ~~Attendance~~ (1^{15}) Completion/dropout ($2^{19, 24}$) ~~Participation~~ ($2^{15, 23}$)

Race (white) <Attendance (1^{18}) Completion (1^{18})

Historic factors

Age at first arrest/conviction (younger) Dropout ($2^{18, 19}$) ~~Completion/dropout~~ (1^{28})

CJS involvement (less) Completion (1^{19})

History of violence/aggression (greater) ~~Attendance~~ (1^{15}) Dropout ($3^{23, 18, 25}$) ~~Completion/dropout~~ ($3^{19, 24, 26}$) ~~Participation~~ (1^{15})

Longer period of admission/previous incarceration >Attendance (1^{29}) ~~Completion/dropout~~ ($2^{30, 31}$) >Participation (1^{23})

Number of previous arrests/convictions (lower) ~~Attendance~~ (1^{15}) Completion ($3^{16, 18, 29}$) ~~Completion/dropout~~ ($2^{31, 32}$) ~~Participation~~ ($2^{15, 32}$) ~~Homework/out of session behavior~~ (1^{32})

Older at onset of drug use (non-white only) Completion (1^{18})

Offence-related factors

Entering a not guilty plea Dropout (1^{33})

Index offence: child sexual offending Completion (1^{17})

Index offence: property crime Dropout (1^{17})

Psychosocial factors

Anger ~~Completion/dropout~~ ($3^{17, 13, 32}$) ~~Participation~~ (1^{32}32) ~~Homework/out of session behavior~~ (1^{32})

Antisocial (lower) Completion ($2^{17, 34}$) ~~Completion/dropout~~ (1^{22}) >Participation ($3^{1515, 32, 35}$) >Peer support (1^{35})

Anxiety ~~Completion/dropout~~ ($3^{17, 24, 32}$) <Participation ($2^{27, 36}$) ~~Participation~~ ($2^{32, 36}$) ~~Homework/out of session behavior~~ (1^{32}) <Counselor

[26] Rosenbaum et al. (2002)
[27] Staton-Tindall et al. (2007)
[28] Polaschek (2012)
[29] Cook et al. (1991)
[30] Tapp et al. (2009)
[31] Schweitzer and Dwyer (2003)
[32] McCarthy and Duggan (2010)
[33] Clegg et al. (2010)
[34] Nunes and Cortoni (2008)
[35] Pankow and Knight (2012)
[36] Simpson et al. (2012)

rapport ([27]) ~~Counselor rapport~~ ([36]36) <Treatment satisfaction ([36])

Attitudes towards women	~~Completion/dropout~~ ([28])
Attitudes towards violence/rape	~~Completion/dropout~~ ([28])
Cluster B - Histrionic/borderline/narcissistic (higher)	Dropout ([17]) <Participation ([15])
Cold-heartedness	<Participation ([27]) <Counselor rapport ([27]27)
Confidence/self-esteem/self-efficacy	>Participation ([27, 37]) ~~Participation~~ ([36]) ~~Counselor rapport~~ ([36]) ~~Treatment satisfaction~~ ([36]) >Peer support ([36])
Crack-cocaine dependency	~~Motivation~~ ([21])
Criminal thinking style	<Participation ([27, 36]36) <Counselor rapport ([27, 36]) <Treatment satisfaction ([36]) <Peer support ([36])
Decision making (higher)	>Participation ([27, 36]36) >Counselor rapport ([27]) >Counselor rapport ([27]) >Treatment satisfaction ([36]) ~~Peer support~~ ([36])
Denial (lower)	>Participation ([38]) >Counselor rapport ([38])
Depression (higher)	Dropout ([19, 26]) ~~Completion/dropout~~ ([17, 28]) <Participation ([27, 36]) ~~Participation~~ ([36]) <Counselor rapport ([27, 36]) ~~Counselor rapport~~ ([36]) Treatment satisfaction ([36])
Heroin dependency	>Motivation ([39])
Hostility (higher)	Dropout ([17]) <Participation ([27, 36]36) <Counselor rapport ([27, 36]) <Treatment satisfaction ([36]) <Peer support ([36])
Impulsivity (lower)	Completion ([32]32) >Participation ([32]) >Homework/out of session behavior ([32])
Impulsive/careless social problem solving (lower)	Completion ([40])
Intelligence	~~Completion/dropout~~ ([28, 32]) ~~Participation~~ ([32]) ~~Homework/out of session behavior~~ ([32])
MMPI subscales: F(distress, alienation), K (guarded, defensive)	>Participation ([41])
Passive social problem solving (lower)	Completion ([20])
Psychiatric issues	Dropout ([19])
Psychopathy (lower)	Completion ([40, 32]32) >Participation ([32]32) >Homework/out of session behavior ([32])
Rational social problem solving (higher)	Completion ([40])
Risk-taking (higher)	<Participation ([27, 36]) <Counselor rapport ([2727, 36]36) <Treatment satisfaction ([36]) Peer support ([36]) ~~Peer support~~ ([36]36)
Social support (higher)	>Participation ([36])
Substance addiction severity	~~Completion/dropout~~ ([19])
Use of alcohol/substances	<Attendance ([15, 42]) ~~Attendance~~ ([13]) ~~Completion/dropout~~ ([28])

[37] Harkins et al. (2010)

[38] Macgowan and Levenson (2003)

[39] Greaves et al. (2009)

[40] McMurran et al. (2008)

[41] Kalichman et al. (1990)

[42] Ting et al. (2001)

Approach to treatment

Defensive/opposed to treatment	<Homework/out of session behaviors (1[43])
Emotional response to personal issues identified in treatment	>/<Homework/out of session behaviors (1[43])
Evasive/ambivalent to treatment	>Homework/out of session behaviors (1[43]43) <Self-disclosure (1[44])
Exploratory	>Self-disclosure (1[44])
Motivation (higher)	Completion (219[45]) ~~Completion/dropout~~ (1[46]) >Participation (2[36, 37]) ~~Participation~~ (1[46]), ~~Homework/out of session behavior~~ (1[46]) >Counselor rapport (1[36]) >Treatment satisfaction (1[36]) >Peer support (1[36])
Oppositional/placatory	<Self-disclosure (1[44]44)
Positive outlook	Completion (1[46]) > Participation (1[46]) Homework/out of session behavior (1[46])
Treatment readiness	~~Completion~~ (1[46]) ~~Participation~~ (1[46]) ~~Homework/out of session behavior~~ (1[46]) >Counselor rapport (1[36]) >Treatment satisfaction (1[36]) >Peer support (1[36])

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[43] Frost and Connelly (2004)
[44] Frost (2004)
[45] McMurran and McCulloch (2007)
[46] Sowards et al. (2007)

Appendix 29. Table 4 . Treatment factors associated with variables underlying operational definitions and assessments of engagement

Table 4 . Treatment factors associated with variables underlying operational definitions and assessments of engagement

Treatment factors	Engagement variables (no. of studies finding an association) and ~~engagement variables~~ (no. of studies finding no association)
Treatment referral	
Court ordered/drug court	>Attendance (1[47]) Completion (3[48, 49, 50]) >Participation (1[51])
Perceptions of treatment	
Program organization/policies	>Attendance (1[52]) Completion (1[53]) ~~Completion/dropout~~ (1[52]) >Participation (1[54])
Treatment satisfaction	~~Attendance~~ (1[54]) >Participation (2[54, 55]) >Counselor rapport (2[55, 54])
Therapeutic relationship/counselor rapport	~~Attendance~~ (1[54]) Completion (1[53]) >Homework/out of session behaviors (1[56]) >Treatment satisfaction (1[54])
Treatment progress/length	

[47] Chovanec (2012)
[48] Buttell et al. (2011)
[49] Marinelli-Casey et al. (2007)
[50] Rosenbaum et al. (2002)
[51] Shearer and Ogun (2002)
[52] Bowen (2010)
[53] McMurran and McCulloch (2007)
[54] Levenson et al. (2009)
[55] MacGowan and Levenson (2003)
[56] Frost and Connelly (2004)

Treatment progress (therapist ratings)	>Participation (1[57])
Length of time in treatment (longer)	>Treatment satisfaction (1[58])
Program content/objectives/environment	
Content importance	~~Attendance~~ (1[54])
Learning new skills/psycho-educational material	>Attendance (1[47]) Completion (2[53, 59]) >Participation (1[47]) Counselor rapport (1[47])
Controlling anger and aggression	Completion (1[53])
Increasing confidence and self-improvement	Completion (1[53])
Matched to stages of change	>Homework/out of session behavior (1[60])
Drama/role-play	>Participation (1[61])
Specialty groups (alcohol and addiction counseling)	Completion (1[62])
Pre-trial program/pre-treatment program	Completion (1[48]) >Participation (1[63])
Therapeutic community program	~~Participation~~ (1[64]) ~~Counselor rapport~~ (1[64]) ~~Treatment satisfaction~~ (1[64]) ~~Peer support~~ (1[64])
Group dynamics	
Group members not taking program seriously	Dropout (1[53])
Identifying with others who had changed	>Attendance (1[47]) >Participation (1[47]) > Homework/out of session behavior (1[65])
Attitude towards the group (positive)	>Participation (1[55]) >Counselor rapport (1[55])

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[57] MacGowan and Levenson (2003)
[58] Raney et al. (2005)
[59] Vallentine et al. (2010)
[60] Levesque et al. (2010)
[61] Harkins et al. (2010)
[62] Deschenes et al. (2009)
[63] Roque and Lurigio (2009)
[64] Rowan-Szal et al. (2009)
[65] Sowards et al. (2007)

Appendix 30. References for Tables

Appendix F

References for Tables

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