Realist Evaluation for Evidence-Based Practice

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1. Introduction

This paper reports on the application and development of a realist evaluation approach to the development of policies and practices in human services. The evaluation strategy is based on a scientific approach to the construction of models of intervention, as described by the philosopher Rom Harre (1984). Empirical practice approaches provide the foundation for evaluation, including the use of single-case and comparison group designs. Based on the analysis of data including outcomes, mechanisms and contexts, programmes are developed as models targeted to achieve the desired outcomes. A multi-method strategy is applied to test the extent to which these models are analogous with reality; and the data collection and analysis directly contribute to the further development of these models as well as their future targeting within a realist effectiveness cycle (Pawson & Tilley 1997, Kazi 1998). This approach to the evaluation of practice is based on the experiences of social work, health and other related practitioners in England, working in partnership with the Centre for Evaluation Studies at the University of Huddersfield (Kazi 1996). The main purpose of this partnership is the development of evaluation strategies that can not only demonstrate the effectiveness of practice, but also contribute directly to the development of models of intervention (Kazi 1998). These strategies range from those that can systematically track the outcomes of practice at a minimum, to others that can also address the wider dimensions of practice such as the systematic tracking of the content of interventions as well as the contexts in which practice takes place. The main realist evaluation projects currently carried out by the Centre for Evaluation Studies are as follows:

1) The evaluation of a NHS funded project that aims to improve the quality of life of ethnic minority children with learning disabilities;
2) The evaluation of NSPCC’s Shield project which provides services for young people who sexually harm others;
3) The evaluation of Leeds Social Service Department’s Therapeutic Team that provides services for young people;
4) The evaluation of a government funded project for the improvement of school attendance;
5) A lottery funded project for the development of realist social inclusion models for the drug using community.

This particular paper is based on the evaluation project (5) above, providing an example of the systematic tracking of mechanisms through repeated interviews with a service user, and how this data is analysed and used within the realist effectiveness cycle. Funded by the National lottery Charities Board over three years, this project is a partnership between Single Homeless Accommodation Project (SHAP), Outlook Team at Lifeline, and the Centre for Evaluation Studies at the University of Huddersfield.

1.1 Contemporary Paradigms
Based on a review of literature in the period 1995-9 (Kazi 1999), the main contemporary perspectives in British social work practice research could be identified as:

1) Empirical practice which emphasises evaluation activities based on outcomes, and concentrates almost exclusively on the effects of practice as defined in terms of measurable outcomes (e.g. Sheldon 1988; Macdonald 1994, 1996; Kazi and Wilson 1996; Dillenburger 1998; Kazi 1998; Thyer & Wodarski 1998; Bloom 1999). Its emphasis is on judging past practice; and based on a hypothetico-deductive approach, it provides a hierarchy of methodologies ranging from single-case designs which systematically track progress to randomised controlled trials which enable a causal link to be made between the social work intervention and its effects. However, these methods are essentially testing procedures and usually provide very little account of the content of the interventions that are tested. Moreover, future successes cannot be guaranteed because of the inadequate descriptions of content which make replication difficult, and also because typically there is no analysis of contexts which are inherently unpredictable.

2) The interpretivist approaches including critical theory (e.g. as in Shaw 1996, 1998; Everitt and Hardiker 1996); feminist evaluation (Humphries 1999); and social constructionism (White 1998; Parton & O’Byrne forthcoming). These approaches provide an emphasis on participatory evaluation of practice. The interpretivist approaches tend to emphasise qualitative methods such as ethnography (White 1998). However, these perspectives tend to be suspicious of outcome-based methodologies, and therefore their focus tends to be one-sided in capturing the dimensions of practice.

3) The pragmatic, methodological-pluralist approach recognises the limitations of both empirical practice and interpretivist approaches, and attempts to provide a perspective which goes beyond the consideration of either outcomes or interpretivist insights (e.g. Cheetham et al 1992, Fuller 1996, Fuller and Petch 1995, Kazi 1997, Cheetham 1998). However, the pragmatic focus means that concentration is on what is seen to be desirable and appropriate at any time, and in terms of the preferred methods, the pragmatic approach appears to retain its base in empirical practice.

Each of the above three perspectives has its limitations, based on emphasis on one or the other element of the complexities of practice. A recent perspective from social research, namely scientific realism (Pawson & Tilley 1997a, 1997; Kazi 1998) appears to have the answers for dealing with the apparent limitations of these other contemporary perspectives, but as yet there is no report of a completed study in social work or health where this perspective has been applied. At the level of epistemology, scientific realism appears to provide a holistic approach to the evaluation of practice. Its ontology is critical realist as in the above three perspectives, but it goes further in recognising reality as a constellation of mechanisms, structures and contexts. Practice takes place in an open system, and can be evaluated through analyses of the real entities, thereby attempting to capture the full complexities of practice. The content of practice intervention is seen as a model, and the extent to which it is effective depends on the extent to which the model is analogous to reality. In a realist effectiveness cycle, the evaluation begins with the model based on existing knowledge about contexts, mechanisms and outcomes, and through data collection the model is continuously refined and developed. The realist evaluation of practice not only judges past practice (as do the above three perspectives) on the basis of what works, but it also
directly contributes to the development of future practice on the basis of what works, for whom and in what contexts.

This realist perspective is also inclusive of the above three perspectives, as well as any others that share a critical realist ontology. Therefore, scientific realist evaluation offers a holistic perspective, which sets out to address the full complexities of practice, including its content and the context in which it operates. In this way, it has the potential of dealing with the limitations of the other perspectives, as well as bringing together the contributory elements of all of these other realist perspectives.

Another way of looking at these approaches to practice is provided by Scriven (1994). A “black box” evaluation (this terminology is Scriven’s) is one that concentrates on outcomes, but does not analyse the contents of the box. This includes the empirical practice approach. The “grey box” evaluation retains this foundation of analysis outcomes and effects, but also attempts to address the contents of the box to some extent. This includes the pragmatic and critical theorist/interpretivist approaches. Finally, the “white box” evaluation not only addresses outcomes and effects, but also the contents of the box in a holistic way, including the components of the contents, the interrelationships between them, and how they contribute to the outcomes. This “white box” evaluation is where scientific realism is located. However, it does more than that, as Scriven’s analysis does not take into account contexts of practice.

The Centre for Evaluation Studies is undertaking a number of white box evaluations at the present time, including the five examples mentioned above. These ‘white box’ evaluations build on the progress made in the previous studies undertaken by this author with social work and health agencies, particularly with regard to the empirical practice approach to evaluation of social work practice. This provides the foundation, upon which the scientific realist approach is being built, to provide a more complete evaluation that tries to encompass the complexities of practice. For example, the Attendance Support Team (headed by Stephen Mason) is a new initiative based at Kirklees Education Social Work Service (managed by Joe Wilson) and is able to draw upon the previous evaluations within the Kirklees agency (Kazi & Wilson 1996; Kazi, Mantysaari & Rostila 1997; Kazi 1998) and follow-up work with education social workers.

2. The Scientific Realist Perspective

The following is a definition of “realist evaluation” from the Blackwell Encyclopaedia of Social Work (Kazi 2000):

Realist evaluation seeks to evaluate practice within the realities of society. Practice takes place in an open system which consists of a constellation of interconnected structures, mechanisms and contexts. Realism aims to address all the significant variables involved in social work practice, through a realist effectiveness cycle which links the models of intervention with the circumstances in which practice takes place.

Realist evaluation research is about improving the construction of models, and therefore about improving the content of the practice itself. Evidence from data gathering is used to
target and adjust the content of the programme in such a way that it can have a generative impact on pre-existing mechanisms and contexts, and to help bring about the desired changes. Objectivity lies not just in the use of outcome measures, but in the extent to which the model is analogous with reality. At each cycle, a better approximation of reality is obtained, as compared with the previous cycle. In this way, realism addresses all the dimensions and questions of effectiveness of practice, including contexts, the perceptions of all involved, ethics and values, and the content of practice. The multi-method data gathering addresses the questions of what actually works, for whom and in what contexts.

Realist evaluation is also known by a variety of other terms. The term ‘fallibilistic realism’ was first suggested by Donald Campbell in a personal communication (Manicas and Secord, 1983); and it is used by Anastas and MacDonald (1994) who were the first to introduce this perspective in social work effectiveness research. However, if we include texts in the Finnish language then Professor Mikko Mantsaaari, University of Tampere, Finland wrote about scientific realism in relation to social work a few years before Anastas and MacDonald. This perspective is also known by other terms, such as ‘transcendental realism’, referential realism or generally as a realist view of science or even as post-positivism (Fraser et al 1991, Phillips 1990). It is based on the work of Michael Scriven, Roy Bhaskar, and notably, the philosopher Rom Harre. Pawson & Tilley (1997, 1997a) have developed this as a legitimate evaluation research perspective in its own right which attempts to deal with the limitations of other contemporary evaluation approaches, and Kazi (1998) attempts to apply this perspective in the evaluation of social work practice.

This epistemological model seeks to incorporate the critiques of positivism without abandoning the concept of a knowable reality, as its basis is in realism. The realist theory of science ‘allows scientists to believe that they are grappling with entities that, although often not observable directly, are real enough...It would seem that once they understand it, scientists would happily adopt a realist theory of science’ (Manicas and Secord, 1983, p. 412). The ontology of scientific realism is critical realist. Reality exists external to the observer, and although it cannot be apprehended as it is (for the observer’s theoretical orientation acts as a filter), one can strive for an approximation of this reality. As scientific knowledge develops, what appears to be an approximation of reality today may not be so tomorrow (hence the term ‘fallibilistic’). In this sense, scientific realism shares the same critical realism as most of empirical practice, pragmatism, and critical theory perspectives in social work research. However, it goes further than all of these others in recognising that the world is an open system or a constellation of structures, mechanisms and contexts.

According to Bhaskar (1997, p. 25), scientific realism:

regards the objects of knowledge as the structures and mechanisms that generate phenomena; and the knowledge as produced in the social activity of science. These objects are neither phenomena (empiricism) nor human constructs imposed upon the phenomena (idealism), but real structures which endure and operate independently of our knowledge, our experience, and the conditions which allow us access to them.
Phenomena that are studied in the real world are studied in a fluid context, that is, in an open system. The activities of persons in society may be seen as a set of interacting, interwoven structures at different levels. Realism refers to the embeddedness of all human action within a wider range of social processes as the ‘stratified nature of social reality. Even the most mundane actions make sense only because they contain in-built assumptions about a wider set of social rules and institutions’ (Pawson and Tilley, 1997a, p. 406). Establishing the existence and properties of these things, and the construction of confirmable explanatory theories about structure and their properties, are the products of both theoretical and experimental work. Different disciplines and different investigators may organise their apprehension of these real structures differently; however, the perspectives that guide any scientific study must be made explicit.

Rather than concentrate on events and the linking of variables at the surface (e.g. the mere establishment of cause and effect relationships between the intervention and its effects), scientific realism addresses the questions of why a programme works, for whom, and in what circumstances—in this way the perspective is holistic. Although a researcher may not be able to achieve such a holistic picture of social work practice, with such a perspective one may be more aware of limitations of the research that is attempted, and also more aware of its exact contribution to the whole, and what needs to be addressed in the future. As in pragmatism, a multi-method approach is used—scientific realism is wholeheartedly methodological-pluralist; but unlike pragmatism the evaluator does not only respond to the needs of practice in order to judge it, but also retains a holistic approach to reality, in order to improve practice.

2.1 The Realist Effectiveness Cycle

This evaluation strategy is based on a scientific approach to the construction of models of intervention, as described by the philosopher Harre (1984, p. 57-8):

there are ideal forms of reasoning at work in that area of human thinking too. They have to do with the canons of constructing and imagining models, and thus depends upon principles governing the rational way to make comparisons, to judge likenesses against unlikenesses. They lead to areas of structure more complex than the deductive relationships that are to be found at work in the organised parts of mathematics.

Figure 1 illustrates this process of model building, based on the findings from evaluation research. Scientific researchers build models in an attempt to apprehend the realities, and on the basis of comparisons as approximations of reality, improve the model-building in a dialectic relationship between the construction of the model and its analogous comparisons with reality. In social work, practitioners construct models in their practice, which includes their theoretical orientation, practice wisdom, accepted knowledge amongst peers, tacit knowledge, and previous experience of what works, for whom and in what contexts. Starting with the existing model of practice, the practitioner makes an assessment which leads to hypotheses about what might work, for whom, and in what contexts. Then through observation and other multi-method data gathering of information regarding the pre-existing mechanisms, contexts and outcomes, the practitioner is able to make the intervention programme more specific and to target it in such a way that it
harnesses enabling mechanisms and steers clear of disabling mechanisms. At this stage, the multi-method data gathering addresses the questions of what actually works, for whom and in what contexts. And all this feeds back into the theory that we started from, in a realist effectiveness cycle.

The social worker constructs a model that attempts to explain reality, and based on this explanation, aims to change reality. Depending upon the ethics and values underpinning practice, this model may be constructed in partnership with the service user, in keeping with the enabling role of the social worker. Other influences on the construction of the model will include tacit knowledge and practice wisdom, and previous experience of the effectiveness of other models in a variety of contexts; as well as the agency policies, political pressures, perspectives of other professionals and perspectives of relevant others. The model will include assessments of personal, social and environmental difficulties, a programme of intervention designed to help through supportive, rehabilitative, protective or corrective action, and expectations of changes.

In other words, realist effectiveness research has to take into account the social worker’s model as a whole---its study of the interacting mechanisms and the contexts which have given rise to the client’s difficulties, the potential enabling and disabling mechanisms, and the accuracy in the firing of the generative mechanism (or the content and the targeting of the intervention). Further, the model cannot be seen as a static entity which is tested in a period of time, and then subsequently judged on its success. The model, if it is going to be effective in a generative sense, has to change in accordance with changes in the complex weaving system of mechanisms and contexts---the theory, the assessment, the intervention, the outcomes---all change in the fluid
contexts of reality. Therefore, effectiveness is not about past performance---a central purpose of effectiveness research is to improve this model-building process for the future. Evidence is collected in a methodological-pluralist approach in which the multiple perspectives are studied at a minimum, using a variety of data gathering techniques. This evidence may provide information about the effectiveness of the model---its accuracy, its impact on other mechanisms, its impact on contexts—but this is a by-product.

The central purpose of this evidence is to improve the programme both in terms of its content and targeting, to improve the theory, and to improve the assessment, and thereby to improve the mix of data gathering techniques, in a continuous cycle of improvement. In realist effectiveness research, the objectivity of the evidence lies not in the type of measures used, but in the way the model as a whole is analogous to the realities of the open system—and the continuous feedback from effectiveness research enables a dialectical relationship between the process of model-building and the reality that it seeks to apprehend.

The ‘white box’ evaluations that are mentioned in the introduction of this paper build on the progress made in the previous studies undertaken with social work agencies, particularly with regard to the empirical practice approach to evaluation of social work practice. This provides the foundation, upon which the scientific realist approach is being built, to provide more complete evaluations that attempt to encompass the complexities of practice.


This section of the paper describes the methods of data collection for this particular study, and the following section illustrates how analysis of the results can be used in practice.

3.1 Content, Contexts, Mechanisms and Outcomes

The content of the project is tracked using a combination of observation and interviews. The nature of the project makes the systematic recording of what goes on, extremely difficult. A large part of what the project consists, is concerned with the establishment of a particular environment, and what is not said can be as important as what is. As such, it is important to capture the decisions that facilitate the culture of the organization and the rationale behind it. Interviews with staff are a valuable means of capturing a general picture of the project and what it is attempting to do, as well as gaining an over-view of staff roles and their perceptions of the most significant elements of the project. However, to gain a more detailed picture, observations need to be made on an ongoing basis in order to track how decisions are made that are fundamental to the creation of the environment and culture of the project. Of particular value are team meetings, in which
issues are discussed, often of a practical nature, which might not automatically be regarded as significant to the content. For example, recently there have been discussions about the need to put locks on doors. Whilst in the first instance this is simply to prevent client access, at a deeper level, this not only prevents access, but allows clients greater freedom within the building, alleviating the need for them to be watched over. This is an important element of the project.

The identification of contexts is relevant in relation to both the service (in that it may restrict the content) and the service users, however for the purposes of this paper, discussion is limited to the contexts of service users. These are identified through in-depth interviews, and provide the background to aims/outcomes and mechanisms, which are simultaneously tracked. Interviews are carried out with service users at intervals of between one to two months. They are asked about their personal goals, whether or not they are connected to drug use (although frequently they are) and what they feel is helping them to achieve their goals, or hinder them (mechanisms). In this way, contexts are identified indirectly, but more directly, interviewees are asked whether their housing, employment etc. is of significance and any forthcoming issues, are subsequently followed up. The dynamics of the interaction between contexts, aims/outcomes and mechanisms will be discussed in greater detail below.

Tracking outcomes completes data collection. Whilst outcomes emerge from the in-depth interviews, they can be tracked more systematically through the use of standardized measures. These have been designed to reflect the aims of the project as well as measure well-recognized outcomes such as obtaining employment, reducing drug use and raising confidence and self-esteem. The questions have been developed to provide an indication of progress made towards achieving outcomes (for example, thinking about working). Indeed, the idea of progress as an outcome in itself forms the basis of the sections addressing use of Outlook and lifestyle more generally. Outlook works on the premise that people need to be able to take responsibility and put some structure to their lives, in order to be included. It is made more complicated because people using Outlook are at varying stages with regard to their attitudes towards, and use of drugs, and level of exclusion or inclusion. The complexity of the design means that the measures are currently being tested for reliability and therefore will be excluded from the forthcoming analysis. Nevertheless, they will form a crucial part of the evaluation of the service.

3.2 Working in Practice

Before moving on to the results, it is worth briefly highlighting the implications of carrying out such research within practice. Fundamentally, the research has to maintain and reflect the ethos of the service. This is particularly complicated given that the focus of the research is on the social inclusion of drug users, and the reduction or ending of drug use is a prime consideration. In contrast, Outlook aims to take the focus away from drugs by encouraging people to look beyond their drug use and thus discourages them from defining themselves as drug users.

Outlook finds that clients, and even other drug workers often find it difficult to grasp the concept of a drug and alcohol service which doesn’t focus on drugs, or even, as much as is possible, discuss drug use. The structure imposed upon talk around drug use within the interviews runs

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1 See Spurling (2000) for a fuller discussion of social inclusion in relation to drug use.
somewhat contrary to expectation, as is the case for the service as a whole. On several occasions during initial interviews, interviewees responded to a question about what was going on in their lives by providing a detailed account of their drug use and how they came to be in that situation. When the ethos of the service is concerned with providing clients with an alternative culture, it is necessary for the researcher to be constantly vigilant when carrying out in-depth, unstructured interviews; unobtrusively steering the conversation in the ‘right’ directions.

Developing a set of standardized measures also raised the problem of obtaining the desired information without deviating from the ethos of the service. Whilst assumptions cannot always be avoided, the aim of the service is to allow clients to define themselves as they want, rather than categorize them as drug users with all that accompanies that label. Whilst it was necessary to include questions that did directly measure drug use and crime, all efforts were made to avoid making assumptions about people because they are or were drug users. For example, evaluations of other drug services have asked very appropriate questions specifically addressing the confidence difficulties faced by many drug users in relation to non-drug users (for example see Buchanan and Young, 1998). However, it was felt inappropriate to use such a measure with regard to clients at Outlook. The issue of confidence was not ignored, but the topic was approached from the perspective that anyone, drug user or not, may want to increase their confidence and self-esteem.

4. The Application of Analysis and Results

4.1 Use of NUD*IST

The computer package NUD*IST (Non-numerical, Unstructured Data – Indexing, Searching, Theorizing) is being used to assist in the analysis of data generated by the in-depth interviews and observation. Each interview has been coded identifying contexts, aims/outcomes and enabling and disabling mechanisms. These have been generated from the data on the basis of ‘grounded theory’ (Glaser & Strauss, 1967), rather than being theory led. At this stage, coding for contexts is done on a relatively superficial level, merely providing the backdrop to the aims and mechanisms. For example, any discussion of drug use is being coded as context, not only when discussed in relation to previous use, or use by family. Whilst the analysis of different contexts will become more sophisticated, at present this allows aims and outcomes to be coded in a very straightforward manner within different contexts. Enabling and disabling mechanisms are identified on a thematic basis, and therefore are also located within different contexts. This can be illustrated using a coded exert from one interview. The interview has been changed marginally to ensure the maintenance of confidentiality.
Come off methadone for first time in about five years and heroin. It's easy coming off methadone and going on to heroin or come off heroin and going on to methadone. I've gone on to like another pain-killer, but it's a blocker as well, so it blocks methadone and heroin out.

L: How does that feel? What got you there? How did you make that decision to do that?

Got fed up of it. And sort of that influence into sport, positive influence into sport and stuff. and heroin?

I don't know. Sport isn't directly done it, it's just sort of given me a bit more mental strength and a bit more self-awareness and self-confidence, seeing what I'm doing to myself and how unhealthy I was, and it's also just sort of changing the shape of my body which is getting better.

Through going to the gym.

L: Is there anything else, talking about mental strength and self-awareness, is there anything else apart from sport that's been part of that?

Yeah, Outlook.

L: How has that?

I don't know. (worker)'s a bit of a role model in a way. He can be a bit of a c**t. Excuse my language. But he's only doing it for good, even though you didn't realise it at times. Can you give me an example?

Turning up stoned for running, or scagged up, he, you know what I mean, he pick it out on yer, pick it up on it and have a word with yer. If you were too bad, he'd send you home. If you weren't, he'd see how you went. And then might see yer later on. It's not worth it.

Coding in this manner allows an individual’s aims to be easily identified. Requesting a report on ‘aims’ (address 4,1) when already coded 1,4,2 (Individual/Will) will bring up all text coded as an aim for Will. Given that one of Will’s aims is to reduce his drug use, the mechanisms he identified over time as disabling or enabling him in relation to drug use could be tracked and assessed on the basis of the outcome measures. An evaluation could then be made of Outlook’s
role. In the first instance this would be based on Will’s own perception of what part his use of Outlook played. On a secondary level, it would be necessary to consider how the project may have played an indirect role in relation to other mechanisms identified. The latter aspect of the analysis would draw upon data on the content of Outlook, but it would also be possible to make recommendations on this basis. Again, this is best illustrated by example, which also serves to illustrate how the results of the research can work for practice:

4.2 Research Working for Practice

This illustration utilizes several interviews with Will, carried out over a period of seven months. The full content of the interviews is not presented here, nor has it been analysed on a comprehensive basis, but it provides an indication of the potential of the research to work for practice.

Before launching into the example, it is worth noting Will’s progress over the months in which he was interviewed. The statements on aims/outcomes below, are taken from three interviews at strategic points and provide a good indication of progress, although at this point they cannot be backed up with results from the standardized measures:

**February**

Getting off opiates, is first thing. Reducing me benzipine, benzodialepines or whatever they’re called. Getting fit. That’s like between. Getting another job, something that I enjoy and I don’t mind getting up in t’ morning to go. … Get a car. Get a girl, get things sorted out.

**April**

Come off methadone for first time in about five years, and heroin.

**July**

L: … What would you say about getting your life sorted out?
I know what I want. Definitely want to .. seems hard at moment.

The mechanisms to which attention is drawn, are based around the theme of responsibility. Around forty mechanisms (enabling and disabling) have been identified so far in the process of analysing ten individual’s interviews. However, these can be grouped into themes, one of which revolves around responsibility. For the purposes of this example, Will’s interviews draw attention to ‘rationalizations’ and what is labelled ‘it’s not my fault’ as disabling mechanisms, and ‘taking responsibility’ as an enabling mechanism. Both sets of mechanisms (enabling and disabling) are located within ‘drug use’ because this is primarily what Will is attempting to address. However, they can also be located within the contexts of family, employment, or use of Outlook. For this example, the disabling mechanisms are presented first.

DISABLING MECHANISMS

‘Rationalizations’

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2 Despite the emphasis laid upon taking responsibility as an enabling mechanism, it is crucial to distinguish between taking responsibility and self-blame. As Marlatt and Gordon (1980, 1985) point out, failure to adequately recognize the role of environmental factors in returning to drug use, may lead to cognitive dissonance and make relapse more likely.
Rationalizations can be crucial if people are looking for ‘permission’ to use drugs. There are numerous reasons/justifications that can be made to support drug use. Will illustrated this when he initially explained his use of heroin:

**February**
It's just ... I work hard, I'll treat meself and have a one off. A one-off never happens.

All the mechanisms identified for this research are grounded in the data. Nevertheless, Marlatt and George (1984:266) have also identified the role of rationalization in contributing to relapse (or lapse\(^3\)), in particular in relation to justifying the “desire to indulge”. Marlatt and George (1984) suggest that people may actually plan to put themselves in a situation where they would have to be ‘superhuman’ to avoid temptation. It is from this angle that attention is drawn to responsibility. For the purposes of this research, rationalizations indicate a failure to take responsibility for using drugs, because they provide a ‘get out clause’ or explanation, that no reasonable person could argue with (even if the situation leading up to (re)lapse is not planned). Will exemplifies this point, when he explained his drug use on his need to use to prevent diarrhoea:

**July**
Struggling. I'm having problems with um.. stomach and goin' to loo, having diarrhoea and stuff. Only way I can get rid of that is to use. … [I've used] Just when I've needed it. When me body's needed it. Just been like, not everyday. … Just using the gear to stop having shits, not to get high.

At the time the interview was conducted in July, Will had returned to fairly regular drug use after coming off both heroin and methadone.

‘It’s not my fault’

This mechanism is similar to ‘rationalizations’ in that it negates the responsibility of the drug user. Instead, responsibility is placed on others. Will illustrates this by referring only to a reduction in medication when explaining why things are not going well:

**May**
They dropped me tablets too, too much. Instead of like dropping me point 4 of a milligram, they dropped me by 2 milligrams. Started to withdraw.
L: What happened after that then?
Just started using occasionally.

He did not address the fact that he could have taken this up immediately with the clinic instead of using.

In the interview conducted in July he retrospectively laid fault with the person who informed him it was possible to over-ride his blocker, although this knowledge did not oblige him to use.

**July**
When I first started taking subatex, I knew that it blocked out, blocked opiates out. While I had that in my head, I wor fine, until some twat told me it didn't block out fully.

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\(^3\) See Marlatt and George (1984) for a useful discussion on the appropriateness of the terms relapse and lapse.
ENABLING MECHANISMS

‘Taking responsibility’

The mechanism ‘taking responsibility’ comprises both taking responsibility for drug use, and taking responsibility in terms of being responsible (although this also relates to drug use). In February, Will’s comments indicated that he recognized he was in a position of responsibility (he went on a trip during which he was part of a group representing Outlook), and was anxious that his actions did not “show anybody up”:

February
I took less methadone when we were away. …
L: Why were you taking less?
I didn’t want to show anybody up.

Will’s recognition that he lied to himself about his use of drugs is a way of acknowledging his responsibility for his drug use. It coincides with the time he was using neither heroin nor methadone.

April
‘Cause when I were taking methadone I were taking gear as well and it just get like, lying to meself…

Even during Will’s (re)lapse, he acknowledges the importance of acting responsibly in re-taking lost ground:

May
L: What do you think the steps forward again are [to break the cycle of drug use]?
Just same as before. … Urm., making sure turn up to the gym, making sure I turn up to work on time. Even though I hate the job.

However, he does go on to suggest that the primary ‘enabling’ mechanism in relation to the above comment concerns establishing a “different cycle, not a sloppy one”, rather than directly about responsibility. Nevertheless, this is in itself revealing, as it suggests that breaking the existing cycle is associated with acting responsibly.

Whilst at the present time it is unclear whether Will’s return to drug use is a temporary lapse or a more permanent relapse, his statement (above) identifying the steps towards being drug free indicate that the progress made towards this goal, prior to (re)lapse, has not been completely lost. Indeed, even during the interview in which Will frequently avoided taking responsibility, this did not translate into irresponsible behaviour:

July
When I’m with her (my daughter) I wouldn’t dream of using. Don’t even smoke draw around her anymore.

The final interview (so far) reveals that despite using, Will is taking responsibility for his drug use. This is both in terms of acknowledging that he hasn’t done so in the past (i.e. suggesting that

It is important that the enabling element of the theme ‘responsibility’ is entitled ‘taking responsibility’ and not ‘it’s my fault’ as a mirror to the disabling mechanism ‘it’s not my fault’. Care must be taken to ensure there is no confusion between taking responsibility and blaming oneself (see footnote above).
he used his bowel problems as an excuse for using), and by avoiding drug use when he has responsibilities. The latter point can be illustrated with two examples:

**August**
I know I can’t turn up blitzed [for work or to come to Outlook]…
L: What do you do when you use when it comes to going to work?
Just tell them I’m tired. I don’t use at work. I use after work and stuff like that. Used to go out on me dinner-time and get it an’ stuff, but not any more.

Like Saturday night I went to a wedding do. Someone from work and I promised her I wouldn’t take any drugs an’ stuff an’ I didn’t. … I had the money, I could have gone and got some heroin …
L: So what exactly about that situation was it that stopped you?
Respect for her, the person who got married. I wouldn’t want to spoil anything for her. You know, by turning up blitzed.

‘Taking control’ is another mechanism that arguably should be included within the theme of taking responsibility, including as it does actions such as ensuring money is not received in ten pound notes. However, although illustrating responsibility, this mechanism fits more naturally in the theme of action and control. Indeed, a significant number of mechanisms overlap, and this is to be expected given the holistic approach of the research and the interaction of the identified themes within someone’s life. Nevertheless, this mode of analysis is helpful in identifying and evaluating the role played by Outlook and it is this that will now be addressed.

**EVALUATING OUTLOOK’S ROLE**

As suggested above, Outlook’s role in aiding Will to progress towards his aim is, at least partially identified directly by Will. More indirectly, an evaluation of Outlook’s role can be done when analysis is made comparing Outlook’s content and what Will has identified within the enabling and disabling mechanisms.

Directly, Will identifies Outlook’s role in relation to reducing his drug use and taking responsibility in terms of ‘policing’.5

**April**
L: How has [Outlook] been part of [increasing self awareness and mental strength to reduce drug use]?
… Turning up stoned for running, or scagged up, he, you know what I mean, he pick it out on yer, pick it up on it and have a word with yer. If you were too bad, he'd send you home. If you weren't, he'd see how you went. And then might see yer later on. It's not worth it.

In relation to the ‘steps’ Will identified in May, comments made by a member of staff are significant:

**Interview with member of staff**
… and perhaps they're getting support with things like managing their time, that they don't necessarily realise. Well perhaps they realise but they wouldn't necessarily say yes, I am developing my time management skills because it's based, kind of, in reality.

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5 It is worth noting at this point that in general ‘policing’ has great potential to take away responsibility, rather than promote it, and this forms a significant plank of Outlook’s policy (see discussion on content). Nevertheless, it has been observed by a member of staff that the role of policing needs to be assessed on an individual basis for clients, and it must also be stressed that the effect of ‘policing’ is also very much dependent on the leadership styles of members of staff.
Will illustrates how this support is based in reality, although at the time of the interview, he clearly felt it was not supportive. Instead, it is another illustration of the disabling mechanism ‘it’s not my fault’:

**July**

I've had a week off and need to start going down [to the gym] again. Last week I would have trained everyday but they wouldn't ha' let me. Cos I missed a few appointments I can only go twice a week. I were happy training three times a week. …

L: How do you feel about that restriction?
It's really pissed me off. Especially when nobody's got the card, no-one's using the card and like using it. … Why?
L: Why do you think they've done that?
Because I missed a few appointments … last holiday, not the one I just had, once couldn't be bothered. But at least I phoned up and cancelled. I think once I missed, forgot.

More indirectly, Outlook may play a role by way of what does not happen at the project. For example, when acknowledging how he rationalized his use of drugs, Will explained that this became easier when providing the excuse for someone else:

**August**

It's easier to make excuses up to yourself to give to other people, than it is to make excuses up for yourself. …

L: Do you mean if you're actually telling someone it makes it more believable for yourself? Is that what you mean? Yeah. Cos once they've accepted it, it seems all right, what's going on in your head.

One of the grounds on which Outlook is based is to enable people to put aside their drug use, whether that is in the long-term or short-term. In the short-term (and probably the long-term) this is facilitated by the policy of not discussing drug use or involvement in crime whilst on the premises. Whilst the following comment was not made in relation to responsibility, (but concerns voluntary attendance), it illustrates how Will, or anyone else, would not be given the opportunity to make excuses:

**Interview with member of staff**

I think it's just they know that there's that level of trust there that they can come back, and they're not going to get grief for [having relapsed]. It's kind of that's happened, we don't want to hear about it, lets move on from that.

In general, Outlook allows and actively encourages people to take responsibility, in a non-directive manner. Comments drawn from an interview with a member of staff illustrates how this is done:

**Interview with member of staff**

That's another thing [staff] won't do, they will not pursue a client with letters or phone or whatever if they don't turn up. … but [clients will] be received in a way that they could feel like a grown up, choosing to come to a service that's good for them.

Observation of team meetings reinforces the notion of the service as one that actively encourages responsibility. For example,

**RECOMMENDATIONS**

Given the extent to which the service is already geared towards encouraging responsibility, there is relatively little that can be said in terms of recommendations. However, there may be scope for increasing the emphasis by giving people positions of responsibility more directly. Whilst it is important that the service is based in reality, it may be helpful for people to be able to recognize how they are being given responsibility more easily. Further comments made by Will suggest that being given and taking responsibility may itself be a generative mechanism. For example, being asked to attend a colleague’s wedding and taking on the responsibility of not being intoxicated, had important consequences for Will in terms of self-esteem:
August
And like were willing to give me benefit of the doubt. Gone to do’s with work before and smashed out me head…
Like they can invite me to her wedding and being a bit worried about what state I’ll turn up in, like trusting me, sort
o’ makes me feel half decent.

5. Conclusions

The evaluation and recommendations made above are obviously based on the one example provided. Nevertheless the discussion illustrates the process of analysis and how the realist approach works to the benefit of practice. The paper has only touched upon one aspect of importance for Will: responsibility. A comprehensive analysis would incorporate all of the mechanisms identified through Will’s interviews and is likely to cover all six themes. In some cases it will not be possible to evaluate Outlook’s role or make recommendation (for example, when considering the use of medication as an enabling mechanism), whilst in others Outlook’s place will be more obvious (for example when considering boredom as a disabling mechanism).

Further analysis will be necessary to determine how contexts affect what works for people in relation to disabling and enabling mechanisms. As a simple example of the importance of contexts it can be suggested that although Will mentions boredom as a disabling mechanism, this is not likely to be as important for him, as for others who are not employed.

Another significant point to make is the importance of analysis based on themes, across individuals. This is particularly crucial when making recommendations. The research is based on a single-case design and the project places considerable emphasis on being flexible enough to meet the needs of the individual, nevertheless it is important that general recommendations are not made on the basis of the needs of only one client.

Finally it is necessary to address the limitations of the study. The identification of disabling and enabling mechanisms relies on interviews with clients and therefore on their ability to recognize and verbalize them. In some cases clients are unable to identify how they came to make a significant change, and certain questions may never be answered. To take a hypothetical example from the analysis above, regarding Outlook’s role in relation to time management. Will it be possible to understand how Will’s perception of the restriction placed on the use of the gym card could change from falling within the disabling category ‘it’s not my fault’, to being a supportive enabling mechanism? This is of course yet to happen, and it may be that the answers can be found. However, even if they cannot, it remains that the realist approach facilitates the ‘white’ box evaluation necessary to be truly beneficial to practice.

5.1 The contribution and limitations of scientific realist evaluation

In the evaluation of practice illustrated by the above example, the scientific realist approach is applied in the development of recording systems, practices and evaluation of effectiveness from
the outset. Based on existing knowledge and data accumulation on outcomes, mechanisms and contexts, the programmes are developed as models targeted to achieve the desired outcomes. A multi-method research strategy is applied to test the extent to which these models are analogous with reality, and the data collection and analysis directly contribute to further development of the models as well as their future targeting within a realist effectiveness cycle. In this way, the content of the programmes, their interaction with pre-existing mechanisms and contexts, and their effectiveness in achieving outcomes, are all addressed. The outcomes of the evaluations are to provide data on what works, for whom and in what contexts, along with explanations of why a programme may work with some people and not with others.

Any critical analysis of this approach should be based on the extent to which a particular study addresses complexities of practice, e.g. contexts, multiple perspectives, processes and outcomes. At the time of writing, the five studies mentioned in the introduction are underway and not yet completed, and therefore it is too early to identify the limitations of the scientific realist approach. In discussions with the practitioners and researchers in all five projects, it has been found that the realist schema represents much of what they do in their practice—the on-going assessment of the contexts and repeated analysis of both enabling and disabling mechanisms very much inform the content of practice. However, there is a difference in what actually takes place, and what can be represented in the form of written words. Any ‘white box’ study which sets out to research all of the main components of practice may be susceptible to research overload—and therefore decisions have to be made at the outset in developing a recording system which serves practice and also provides the basis for data collection in a realistic evaluation. In this regard, an overriding principle is that practice considerations are paramount, and therefore any attempt to research the practice is secondary. The scientific realist perspective offers the best possible approximation of practice as it is and as it unfolds, but the extent to which practice is actually approximated depends on the pragmatic decisions that are made regarding the feasibility of the proposed practice research strategies.

6. REFERENCES


