An Evaluation of a Pilot Multi-Professional Offender Personality Disorder (OPD) Higher Education Programme

Journal:	*Journal of Forensic Practice*
Manuscript ID	JFP-10-2021-0051.R1
Manuscript Type:	Research Paper
Keywords:	Personality Disorder, Offending, Training, Higher Education, Innovation, Co-Production, Relational Practice

MANUSCRIPT DETAILS

TITLE: An Evaluation of a Pilot Multi-Professional Offender Personality Disorder (OPD) Higher Education Programme

ABSTRACT:

Workforce development is crucial to the offender personality disorder (OPD) service, to provide contemporary, evidenced care and treatment. We provide an overview and the research evaluation results of a regional higher education programme delivered to a range of criminal justice workers employed on the OPD pathway.

Three modules were developed and delivered, these are 1. Enhancing Understanding (20 students) 2. Formulation and therapeutic intervention (20 students) and 3. Relationships, Teams and Environments (17 students). A mixed methods study evaluated participant confidence and compassion. Pre, post, and six month follow up questionnaires were completed. Additionally, a series of focus groups were conducted to gain in depth qualitative feedback with a cross section of students across the modules (N=7). Quantitative data was collected and analysed separately due to the three modules all having different content. Qualitative data was analysed, and a synthesis of qualitative findings are reported from data taken across the three modules.

52 students participated drawn from three modules: module 1 (N=19); module 2 (N=18); module 3 (N=15). Confidence in working with people with personality disorder or associated difficulties improved significantly following completion of any of the modules, whilst compassion did not. Results have been synthesised and have assisted in the future shaping of modules to meet the learning needs of students.

Further evaluation of effectiveness of educational programmes requires attention as does the longer-term durability of effect

Further research is required to explore the post training impact upon practice

Further exploration is required and larger sample sizes to draw definitive conclusions related to compassion

This unique model of co-production that draws upon the expertise of people with lived experience, occupational frontline and academics is achievable and well received by students and can be reproduced elsewhere

The positive uptake and results of this study indicates a need for expansion of accessible OPD workforce training opportunities across the UK

Further research is required to explore student feedback and comparisons of effectiveness comparing different modes of training delivery, especially in light of the pandemic which has forced organisations and higher education institutions to develop more digital and distance learning approaches to their portfolios

This novel research provides an evaluation of the only higher education credit bearing modules in the UK focussed solely upon the OPD workforce and aligns with the national drive for non-credit bearing awareness level training â€˜knowledge and understanding frameworkâ€™ (KUF).

An Evaluation of a Pilot Multi-Professional Offender Personality Disorder (OPD) Higher Education Programme

Purpose – Workforce development is crucial to the offender personality disorder (OPD) service, to provide contemporary, evidenced care and treatment. We provide an overview and the research evaluation results of a regional higher education programme delivered to a range of criminal justice workers employed on the OPD pathway.

Design/methodology/approach – Three modules were developed and delivered, these are 1. Enhancing Understanding (20 students) 2. Formulation and therapeutic intervention (20 students) and 3. Relationships, Teams and Environments (17 students). A mixed methods study evaluated participant confidence and compassion. Pre, post, and six month follow up questionnaires were completed. Additionally, a series of focus groups were conducted to gain in depth qualitative feedback with a cross section of students across the modules (N=7). Quantitative data was collected and analysed separately due to the three modules all having different content. Qualitative data was analysed, and a synthesis of qualitative findings are reported from data taken across the three modules.

Findings – 52 students participated drawn from three modules: module 1 (N=19); module 2 (N=18); module 3 (N=15). Confidence in working with people with personality disorder or associated difficulties improved significantly following completion of any of the modules, whilst compassion did not. Results have been synthesised and have assisted in the future shaping of modules to meet the learning needs of students.

Originality –This novel research provides an evaluation of the only higher education credit bearing modules in the UK focussed solely upon the OPD workforce and aligns with the national drive for non-credit bearing awareness level training 'knowledge and understanding framework' (KUF).

[256 words]

Keywords - Personality Disorder, Offending, Training, Higher Education, Innovation, Co-production.

Paper type - Research Paper

1. Background

Historically, personality disorder has been one of the most stigmatised, misunderstood and excluded of all mental health diagnoses. For almost two decades policy attention has been drawn to this to improve experience and understanding for people with germane difficulties in both mental health services and criminal justice settings (Mind, 2018; National Institute for Mental Health in England [NIMHE], 2003a; Royal College of Psychiatrists, 2020). Wright et al (2007) sought to reconsider issues of common humanity when working with people experiencing personality disorder, as so often workers cannot see past the stigmatising label of personality disorder and are ill-informed. By gaining insight and acknowledging previous harm and trauma experienced, we may 'open up the possibilities for compassion and empathy', and enhance worker confidence (Wright et al, 2007). Given that personal disorder is an interpersonal diagnosis, it could be said that one-sided compassion is insufficient. We also need to enable the individual to conquer their own self-criticism and learn how to be self- compassionate to create a dialectic therapeutic relationship. Indeed, Warren (2015) asserts that healthier interpersonal relationships can be achieved through enabling compassion.

It is estimated that up to 70% of the prison population will meet the criteria for personality disorder (Singleton *et al*., 1997; Fazel and Danesh, 2002) and 50% in probation caseloads (Brooker *et al*., 2011). Hence, attention has recently focussed upon the development of an Offender Personality Disorder (OPD) pathway (Skett and Lewis, 2019) to meet the needs of this population and their workers. Once the term 'Dangerous and Severe Personality Disorder' (DSPD) was coined, initiatives and services were framed by the DSPD initiative (Sizmur and Noutch, 2005) despite strong opposition by psychiatrists as a questionable medical diagnosis (Duggan, 2011). The Bradley Report (2009) subsequently addressed shortcomings within the criminal justice system for working with such high-risk individuals who presented with the added complexity of personality difficulties.

The OPD programme was designed to improve public protection, reduce re-offending, and enhance the psychological health and wellbeing of offenders presenting with this added complexity (National Offender Management Service [NOMS], 2015). Hence, significant investment was targeted at an OPD pathway to address service deficits, including workforce development, to improve understanding of individuals' needs, provide psychologically informed practice (Joseph and Benefield, 2010) and create effective partnership working (Logan and Ramsden, 2015). In part, this was facilitated by the NIMHE (2003b) capabilities framework, set out a plan for multi-professional skills escalator to enhance practitioners' understanding, evidence-based practice and confidence.

Additionally, the Department of Health (2009) provided commissioner guidance to support service development and delivery, across both health and criminal justice settings and practitioner guidance was developed (NHS England and Her Majesty's Prison and Probation Service [HMPPS], 2011/ 2020). Interestingly, the use of the diagnostic term 'personality disorder' has been dropped from the document title to include the more inclusive and less diagnosis driven title of working with 'personality difficulties'.

A recent position statement from the Royal College of Psychiatrist has outlined the importance of whole systems approaches to working more effectively with people with personality disorder and highlighted a significant redirection of attention to the criminal justice challenges in 2011 (Royal College of Psychiatrist, 2020). This gained further attention in the personality disorder consensus statement co-produced by a team of experts in the field of practice and who outline a vision for services using whole system approaches and more effective criminal justice responses (Mind, 2018).

Since the inception of the OPD pathway, there has been an active drive to educate the criminal justice workforce, including clinical staff such as nurses, occupational therapists, psychologists and offender managers from probation and prison services. The education is driven by evidence-based practice from health services research to develop a trauma informed, formulation driven and psychologically informed workforce who are interpersonally effective (Bruce *et al*., 2020; Mapplebeck *et al*., 2016; Radcliffe *et al*., 2017). Understanding of the importance of relational aspects of working with people with personality difficulties and the role that self, the system and others play within it is anticipated to improve therapeutic relationships and effectiveness (Haigh and Benefield, 2019). Such development of interpersonal skills and therapeutic approaches should complement understanding and working approaches (NHS England and HMPPS., 2020).

Consequently, we developed an education programme comprising of a series of modules focused on relevant aspects of knowledge and skill acquisition for improving the confidence and compassion of the OPD workforce. Our training provides enhancement of knowledge and skills to that acquired during basic KUF training and does so by providing theoretical and research-informed knowledge to underpin deeper learning which is assessed through an academic credit bearing component to accompany the training. This training programme does not replace 'on the job' skill and knowledge

acquisition but enhances it by mixing regional workers across a range of disciplines made possible via its network opportunity for peer-to-peer knowledge exchange/transfer. Students from a range of disciplines across the pathway have differing levels of academic study experience, so all modules are offered at a range of academic levels (Diploma, Degree and Masters) to enable inclusivity for all attendees.

The development of the programme was funded and driven by regional commissioners and was established to provide cross-organisational and multi-professional training for those working within the OPD pathway. A strong emphasis which focussed upon models of co-production and co-delivery with people with lived experience of personality disorder was employed, as in previous personality disorder-based training initiatives and was pivotal to its development (Baldwin *et al*., 2019; Davies *et al*., 2014; Ebrahim *et al*., 2015 Lamph *et al*., 2014; 2018). The co-production model was advanced further via a unique three-way model that brought together occupational, academic, and lived experience expertise as key facilitators and educators. The occupational component of our model ensured that all materials developed were suitable, impactful and of relevance to the OPD multi-professionals accessing our programmes. The OPD pathway provided a unique opportunity to be innovative and highlighted the importance of staff preparedness and continued professional development education. It was imperative that a thorough research evaluation strategy was developed before commencing the training, to provide continuous course improvement and quality assurance, to measure the impact, receive direct feedback from the students accessing this novel programme of study and to review the teaching and learning strategy.

Our aims for this research evaluation were to:

- Explore levels of confidence and compassion of the workforce pre, post and at six-month follow up and
- develop insight into student satisfaction, learning and development experiences

Results from these aims have informed future planning for OPD Higher education provision both regionally and nationally in the UK and are described within this paper.

2. The Programme

2.1 The OPD Higher Education Training Model

The three OPD specific modules have been drawn from the only current masters programme in personality disorder in the UK, originally developed by [HEI name to be inserted XXX] in 2003. The MSc in Personality Disorder underpinned the programme development, supported by a working group of both occupational (OPD pathway-based practitioners) and lived experience collaborators, and aligned to the OPD workforce's developmental needs. A collaboration was formed with Leeds and York Partnership NHS Foundation Trust, who supported the recruitment of students, provision of clinical expertise and oversaw the commissioning and quality performance of the project. The programme was developed between April – September 2019 and delivered September 2019 - April 2020. Before training commenced a working group of expert clinicians, lived experience colleagues and the academic team coproduced the training philosophy; an abridged version is below:

- We should ensure that we consider systemic work within all sessions.
- We aim to improve understanding of people who have had difficult early experiences and those likely to be recognised as having personality disorder or related difficulties.

- We should adopt the underlying assumption that services, teams and individuals can become anxious working with this client group, and this results in anxious responses which often become part of the problem and exacerbate difficulties for both the client and the service.
- We should ensure that a focus is applied to the development and maintained of supportive relationships in which reassurance and understanding stances are developed. Taking time to talk and space to do this should be encouraged.
- Use of the term personality disorder is used to frame difficulties people may present with and the understanding of people and relationships.
- This course and its delivery should always consider the importance of the psycho-social model, not biomedical.
- We should also endeavour to talk about the importance of interpersonal relationships and epistemic trust.

2.2 Delivery

Three pilot modules were delivered between October 2019 and April 2020. These modules were delivered face-to-face (pre-pandemic) by academic staff, clinical experts and lived experience experts who worked in co-production. Each module was delivered over seven weeks with one full day training each week. The 'flipped classroom' model was adopted alongside traditional but co-produced/co-delivered lectures. A 'flipped classroom' is a pedagogic approach in which the learning dynamics are reversed, and the learners take a leading role in understanding concepts both within and outside of the classroom with lecturers facilitating the process. Assessment methods included a poster, written reflections, case studies and a critical dialogue. This approach values existing knowledge and empowers students to share knowledge, learning and experiences (Blazquez et al., 2019). A precis of the modules is provided below:

OPD1. *Enhancing Capability for Working with People with Personality Disorder*:

• Models of personality disorder

• Ideological basis of personality disorder in the context of practice

• Exploration of attitudes, beliefs, and values

• Service options and evidence-based practice for individuals with personality disorder

OPD2. *Formulation and Therapeutic Approaches to Working with People with Personality Disorder:*

• Assessment tools

• Risk assessment and management

• Psychologically informed case formulation

• Interpersonal dynamics and boundaries

• Evidence-based interventions (Dialectic Behavioural Therapy / Mentalisation Based Therapy / Cognitive Analytic Therapy)

• Enabling environments

OPD3. *Managing Complex Mental Health Needs, Relationships, Teams and Environments*

• Examination and understanding of holistic and integrative methods of managing individuals in a variety of settings

• Critique of the teamwork response

• Mastery in effective ways of working with complex mental health needs and proposals for change

• Critical awareness of the impact of self within the relationship with the client and other team members

High levels of attendance and engagement were seen across all three modules and pass rates achieving academic credits were higher than anticipated. For OPD1.: 17/20 submitted and the Average Pass Marks (APM) were 63.8% for diploma level, 72.8% for degree level and 87% for the masters students. For OPD2: All 20 students submitted and the APM for diploma was 42%, for degree it was 63.3% and for masters it was 77.4%. The OPD3 students that submitted (15/ 17) attained APMs of 74% for diploma level, 74% for degree level and 75.2%% for the masters students.

The organisational leadership focus of OPD 3 attracted senior practitioners / clinical / forensic psychologists / service managers and, as this was taught and assessed during Covid restrictions, the Universities 'no detriment policy' was applied, effectively acknowledging a level of mitigation for all students, in consultation with the External Examiner.

3. Method

A mixed methods approach was deemed appropriate to meet the aims of the evaluation and strengthened the findings through triangulation (Dawadi *et al*., 2021). Such an approach recognises the benefits of detailed qualitative exploration while also contextualising statistical comparisons. A mixed methods approach enables evaluations to be conducted from different perspectives, drawing on the strengths of each approach to reduce their limitations (Regnault *et al*., 2018).

3.1 Design

The study was conducted in two phases. Phase 1 included questionnaires pre training, post training and at 6 months follow up; phase 2 included a series of qualitative focus groups with students and service managers. Questionnaire data was collected from participants from each module independently and reported separately, as each module differed in its content.

Phase 1: Research Sample and Recruitment

All 57 students were invited to take part in the research evaluation. Of the 57 invited 52 students gave informed consent to take part (91% participation). Whilst recruitment was highly effective at the beginning of the study across all three modules, there was some attrition at the post-module and at the follow up time points. Ultimately, 50 students took part immediately post-module but only 23 took part in the six-month post-study evaluation (Table 1 – Participant Engagement).

Ethical considerations of recruiting from within a student population was given careful consideration. It was highlighted that this was optional involvement, and we stated explicitly that those who opted out would not in any way be disadvantaged. to mitigated for any perceived coercion. Ethical approval was granted via the University of Central Lancashire STEMH Ethics Committee (STEMJ 1087) approved on 20/09/2019.

3.2 Research Materials

Phase 1 – Questionnaires

A bespoke questionnaire based upon the Knowledge and Understanding Framework Personality Disorder Knowledge, Attitude and Skills Questionnaire (KUF PD-KASQ) (Bolton *et al*., 2010) and the Santa Clara Brief Compassion Scale (Hwang *et al*., 2008) which and included a series of statements using a Likert scale were used.

Confidence in working with people with personality disorder was examined using three items exploring the participant's confidence and knowledgeableness "when working with people with personality disorder or related difficulties". Participants responded using a likert scale ranging from 1 (not confident) to 10 (extremely confident). Overall confidence scores were calculated by summing the scores from all three items, giving a score range from 3 to 30 and were compared across Time 1 (pre-module), Time 2 (after the module) and Time 3 (at six-month follow-up).

Compassion was assessed using five items, e.g., "I tend to feel compassion for people with a Personality Disorder and/or Self Injury, even though I do not know them". Responses were rated on a likert scale ranging from 1 (not at all true of me) to 7 (very true of me). Overall compassion scores were calculated by summing the scores from all five items, giving a score range from 5 to 35 and were compared across Time 1 (pre-module), Time 2 (after the module) and Time 3 (at six-month follow-up).

Free text components for gaining qualitative feedback on the training programme featured within each of the questionnaires. The focus of the open text explored student experiences, knowledge acquisition, perception of competence and the impact of the training on practice.

3.3 Procedure

Participants enrolled on the modules were approached and asked to take part in the evaluation. Those that agreed were asked to complete the pre (in the classroom before commencement of training), post (In the classroom at the end of the final day) and follow up questionnaires (via a university approved online survey link). The bespoke self-report questionnaire was administered at three-time-points; before, after and at six month following completion of the modules. Pre and Post Questionnaires were completed by students at the start of the modules and on the final day of the module respectively. Follow up data was collected electronically 6 months after completion of the module.

3.4 Mixed Methods Analysis

A Mixed Methods Analysis of questionnaire data was conducted. Quantitative data was analysed using SPSS. We used paired-samples t-tests and appropriate post-hoc tests to measure change in scoring over the various time intervals. Each of the individual modules were analysed separately. Qualitative data taken from questionnaires was analysed using a content analysis approach (Elo and Kyngas, 2008).

3.5 Phase 2 – Qualitative Focus Groups

Research Sample and Recruitment

Participants were recruited via an email flyer, which was sent to all 57 enrolled students across the 3 modules. Due to COVID restrictions focus groups were conducted digitally. Participation was lower than anticipated, however, given the pandemic challenges to frontline workforce practitioners, this

was to be expected. In total we had; seven participants. Two from OPD module 1, two from OPD module 2 and three from OPD module 3. One of the students completed OPD 1 and 2 and hence participated in both focus groups.

3.6 Research Materials – Topic guides

For the qualitative focus groups, we used topic guides and interviews were conducted using a semi-structured approach that was underpinned by a SWOT analysis (Strength, Weaknesses, Opportunity, and Threats).

3.7 Procedure

To enhance the rigour of data collection, groups were facilitated by researchers who had had no previous contact with participants in a teaching capacity. The focus groups were recorded on Microsoft Teams. A Strengths Weaknesses, Opportunities and Threats (SWOT) analysis method was used to form our topic guides. The Key opening question for Strengths / Potential was *'Describe any positive aspect of your learning via this module?' followed by* Weaknesses / Limitations *'Describe any negative aspects of your learning via the module?'* Opportunities / Enhancements *'Can you identify any opportunities or further developments that could be considered in future modules?'* Threats / Barriers *'Can you identify any barriers to your learning on the module?'* Data was transcribed to enable the identification and revision of themes. Thematic mapping and the recordings were then shared with external analysists to ensure consistency and re-affirm /clarify accurate coding and ensuring that the reporting aligned to the raw data collected.

3.8 Qualitative Analysis

Focus groups were analysed using thematic analysis (Braun and Clarke, 2006). Data was then collated and synthesised alongside the questionnaire qualitative data, with reporting of commonalities and conflict reported in results.

4. Results

4.1 Quantitative Results

Within this section we provide results examining whether there were any meaningful changes in students' confidence in working with and compassion towards people with a personality disorder diagnosis or associated difficulties. We administered a bespoke self-report questionnaire at three-time-points; before, after and at six month following completion of the modules.

Confidence scores ranged from 3 to 30 and compassion scores ranged from 5 to 35 and were compared across Time 1 (pre-module), Time 2 (after the module) and Time 3 (at 6-month follow-up).

We first compared the average confidence and compassion scores of the cohort, prior to module completion (Time 1) and following completion of the module (Time 2) using six paired samples t-tests (sample sizes were: n = 16, Module 1; n =15, Module 2; n = 14, Module 3). To interpret the size of the difference in change we report Hedges' g_{av} (Cohen's effect size d, calculated using the average of the variances with Hedge's correction; Lakens, 2013).

The number of participants completing Time 3 follow-up measures was smaller (n= 8, Module 1; n = 7, Module 2; n = 6, Module 3). We ran six additional paired samples t-tests here to compare the average confidence and compassion scores at six-month follow-up (Time 3) compared to post module completion (Time 2).

Module 1 ***Did confidence and compassion scores change from before the module (Time 1) to post module completion (Time 2)?***

Confidence scores were significantly higher after (Mean = 23.09) relative to before (Mean = 19.94) completing the module (t = -4.105, df = 15, p<.001, Hedges' g_{av} = -.67). Thus, Module 1 had a large significant positive impact on how confident the students felt.

Compassion was not significantly different pre (Mean = 25.94) and post (Mean = 26.97) completing the module (t = -1.239, df=15, p=.234, Hedges' g_{av} = -.18). Thus, Module 1 did not significantly improve students' levels of compassion towards those with personality disorder.

Did confidence and compassion scores change from post module completion (Time 2) to six-month follow-up (Time 3)?

Confidence scores were not significantly different at follow-up (Mean = 21.25) relative to after (Mean = 22.69) completing the module (t = .975, df = 7, p=.362, Hedges' g_{av} = -.39), suggesting confidence was maintained.

Compassion was not significantly different at follow-up (Mean = 25.25) relative to after (Mean = 26.81) completing the module (t = 1.039, df = 7, p=.333, Hedges' g_{av} = -.24), suggesting compassion did not change.

Module 2

Did confidence and compassion scores change from before the module (Time 1) to post module completion (Time 2)?

Confidence scores were significantly higher after (Mean = 22.41) relative to before (Mean = 19.52) completing the module (t = -2.675, df = 16, p=.017, Hedges' g_{av} = -.68). Thus, Module 2 had a large significant positive impact on how confident the students felt.

Compassion was not significantly different pre (Mean = 26.35) and post (Mean = 27.11) completing the module (t = -.856, df = 16, p=.405, Hedges' g_{av} = -.10). Thus, Module 2 did not significantly improve students' levels of compassion towards those with personality disorder.

Did confidence and compassion scores change from post module completion (Time 2) to six-month follow-up (Time 3)?

Confidence scores were not significantly different at follow-up (Mean = 23.43) relative to after (Mean = 22.86) completing the module (t = -.620, df = 6, p=.558, Hedges' g_{av} = -.20), suggesting confidence was maintained.

Compassion was not significantly different at follow-up (Mean = 27.71) relative to after (Mean = 28.14) completing the module (t = .452, df = 6, p=.667, Hedges' g_{av} = -.093), suggesting compassion did not change.

Module 3

Did confidence and compassion scores change from before the module (Time 1) to post module completion (Time 2)?

Confidence scores were significantly higher after (Mean = 23.00) relative to before (Mean = 19.93) completing the module (t = -5.591, df = 13, p<.001, Hedges' g_{av} = -1.18). Thus, Module 3 had a large significant positive impact on how confident the students felt.

Compassion was not significantly different pre (Mean = 29.29) and post (Mean = 28.36) completing the module (t=1.579, df= 13, p=.138, Hedges' g_{av} = -.38). Thus, Module 3 did not significantly improve students' levels of compassion towards those with personality disorder.

Did confidence and compassion scores change from post module completion (Time 2) to six-month follow-up (Time 3)?

Confidence scores were not significantly different at follow-up (Mean = 21.33) relative to after (Mean = 22.83) completing the module (t = .1.246, df = 5, p=.268, Hedges' g_{av} = -.60), suggesting confidence was maintained.

Compassion was not significantly different at follow-up (Mean = 27.00) relative to after (Mean = 27.50) completing the module (t = .374, df = 5, p=.723, Hedges' g_{av} = -.20), suggesting compassion did not change.

Quantitative Results Summary

In summary, confidence in working with people with personality disorder symptoms improved significantly following completion of Modules 1, 2 and 3, whilst compassion towards this client group did not, however as students opted to attend them to improve their knowledge, they were prepared to develop better understanding and insight into the client.

Importantly at the six-month follow-up the confidence scores post learning were maintained. For educational research this is a positive finding as often short-term educational programmes at follow up display declines in knowledge and confidence are noted as in the KUF (Lamph *et al*., 2014).

4.2 Qualitative Results

Two sources were used to provide qualitative data. These included open text qualitative responses we embedded into the post and follow up questionnaires and focus group interviews.

Questionnaires

Qualitative data was captured both within the post- study and follow up questionnaires. An overview of our analysis and identified themes can be seen (Figure I) below. Out of the completed questionnaires 52, a total of 50 post questionnaires and 23 follow up questionnaires were fully completed with both quantitative and qualitative information provided. These data were analysed using content analysis, which was carried out by exploring frequencies of comments and common patterns in these data. Three themes were identified:

1. Importance of learning community
2. Authenticity and credibility of module team
3. Impact and improvement of practice

Figure I - Thematic Map [To be inserted here]

These data were combined and synthesised with the data taken from the focus groups.

Focus Groups

For the focus groups a SWOT analysis (Strength, Weaknesses, Opportunity and Threats) structure was utilised to provide a framework to a topic guide that guided data collection. A method of thematic analysis (Braun and Clarke, 2006) was used to analyse these data.

Themes from the questionnaires and focus groups were combined and synthesised to provide a more collective overview reporting and labelling of the qualitative combined themes reported below. Data taken from the content analysis was cross referenced against these data taken from the focus groups.

4.4 Synthesis and Combined Qualitative Results

On synthesising from these two data sets, strong similarities in themes were reported and hence we choose to adopt the global themes from the content analysis phase as a framework for our reporting which is complimented by new sub themes that represented the detail within the synthesised data (Figure I). Verbatim quotes from the questionnaires and focus groups are shared using pseudonyms in our reporting of themes.

Theme 1 – Importance of the Learning Community

Within this theme we identified three subthemes through our analysis and synthesis 1) Sense of Solidarity, 2) Expectations and Challenges, 3) Differing perspectives. Pseudonyms have been used.

Sense of Solidarity

Many participants referred to the positive impact of other students in relation to the diversity of the group and consequently how they learned from each other's experiences. The creation of reflective space on the module was acknowledged as very important. Similarly, the face-to-face delivery was valued for enabling interactions with other colleagues across the region and pathway. The opportunity to network with *"like-minded"* (Maria) and motivated people from diverse areas led to a sense of community being developed and peer learning opportunities. A good group dynamic was highlighted with a focus on the following key points being raised; opportunities to offload, discuss challenges, network, share humour and reflect on practice with shared experiences being valued. Being with colleagues from across a wide range of OPD services was described as refreshing (Janine). A *"Sense of Solidarity"* (Pat) was commonly described, in the focus group participants reported missing this, when the module ended: *"It's almost like having time out every week to just go and have a reflective space, was brilliant, coz we don't get it, I want it back!"* (Pat).

Expectations and Challenges

Overall, the modules met the expectations of the participants and they reported positive and realistic expectations of a seven-week module. "i*s there more we would want to learn Yes! buts it's a module not a full course…"* (Pat). Most felt that their involvement in the module had increased their knowledge, desire, and eagerness to learn more. The face-to-face training mode was complimented despite some challenges in bringing a regional student cohort together and the long and sometimes complex travel arrangements that led to a long working day for some. However, the networking opportunities and being able to be away from the workplace were felt to be of paramount importance: *"If you want to be somewhere you make the effort and sacrifice" (*Janine*)*. Whilst valuing

the importance of the face-to-face elements, it was acknowledged that a blended learning approach may be preferential for some learners. The final practicality was organisational leadership support, mixed feelings were shared relating to this and protection of learning time, it was felt that more clarity is required to outline student and organisational commitment going forward.

Differing perspectives

The differing perspectives brought into the training from facilitators, and students from differing locations, teams and multi-professional backgrounds were identified as key strengths: "*Blend of content and getting contributions from the floor and our experiences was really positive"* (Lyndsey). The informal aspects of training in person and the venue became key features of the positive experiences. Training amongst mixed professional groups was described both as a strength and limitation. It was viewed as a strength as "*typically training takes place in your own departments, with people doing the same type of work"* (Sharon). The uniqueness of bringing together people from different points in the pathway was therefore felt to be an important and valuable aspect of the experience. However, critically, it was also reported that the learning had "*a lot of dominance by probation and approved premises workforce due to the make-up of the cohort"* (Emma). Nevertheless, the training was considered "*very inclusive, which is not always the case in training environments"* (Sharon) and it was noted that we created an environment that welcomed discussion and valued all contributions: "*Was enjoyable to be there was difficult to make time for it… I am really, really glad as it was actually enjoyable as much as useful" (*Lyndsey*).*

Theme 2 – Authenticity and Credibility of the Delivery team

Within this theme we identified two subthemes through our analysis and synthesis 1) Fresh and Upbeat 2) Bounce off and Reflect.

'Fresh and Upbeat'

The diverse co-production model of people with academic, practice based and lived experience co-facilitation of learning was reported back as providing a "*fresh and upbeat"* model of delivery. *"There were a range of professionals delivering different topics which was really helpful" (Joanna).* The students felt the variety of facilitators on the modules kept it interesting and engaging due to varied experience, knowledge, and teaching styles. They commented on the supportive and accessible nature of the module teams. "*All the lecturers/teachers were knowledgeable, warm and informed. Provided really positive teaching environment" (Harry).* The power of lived experience contributions was highlighted as a key strength, with one participant describing this this as emotive. This was especially the case when a co-facilitator with both lived and professional expertise talked about the challenges and stigma of a Personality Disorder diagnosis. Being able to ask people delivering the training questions about their experience of services was something highlighted as important, owing to the fact that when working with people in a professional capacity there are questions you may be unable to pose directly to service users, but could be asked of people co-facilitating education sessions.

Bounce off and Reflect

The opportunity to "*bounce off and reflect"* collectively with facilitators of the training and fellow students was remarked upon as a key strength. The relaxed atmosphere was felt to be crucial owing to the relational/interpersonal content of the modules and made the experience congruent with the

subject matter: "*Personality Disorder is a relational topic [The training therefore] need['s] to be a relational experience"* (Maria). The blend of practical skills development, group interaction and reflective activities were well received by participants. There was general appreciation of the value and saliency of the course content, and ideas were generated for future enhancements including; a greater input of facilitators from criminal justice/ probation professions and more sessions from people actively working within the OPD pathways.

Theme 3 – Impact and Improvements on Practice

Within this theme we identified 2 subthemes through our analysis and synthesis 1) I know my stuff 2) Reducing fears, enhancing confidence.

'I know my stuff'

The acquisition of new knowledge was an appreciable aspect of the module experience, however the value of consolidation and reinforcing of prior knowledge was emphasised by participants. Moreover, the learning experience operated to further enhance practitioners' confidence and knowledge in practice, confirming a sense of: "*I'm thinking on the right track"* (Janine). The confirmation of prior knowledge, led to increased confidence to challenge practice in the workplace. In contrast, a fear of not being competent enough when working with this client group was described prior to undertaking the module. Completion of the assessed components led to a sense of achievement and reassurance with one focus group member stating that this increased her confidence and enabled her to realise: "I *do know my stuff"*. New skills were also highlighted especially relating the OPD Module 1 assessment which is an academic poster presentation and oral defence. This was described as a confidence booster: "*I can stand up present a case and talk about OPD in a confident manner"* (Janine).

Reducing fears, enhancing confidence

Participants found the content interesting, varied and felt it enhanced or refreshed their skills. It enabled questioning of their knowledge about personality disorder, ultimately resulting in them seeing the person not the diagnosis. They felt the application to practice was important and consolidated knowledge, thus enhancing workplace confidence. One student talked of their development of critical thinking about the medical model, realising that diagnosis need not be essential. Content specifically related to formulation processes, understanding, course delivery and the involvement of a pathway based clinical lecturer working on the pathway were described as essential key components. The transferability of skills and knowledge to practice was highlighted: "*formulation equipped me to make my formulation [in practice] more robust and holistic…" "I felt a lot was gained from the formulation sections and it reducing fears and anxieties about formulation writing"* (Janine).

Formulation skill acquisition was cited as a factor in building the self-confidence when completing assessments. Confidence in trusting one's-self was an important aspect to this work: "*given thought to the person and having a reflective view of the individual" (*Janine*)*. Acknowledgement that many practitioners working on the OPD pathway are not psychologists had an impact upon confidence in working in a psychologically informed way, but participants reported how the module enabled them to recognise their knowledge as valuable; hence boosting confidence to trust one's own assessment skills. Those who completed module 2 reported an enhanced knowledge of different therapies and, importantly, provided recognition and validation of what participants felt they were already doing well in practice whilst highlighting areas for improvement: "*reinforces what I know is useful… also helps identify areas I need to improve learning on"* (Pat). Skills for practice were also outlined; many of the basic interpersonal skills were reinforced, as was the need to step back, take time to reflect

and stop and think. A reported challenge was often finding it hard to carve out time to apply new learning in practice. Most participants commented on applying new knowledge to practice and how the use of real to life examples and case studies supported this and was thought provoking. The sensitivity of language used on the course raised awareness and made participants reflect upon the language used in practice; one participant stated how this had: *"changed me as a practitioner"* (Maria). Another described how the module had challenged their stereotypes and unconscious bias.

5. Discussion

The evaluation results have informed future planning for OPD Higher Education provision both regionally and nationally in the UK. Overall, the evaluation feedback represents a highly positive evaluation of the experience of undertaking the OPD education programme and early attempts to put learning into practice. Participants were readily able to connect knew knowledge to skills acquisition and gains in confidence. Importantly, participants were able to reflect upon their own disposition to individuals who carry the personality disorder label within the criminal justice system and reappraise professional relationships with these service users, which has been a main aim of progressive policy pronouncements. Participants stressed seeing the person and becoming more aware of the possible genesis of their problems in previous traumatic experiences, which assisted in minimising stigma and processes of othering (Wright et al. 2007).

No significant differences or changes in levels of compassion were identified. Participants scored themselves positively on the compassion scale on commencement of training, which may be attributed to their motivations experiences of working within the OPD pathway using more relational approaches hence leaving little room for positive movement of compassion. Thus, we can only report that compassion levels were unchanged, however it could also be argued that compassion was maintained and didn't reduce during the duration of the study.

The importance of the learning community and mixed multi-professional composition of the students was viewed as a strength of this programme. The opportunity for shared, whole-system, multi-professional experiences was viewed positively. The use of a flipped classroom approach which leant upon the student knowledge and experience as a mechanism for learning is an increasingly encouraged pedagogic practice (Blazquez *et al*., 2019). This was of crucial importance with our multi-professional student composition. Some criticism was directed at the composition of students being more heavily represented from the probation workforce and approved premises, as students felt that some parts of the OPD pathway and community-based services were under-represented.

Reeves *et al* (2010) carried out a systematic review exploring the effectiveness of interprofessional education and conclude that it has limited impact on practice. They also acknowledge that overall, there is a limited understanding of the real impact of carrying out interprofessional education, owing to the heterogeneity of interventions and methodological limitations of included studies. They also highlight the importance of mixed method approaches being essential to evaluate 'complex interventions' such as interprofessional educational provision and point to the lack of qualitative data collection as something that needs to be addressed within pedagogic evaluations, something we attended to in both the questionnaire data and addition of post training qualitative focus groups.

The central aim of educational provision is knowledge sharing, enhancement of understanding, and skills development, hence our improvements in knowledge and understanding were to be expected. This study shows a longer-term durability of the student improvement at 6-month follow up period, which differs from other educational evaluations (Lamph *et al*., 2014). However, we should treat this with caution due to the small number of participants in this study.

Equally, the authenticity and credibility of the delivery team and the use of a co-production model were commended in the student evaluation feedback, particularly that of lived experience input which is known and reported to have had a significant impact on personality disorder training across the UK for bringing about positive changes to practitioner attitudes (Baldwin *et al*., 2019). Equally, models of co-production are strongly advocated in both the NHS long term plan (NHS England, 2019) and the five-year forward view of mental health services/ provision (NHS England, 2016), with calls for service and commissioning of mental health informed projects to be innovative in their approaches. Delivering effective co-production is not without its challenges, but when done well can have a real impact upon projects with creativity and the expertise of people who have experienced service themselves then shaping and educating the providers of such services (National Collaborating Centre for Mental Health, 2019).

Improvement and impact on practice was further training programme achievement made possible by increased insight, interpersonal skills awareness and self-reflection which were an integral part of all modules. This 'thinking time' was deemed to be of paramount importance to the participants and mirrors the guidance outlined in the 'Practitioner Guide for working with people in the criminal justice system showing personality difficulties' (NHS England and HMPPS, 2020). Team working and focus on relational aspects of their work with service users is essential if the quality of the service provision and personal and professional growth is to be achieved amongst the OPD workforce (NHS England and HMPPS, 2020). Whilst our modules enable the promotion of thinking time, workplace pressures continue to create barriers to this, post-training. Despite the importance of self-aware, insightful and reflective practitioners, supervision and reflective space are often undervalued (Turner and Hill, 2011).

Within the literature there is an emerging interest into 'relational practice' (Haigh and Benfield, 2019). Whilst the articulation of relevant conceptual frameworks are at an early stage, a model has been presented that aids understanding of human development and the impact and challenges that 'people facing' services encounter (Haigh and Benefield, 2019). Within this model the importance on relationships, whole person across the life span perspectives, and on human relationships are considered. Conflicts from systematic or organisational constraints and challenges, manualised and prescribed approaches / interventions, and professionals' own biases can lead to the quality of human interactions being compromised and constrained. Interpersonal and relational aspects of the training are embedded throughout the programme enabling an understanding of the importance of relationships and interactions and can be seen in our co-produced unique training philosophy.

Implications for Practice

- This unique model of co-production draws upon the expertise of people with lived experience, occupational frontline and academics is achievable and well received by students and can be reproduced elsewhere
- Further evaluation of effectiveness of educational programmes requires attention as does the longer-term durability of effect
- Further research is required to explore the post training impact upon practice this could include research with service users to understand the impact the enhanced training has had on the workforce and environment from their perspectives.
- Further exploration is required and larger sample sizes to draw definitive conclusions related to compassion
- Further research is required to explore student feedback and comparisons of effectiveness comparing different modes of training delivery, especially considering the pandemic which

has forced organisations and higher education institutions to develop more digital and distance learning approaches to their portfolios

- The positive uptake and results of this study indicates a need for expansion of accessible OPD workforce training opportunities across the UK

6. Limitations

Efforts were made to enhance rigour and reporting of the results. The questionnaires were adapted and bespoke hence we do not have reliability data. All quantitative analysis was performed by independent researchers who were not part of the delivery team and from another university faculty. Qualitative content analysis was performed by researchers from within the same faculty but with who had not been involved in the teaching delivery. Efforts were made to mitigate bias reporting in the qualitative focus groups by ensuring they were facilitated by members of the research team who had not been involved in the teaching delivery. However overall analysis and leadership of the research team was conducted by the Principal Investigator who had been influential in the development, delivery, and leadership of the programme. Having a wide and experienced research team ensured that team reflexivity was adopted throughout. Follow-up attrition is not uncommon in research studies with frontline clinicians and low numbers of involvement at follow up stage and focus groups needs to be acknowledged as it is likely that only the most enthusiastic and engaged participants may have informed the follow up feedback. This study and its results could have been further enhanced if we had recruited a waiting list control group and hence not having a control to compare results with is a limitation.

7. Conclusion

This study explored the experience of OPD workforce learners, their knowledge acquisition *(reflected through their grade achievements)* confidence and compassion. Whilst we report a high uptake of the training, high pass rates of students, and positive student experiences, we are also able to report improvements in student knowledge and perceived confidence in working with people with personality disorder or related difficulties on the OPD pathway, that are maintained 6 months post training. However, we are not able to report any significant differences in levels of compassion towards the client group. Whilst there was some degree of change amongst individuals and timeframes this was not substantive, leading us to conclude that compassion is stable but requires further investigation.

Our programme has continued to be delivered and evaluated into 2020/21 and 2021/22 but has had to move into an online format due to COVID-19 pandemic restrictions This new way of working has provided opportunity to do things differently and provisional feedback from students is mixed. We plan to further synthesise our data and draw comparisons on the modes of delivery and their impact and effectiveness.

Whilst this evaluation was regionally based, wider attention is growing for the programme, and it is therefore important to share findings of such effective innovations nationally. We hope through future evaluations to further explore the direct post training impact upon practice in more depth

[Main text: 7167 words]

References

Blazquez, B. O., Masluk, B., Gascon, S., Diaz, R. F., Aguilar-Latorre, A., Magallon, I. A. and Botaya, R. M., 2019. The use of flipped classroom as an active learning approach improves academic performance in social work: a randomized trial in a university. *PLoSOne*, Vol. 14 No. 4 e0214623, doi:10.1371/journal.pone.0214623.

Bolton, W., Feigenbaum, J., Jones, A., and Woodward, C., 2010. Development of the PD-KASQ, (Personality Disorder – Knowledge, Attitudes and Skills Questionnaire).

Bradley, Rt Hon Lord, 2009. Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System (The Bradley Report). London: TSO.

Brooker, C., Sirdifield, C., Blizard, R., Maxwell-Harrison, D., Tetley, D., Moran, P. and Turner, M., 2011. An investigation into the prevalence of mental health disorder and patterns of health service access in a probation population. Lincoln, NE: University of Lincoln.

Bruce, M., Patel, S. and Stevens, P., 2020. Psychologically informed practice (PIP) within the offender personality disorder pathway: Towards establishing an evidence base for approved premises. *Criminal Behaviour Mental Health*, 30 268-280. DOI:10.1002/cbm.2165.

Davies, J., Sampson, M., Beesley, F., Smith, D. and Baldwin, V., 2014. An Evaluation of Knowledge and Understanding Framework personality disorder awareness training: can a coproduction model be effective in a local NHS mental health trust? *Personality and Mental Health*, 8, pp161-68.

Dawadi, S., Shrestha, S. and Giri, R. A., 2021. Mixed-Methods Research: A Discussion on Its Types, Challenges, and Criticisms. Online Submission, 2(2), pp25-36.

Department of Health (DH), 2009. Recognising Complexity: Commissioning guidance for personality disorder services. Crown Copyright: London.

Duggan, C., 2011. Dangerous and severe personality disorder. *British Journal of Psychiatry*, Vol. 198 No. 6, pp431-3.

Ebrahim, S., Robinson, S., Crooks, S., Harenwall, S. and Forsyth, A., 2015. Evaluation of awareness level knowledge and understanding framework personality disorder training with mental health staff: impact on attitudes and clinical practice. *The Journal of Mental Health Training, Education and Practice*, Vol 11 Issue 3, pp133-43.

Elo, S. and Kynga, S. H., 2008. The qualitative content analysis process. *Journal of Advanced Nursing* 62(1), pp107–115 doi:10.1111/j.1365-2648.2007.04569.x.

Fazel, S. and Danesh, J., 2002. Serious mental disorder in 23000 prisoners: a systematic review of 62 surveys. *Lancet,* 359(9306), pp545-550. doi:10.1016/s0140-6736(02)07740-1.

Finamore, C., Rocca, F., Parker, J., Blazdell, J. and Dale, O., 2020. The impact of a co-produced personality disorder training on staff burnout, knowledge and attitudes. *Mental Health Review Journal*, Vol. 25 No. 3, pp269-280. doi.org/10.1108/MHRJ-01-2020-0009.

Hwang, J. Y., Plante, T., and Lackey, K., 2008. The development of the santa clara brief compassion scale: An abbreviation of sprecher and fehr's compassionate love scale. *Pastoral Psychology*, 56, pp421–428.

Joseph, N. and Benefield, N., 2010. The Development of an offender personality disorder strategy. *Mental Health Review Journal*. 15 (4) pp10-15.

Logan, C. and Ramsden, J., 2015. Working in partnership: making it happen for high-risk personality disordered offenders. *Journal of Forensic practice*, 17 (3) pp171-179. DOI:10.1108/JFP-03-2015-0023.

Mapplebeck, C., Ramsden, J., Lowton, M., Short, S. and Burn, F., 2016. Embedding psychological thinking; An evaluation of a regional training model for probation staff. *Journal of Forensic Practice*. 19 (1) pp37-46. DOI:10.1108/JFP-12-2015-0053.

Mind, 2018. Shining Lights in Dark Corners of People's Lives; The Consensus Statement for People with Complex Mental Health Difficulties who are diagnosed with a Personality Disorder. https://www.mind.org.uk/ media/21163353/consensus-statement-final.pdf.

National Collaborating Centre for Mental Health, 2019. Working Well Together: Evidence and Tools to Enable Co-production in Mental Health Commissioning. London: National Collaborating Centre for Mental Health.

National Institute for Mental Health in England, 2003a. Personality Disorder: No longer a diagnosis of exclusion, policy implementation guidance for the development of services for people with personality disorder. NIMHE: London.

National Institute for Mental Health in England, 2003b. Breaking the Cycle of Rejection: The Personality Disorder Capabilities Framework. NIHME, London.

NHS England, 2016. The Mental Health Taskforce; The Five Year Forward View for Mental Health. London; NHS England.

NHS England, 2019. The NHS Long Term Plan. London: NHS England.

NHS England and Her Majesty's Prison and Probation Service (HMPPS) Edited by Craissati, J., Mindoudis, P., Shaw, J., Chuan, S. J., Simons, S., & Joseph, N., 2011. Working with personality disordered offenders: A practitioner's guide. (1st Ed.): Department of Health / Ministry of Justice.

NHS England and Her Majesty's Prison and Probation Service (HMPPS) Edited by Craissati, J., Joseph, N. & Skett, S., 2020. Working with people in the Criminal Justice System showing Personality Difficulties. (3rd Ed.) Department of Health / Ministry of Justice.

National Offender Management Service (NOMS), 2015. The Offender Personality Disorder Pathway Strategy 2015. NHS England https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/opd-strategy-nov-15.pdf.

Radcliffe, K., McMullan, E. and Ramsden, J., 2017. Developing offender manager competencies in completing case formulation: An evaluation of a training and supervision model. *Probation Journal*, 65 (1) 27-38 https://doi.org/10.1177/0264550517744272.

Reeves, S., Zwarenstein, M., Goldman, J., Barr, H., Freeth, D., Koppel, I. and Hammick, M., 2010. The effectiveness of interprofessional education: Key findings from a new systematic review. *Journal of interprofessional care*, *24*(3), pp230-241.

Regnault, A., Willgoss, T., Barbic, S. *et al*., 2018. Towards the use of mixed methods inquiry as best practice in health outcomes research. *Journal of Patient-reported outcomes,* 2, 19. doi.org/10.1186/s41687-018-0043-8.

Royal College of Psychiatrists, 2020. PS01/20: Services for people diagnosed with personality disorder. https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps01_20.pdf?sfvrsn=85af7fbc_2

Skett, S. and Lewis, C., 2019. Development of the Offender Personality Disorder Pathway: a summary of the underpinning evidence. *Probation Journal*. 66 (2) pp167-180. DOI:10.1177/0264550519832370

Singleton N., Meltzer H., Gatward R., Coid J. and Deasy D., 1998. Psychiatric comorbidity among prisoners: Summary report. The Stationary Office; London.

Sizmur, S. and Noutch, T., 2005. Dangerous and severe personality disorder services. *The British Journal of Forensic Practice*, 7 (4) pp33-38.

Turner, J., and Hill, A., 2011. Implementing clinical supervision (part 1): a review of the literature. *Mental Health Nursing (Online), 31*(3), pp8.

Warren, R. (2015). Emotion regulation in borderline personality disorder: The role of self-criticism, shame, and self-compassion.

Wright, K., Haigh, K. & McKeown, M. (2007) Reclaiming the humanity in personality Disorder. International Journal of Mental Health Nursing, 16, 236-246.

Funded; This research and project has been commissioned by Leeds and York partnership Trust as part of regional NHS England NPPS Commissioning.

Acknowledgements: Special thanks to the OPD working group collective which UCLan lecturing team and our collaborator ad hoc lecturers from OPD, the lived experience and occupational ad hoc lecturing team and our working group who assisted the development of the programme. Also special thanks to all our students and participants of this study for sharing your valued insights. A special thanks goes to our partners at Leeds and York NHS Foundation Trust. Final acknowledgement is for our collaborators, Dr Joanne Ramsden and Dr Simon Crowther for the influential role they had in the development of the Training Philosophy.

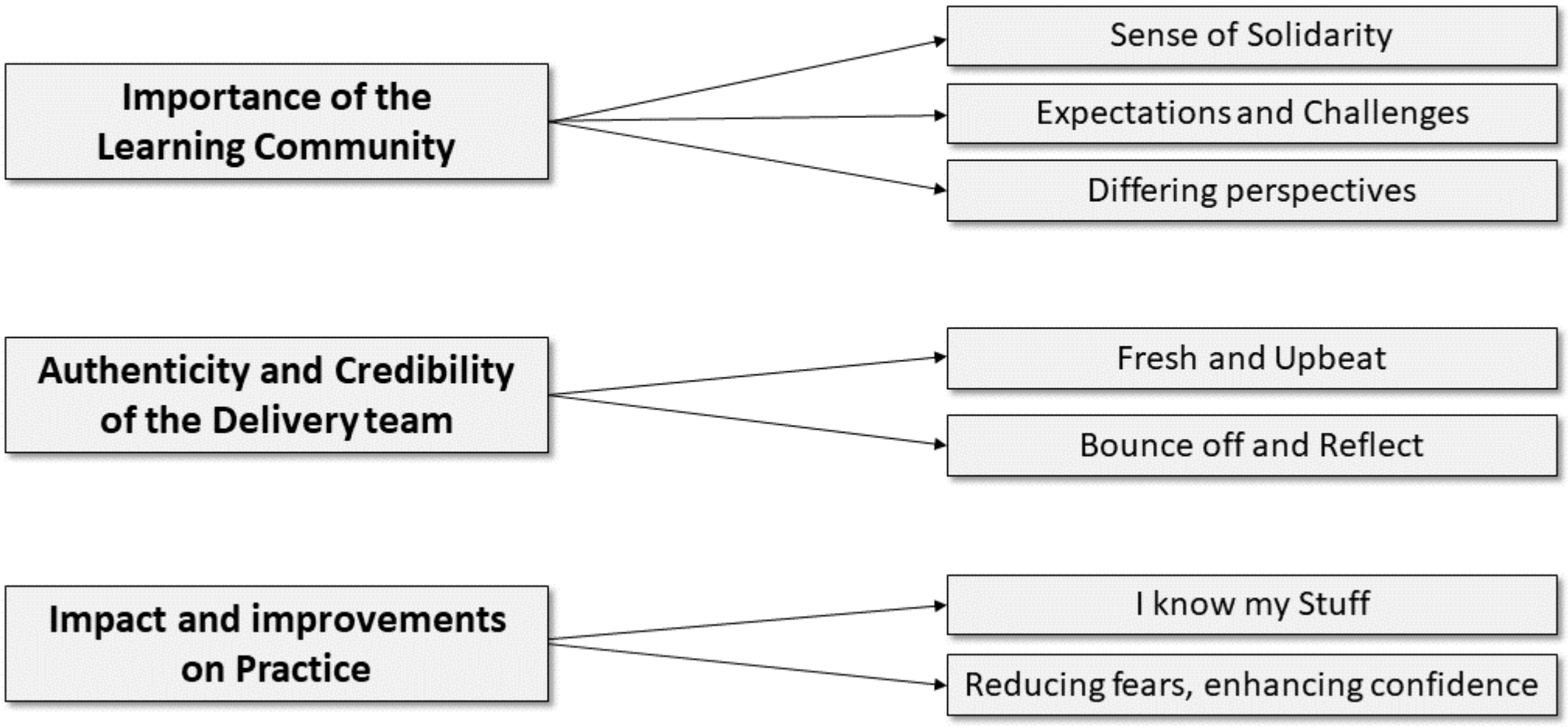
Overarching themes
Sub-themes
Importance of the Learning Community
Sense of Solidarity
Expectations and Challenges
Differing perspectives
Authenticity and Credibility of the Delivery team
Fresh and Upbeat
Bounce off and Reflect
Impact and improvements on Practice
I know my Stuff
Reducing fears, enhancing confidence

Table 1 – Participant Engagement

Module	Students commencing module	Participants consenting to research and taking part in Pre-Training questionnaire	Participants completion of the Post training questionnaire	Participants completion of 6 month follow up questionnaire
Module 1	20	19	17	7
Module 2	20	18	18	9
Module 3	17	15	15	7