What attitudes do probation workers, who have not had specific training in understanding personality disorder, have to this service user group?

BY JO HEBB

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FOREWARD

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Abstract

This research report explores the attitudes of probation workers within the Northamptonshire Local Delivery Unit working with individuals who screen into Her Majesty's Prison and Probation Service Offender Personality Disorder Pathway. The *Attitude to Personality Disorder Questionnaire* was used to ascertain staff attitudes. Research into the attitudes held by mental health workers and prison staff working in specialist units with individuals diagnosed with a personality disorder indicates that many staff hold negative attitudes, which can result in more punitive approaches and poorer outcomes for this service user group. There has not been any similar research in respect of probation staff. This research aims to identify and consider the types of attitudes held by the probation workers within Northamptonshire to this service user group, which could inform future training needs.

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Abbreviations

APDQ	Attitudes to Personality Disorder Questionnaire
HMPPS	Her Majesty's Prison and Probation Service
ISP	Initial Sentence Plan
KUF	Knowledge and Understanding Framework
NLDU	Northamptonshire Local Delivery Unit
NOMS	National Offender Management Unit
NPS	National Probation Service
OASys	Offender Assessment System
OM	Offender Manager
OPD	Offender Personality Disorder (pathway)
PD	Personality Disorder
PDO	Personality Disordered Offender
TR	Transforming Rehabilitation

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Introduction

The National Offender Management Service (NOMS) (2015) identify that in the general population personality disorder can be identified in between 5 – 10% of individuals. This figure, they argue, rises significantly in forensic populations to be in excess of 50%. Dowsett and Craissati, (2008) also found that in offender populations the prevalence of personality disorder is very high. From the data collected in July 2017 in Northamptonshire the number of offenders who screen on to the Offender Personality Disorder (OPD) pathway is around the 50% mark and therefore reflects the numbers identified by NOMS.

In the field of mental health the two main authorities that are used to diagnose a personality disorder are the World Health Organization (2010) International statistical classification of diseases and related health problems (ICD – 10) and the Diagnostic and Statistical Manual of mental Disorder (DSM – V) published by the American Psychiatric Association.

The ICD - 10 general definition of personality disorders states:

A personality disorder is a severe disturbance in the characterological constitution and behavioural tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption. Personality disorder tends to appear in late childhood or adolescence and continues to be manifest into adulthood. It is therefore unlikely that the diagnosis of personality disorder will be appropriate before the age of 16 or 17 years. General diagnostic guidelines applying to all personality disorders are presented below; supplementary descriptions are provided with each of the subtypes.

Conditions not directly attributable to gross brain damage or disease, or to another psychiatric disorder, meeting the following criteria:

a. *markedly disharmonious attitudes and behaviour, involving usually several areas of functioning, e.g. affectivity, arousal, impulse control, ways of perceiving and thinking, and style of relating to others;*
b. *the abnormal behaviour pattern is enduring, of long standing, and not limited to episodes of mental illness;*
c. *the abnormal behaviour pattern is pervasive and clearly maladaptive to a broad range of personal and social situations;*
d. *the above manifestations always appear during childhood or adolescence and continue into adulthood;*
e. *the disorder leads to considerable personal distress but this may only become apparent late in its course;*
f. *the disorder is usually, but not invariably, associated with significant problems in occupational and social performance.*

The DSM – V general definition of personality disorders states:

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:

A. Significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning.

B. One or more pathological personality trait domains or trait facets.

C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.

D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio - cultural environment.

E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (eg. Severe head trauma).

As can be seen both definitions are similar in defining personality disorder, therefore, whichever diagnostic tool is used, it is likely that an individual assessed by either would receive a diagnosis of personality disorder if they presented with thinking and behaviour that met the criteria. Further criteria are outlined in each diagnostic tool that differentiates between types of personality disorder, such as anti-social, narcissistic, emotionally unstable, and histrionic. This differentiation offers a clearer understanding of the likely behaviours that would be seen with each type of disorder. This is regularly seen within the field of mental health but less frequently within probation, where a more general approach is taken that aims only to identify the traits typically found in individuals with personality difficulties.

NOMS offers practitioners a working definition for use with those offenders on the Offender Personality Disorder (OPD) pathway.

- *For personality disorder to be present, the individual's personality characteristics need to be outside the norm for the society in which they live; that is they are 'abnormal' and these characteristics cause difficulties for themselves or others (problematic)*

- *Personality disorders are chronic conditions, meaning that the symptoms usually emerge in adolescence or early adulthood, are inflexible, and relatively stable and persist into later life (persistent)*

- *They result in distress or impaired functioning in a number of different personal and social contexts; such as intimate, family and social relationships, employment and offending behaviour (pervasive)*

There is a national tool used by probation practitioners that is used to screen an individual in respect of criteria that would result in that individual either been screened on to or out of the OPD pathway. It is not a diagnostic tool but identifies those individuals for whom a psychologically informed approach could be beneficial, potentially increasing access to services, improved offender engagement and better outcomes for those individuals. Every individual who uses the services of the National Probation Service (NPS) is screened at the point of their Initial Sentence Plan (ISP) being completed. Timescales for the completion of an ISP vary depending on sentence but are standard across the National Probation Service. For those individuals sentenced to a Community Order an ISP must be completed in 15 working days. For those individuals sentenced to less than 12 months the ISP must be completed within 8 weeks. For those individuals sentenced to more than 12 months the ISP must be completed within 16 weeks. Thus all individuals will have undergone screening and either be allocated to the OPD pathway or screened out by the 16 week post sentence. If an individual screens into the OPD pathway, the Offender Manager (OM) must request a consultation with the OPD team to identify the level of psychological formulation the offender will be managed at. A level 1 formulation, for less complex cases, means that the OM will manage the case using the Offender Assessment System (OASys) which provides a basic formulation that informs the sentence plan without further input from the OPD team. A level 2 formulation, for more complex cases, means that a more in-depth psychological formulation is constructed by the OM with the offender and with advice from the OPD team to give a more psychologically informed understanding of the offender. This then informs the sentence plan, identifies appropriate treatment or services assessed as best meeting the needs of the offender. A level 3 formulation is for the most complex cases and the OPD Consultant Psychologist will be involved in the development of the formulation, sentence and treatment plan. Every individual who screens onto the OPD pathway will be informed that they are on the pathway. They will be collaboratively worked with as part of the process unless there good reasons as to why sharing the information should not happen, for example the individual's mental health would be negatively effected by being informed.

Negative attitudes held by those who work with individuals with personality disorders have been identified as linking to more punitive approaches towards service users and therefore poorer outcomes (Bowers et al. 2000; Black et al. 2011; Bodner et al, 2011; Eren and Sahin, 2015; Hamilton et al, 2014). These studies link more punitive approaches towards individuals with a diagnosis of personality

disorder as unhelpful or even potentially damaging to the outcomes for those individuals. The National Institute for Health and Clinical Excellence (2009) document highlights that the trials in respect of treatment for anti-social personality disorder conclude that only some forms of cognitive behavioural therapy, those that show reward rather than punishment, indicate any promise of effectiveness.

Much of the literature (Bowers et al, 2000, 2006; Carr-Walker et al, 2004; Lewis and Appleby, 1988; Wright et al 2007) argues that psychiatric professionals are inclined to have poor attitudes towards those individuals diagnosed with personality disorder. Individuals diagnosed with personality disorder are considered more difficult to work with than other groups because they present the most challenging and difficult behaviours (Cleary et al,. 2002; Craissati et al, 2015). Newton-Howes et al (2008) argue that the term 'personality disorder' has been used within the field of mental health as a critical or rejection one. Also that those so diagnosed tend to face condemnation. Although the reasons for this are multifactorial they are likely to include staff attitudes that result in negative attributions towards individuals with a diagnosis of personality disorder. Such attitudes can impair the development of a therapeutic relationship, which is an acknowledged part of the treatment and management of personality disorder and therefore the outcomes for this client group. Being aware of these attitudes can allow practitioners to be reflective, which is considered as an important factor in any treatment approach (Newton-Howes et al., 2008). The Newton-Howes paper argues that despite limitations of the research, it identifies that those with an overt diagnosis of personality disorder are considered by staff to be more difficult to manage. They state that the association between an overt diagnosis of personality disorder and staff negative attitudes are associative not causative but need to be addressed because of the potential negative outcomes.

A qualitative study by Rogers and Dunne (2011) looked at the experience of services users diagnosed with a personality disorder who had been in in-patient facilities, including the impact of staff attitudes towards them. Rogers and Dunne (2011) noted that, as had been found in previous studies, participants in their focus group reported issues with the attitudes of staff to their diagnosis, in that this diagnosis resulted in staff openly expressing prejudice towards them. Rogers and Dunne (2011) state that focus group members considered the lack of understanding of staff in respect of personality disorder was the most important subject that needed to be addressed.

Additional research, Bowers et al (2005), was carried out to include prison officers in dangerous and severe personality disorder units, which further developed the understanding of attitudes to this client group. However, there appears to be a little research in respect of the attitudes of probation workers to this client group. Shaw et al (2012) undertook a study exploring the competency and team climate of probation staff working with individuals with personality disorder but did not specifically look at attitudes. A number of studies (Davies et al, 2014; Ebrahim et al,

2006; Wilson, 2014) have used the Bolton et al (2010) Personality Disorder – Knowledge, Attitude and Skills Questionnaire to look at pre and post Knowledge and Understanding Framework (KUF) training. These studies looked at understanding, capabilities and emotional reactions, those emotions evident to the worker that were evoked by working with this client group, rather than attitudes per se and were mainly conducted across mental health settings, though the Wilson (2014) Pan London study did include probation workers in her sample.

Whilst there is a dearth of literature in respect of the impact of working with this client group on Probation staff there is well-established literature that other professions require emotional support (Gilmore, 2000) and that this client group can provoke high levels of anxiety in staff (Dowsett & Craissati, 2008). One study identified that community mental health nurses needed to pay particular attention to their emotional well-being due to the negative impact that working with this client group can bring (Cutliffe et al., 1998). Community mental health nurses have the highest reported level of stress (Rees and Smith, 1991) and that there is a correlation between ethical distress and burnout (Severinsson and Hummelvoll, 2001). Ethical distress is said to occur when care staff find that work environments present barriers to their ability to provide safe and effective care and thus create an ethical dilemma. Such barriers can include a physical environment, staff shortages and staff competencies (West, 2007). Lack of supportive resources (clinical supervision and managerial support) increase stress and burnout (Clarke, J. 2013; Craissati et el, 2015; Edwards, Burnard et al, 2000). It could be argued that there would be a similar impact on Probation staff, particularly in the absence of specific training and supervision, in respect of working with PDOs.

Lewis et al. (2013) emphasize, that being exposed to trauma, which working with the challenges posed by PDOs could amount to, result in reductions in empathy and increased mistrust, both of which result in impairment to work productively with these offenders. They suggest that Probation Officers can begin to deliberately avoid traumatic material, become desensitized or minimize criminal behaviour. If this occurs then competence, capacity to engage with complexity and ability to work imaginatively with offenders may be compromised, precluding the collaborative working so vital to effective probation work, as well as negatively acting on an individual's well-being (Clarke, 2013). Jackie Craissati and colleagues found from their pilot projects in respect of managing PDOs in the community that the crucial elements of success included clear policies, clinical supervision and specialist training and that it was vital that these were underpinned by organisational support (Dowsett and Craissati, 2008).

For staff the links with negative attitudes to this client group are increased burnout, poorer health, job performance and general wellbeing (Bowers and Allen, 2006). Strong evidence from other studies (Bowers 2002, Bowers et al 2003c) that positive attitudes to individuals with PD, as denoted by the *Attitude to Personality Disorder*

Questionnaire scores, are linked to better staff outcomes, however, they also indicate better self-management skills in respect to emotional responses to individuals with PD, a good psychological understanding of the behaviour of this client group, good psychosocial skills, an understanding of the importance of team working and an advanced degree of moral commitment to working with people with PD.

In Northamptonshire very few workers have undertaken training in respect of personality disorder. It is proposed that it would be useful to explore the attitudes of probation workers to this client group to ascertain if staff who have not been trained have similar negative attitudes to those disciplines in forensic mental health settings and personality disorder focused prison units. It is noted in the research by Carr-Walker et al (2004) that prison officers and those mental health staff who had volunteered to work with this client group had fewer negative attitudes than those staff who did not volunteer. It is not known by the researcher what training is given to staff in mental health settings or specialist prison settings, however, the Carr-Walker (2004) study suggests negative past experiences, personal characteristics, and coping strategies might play a role in negative attitudes rather than differences in training. The Newton-Howes (2008) paper also acknowledges that there are multifactorial reasons for why professional can discriminate against this client group but that they are likely to include staff attitudes that result in negative attributions towards individuals with a diagnosis of personality disorder From this thinking the research question 'What attitudes do probation workers, who have not had specific training in understanding personality disorder, have to this service user group?' was developed.

It was considered that this piece of research could establish a baseline of the types of attitudes held by probation workers in Northamptonshire who have not received training in understanding personality disorder. It has been argued that investing in human capital, which includes appropriate training of staff, is positively related to the performance of the organization (Kraiger, McLinden and Casper, 2004). Arthur, Bennett et al (2003) argue that a training needs assessment that gives a baseline of knowledge is the crucial first step in development of training that can significantly influence overall effectiveness. Brown (2002) suggests that identifying training needs can lead to improved performance by delivering training that meets the needs of the trainees. Commons Treloar (2009) notes that some studies (Krawitz, 2000 and 2004) found that education about borderline personality disorder has been shown to improve the attitudes of clinicians to this client group. She goes on to suggest that her study also indicates that education can improve attitudes in mental health and emergency medicine clinicians. Shanks et al (2011) also found that post training there was a significant improvement in clinicians' attitudes towards patients with borderline personality disorder and an increase in confidence in working with this client group following a one day training course.

A significant proportion of services users of probation have been identified as meeting the criteria for the Offender Personality Disorder (OPD) Pathway, which is a joint initiative between the National Offender Management Service (NOMS) and National Health Service, focusing on psychologically informed practice with this client group. In light of the findings of the research into staff attitudes, improved attitudes post training and the findings of Shaw et al., (2011), which showed that training could significantly improve staff competency in working with service users with personality disorder within in their pathways project, it is suggested that understanding the attitudes of probation workers would be helpful in considering what training could be delivered to achieve better outcomes for both services users and probation staff, as well as what works with this service user group to reduce re-offending, improve compliance and reduce risk. It was hoped that it would also provide data for pre-training which could be compared to post training data if the research was repeated after training had been delivered, to evaluate the effectiveness of the training. It was considered that this piece of research would allow training be tailored to identified need and thus offer the best opportunity to improve practice. Unfortunately, this piece of research did not provide the evidence due to a very small sample size and thus lack of statistical power. It is, therefore, argued that this remains a future research need.

Methodology

The scope of this research was within the National Probation Service, Northamptonshire Local Delivery Unit (LDU). There are two offices, one in Northampton and one in Wellingborough. The research was limited to Probation Officers, Senior Probation Officers and Probation Service Officers who work directly with, or manage staff who work directly with, individuals on the OPD pathway. It excluded those staff who had already undertaken the Knowledge and Understanding Framework (KUF) as there were not enough trained staff to provide enough information to do a comparison. Staff who do not directly work with this service user group were excluded from this piece of research. Staff at the Approved Premise were also be excluded as they had undertaken some in-service training in respect of understanding personality disorder. 50 members of staff were invited to take part of the research. It was anticipated, from the research into response rates for internal surveys, that between 30% - 50% of staff would respond providing a sample size of between 17 and 25.

The *Attitude to Personality Disorder Questionnaire* (ADPQ) is a self-report questionnaire of 37 affective statements about individuals with a PD. It has a six point Likert scale ranging from 'never' to 'always' with the answers fitting into five factors that cover 1. positive feelings towards individuals with PD, 2. lack of anxiety and feelings of safety, 3. not feeling anger, irritation or alienation from individuals with PD, 4. feeling there is meaning in working with this client group and 5. feeling enthusiastic and energised for this work. It was distributed to all relevant staff within the Northamptonshire LDU. This questionnaire was chosen because following an evaluation of the tool its test-retest reliability was found to be good to excellent, with a robust structure, good psychometric properties, and it has been found useful for outcome studies and benchmarking (Bowers & Allen, 2006). The questionnaire has a number of factors that it explores such as enjoyment, security, acceptance, purpose and enthusiasm which identify attitudes and emotional responses, both positive and negative, to individuals with personality disorder. This questionnaire has been used on forensic mental health professionals and prison officers working with individuals with PD and is therefore considered to be applicable to probation staff. Permission for the use of the questionnaire is given in the article providing nothing other the demographic information on the front sheet is changed. This stipulation of the authors was adhered to ensuring that the properties of the questionnaire were maintained, ensuring its integrity.

To ensure confidentiality and in order to protect participant anonymity the following steps were taken. The questionnaires were numbered for identification and did not contain any mention of the participant's name or information that would enable him or her to be identified. The consent to participate form did require the participant's name. The questionnaires were in sealed envelopes given out by administrative supporting the research. Once the questionnaires were completed, participants were asked to return their sealed envelope to the research collection point identified in the information accompanying the questionnaire (see appendix 1 and 2). The research administrative staff then removed the consent form, which was stored

separately from the questionnaire to avoid any participant being identified by the researcher. Once all questionnaires were collected and consent forms removed the research administrative staff passed these to the researcher. Participants were asked to keep a note of the number of their questionnaire so that if they choose to withdraw from the research at any point they could send an anonymous letter to the researcher quoting only the number and their wish to withdraw from the research. Participants were assured that the demographic information at the beginning of the questionnaire will not be used for identification. They were also advised that questionnaires would be kept in a locked filing cabinet at the Northampton office and not accessible to staff not involved in the research. Also that all information would be destroyed after a maximum time of 5 years.

Descriptive statistics were completed on returned and legibly completed questionnaires. Due to the researcher being dyslexic, inputting data required assistance. The OPD Consultant Psychologist offered the services of a trainee psychologist to assist with this and the assistance was gratefully accepted.

Each respondent was scored using Excel into the five factors the APDQ aims to measure.

Factor 1 - Enjoyment/Loathing
Factor 2 - Security/Vulnerability
Factor 3 – Acceptance/Rejection
Facto 4 – Purpose/Futility
Factor 5 – Enthusiasm/Exhaustion

Demographic information was also considered, age, qualification status and years of experience.

Inferential statistics were planned and an independent-samples t-test was completed in respect of probation workers for over and under three years but there were no significant results. A one-tailed test was also conducted but again there was no statistically significant result.

Results

The response rate was 46%, the upper end of the expected response rates, however, this was a lower response rate than was hoped for and resulted in a smaller than expected sample size of 23.

Descriptive Statistics

Table 1. Demographic variables for the total sample and for the two groups

	Total	Under 3 years in post	Over 3 years in post
N	23	12	11
Male	5	3	2
Female	18	9	9
Average years of experience	6.64 (SD=5.91)	1.40 (SD=0.66)	12.36 (SD=2.73)
Qualification Status			
Qualified	16	5	11
Unqualified	7	7	0
Age			
20-29	3	3	0
30-39	7	3	4
40-49	6	2	4
50-59	3	1	2
60+	4	3	1

Table 2. Descriptive statistics showing the mean scores on the APDQ for the two groups and in total

	Total (n=23)		Under 3 years (n=12)		Over 3 years (n=11)	
	Mean	SD	Mean	SD	Mean	SD
Total	20.84	1.26	21.77	1.28	19.84	1.23
Factor 1 Enjoyment versus loathing	3.35	1.11	3.35	1.11	3.36	1.11
Factor 2 Security versus vulnerability	4.54	0.99	4.70	1.05	4.35	1.01
Factor 3 Acceptance versus rejection	5.02	1.10	5.27	1.02	4.75	1.13

Factor 4 Purpose versus futility	4.46	1.12	4.75	0.99	4.15	1.18
Factor 5 Exhaustion to enthusiasm	3.48	1.07	3.71	0.91	3.23	1.19

Factor 1 represents warmth, liking for, and interest in contact with individuals with PD, and follows a continuum from 'enjoyment to loathing'.

Factor 2 items indicate fears, helplessness and anxieties regarding working with individuals with PD, and follows a continuum from 'security to vulnerability'.

Factor 3 incorporated anger towards individuals with PD, including a sense of difference from them. This factor follows a continuum from 'acceptance to rejection'.

Factor 4 considers pessimism, and follows a continuum from 'purpose to futility'.

Factor 5 considers enthusiasm for working with this client group and follows a continuum from 'exhaustion to enthusiasm'.

The factor names were founded on polar opposites to call attention to the dimensional rather than categorical characteristics of scores, and to allow for a positive as well as negative expression of how people were feeling towards individuals with PD (Bowers and Allen, 2006).

Inferential statistics

An independent-samples t-test was conducted to compare attitudes towards Personality Disorders in probation workers who had worked for over and under three years. There was a no significant difference between the probation workers

who had worked under three (M=21.77, SD=1.28) and over three (M=19.84, SD=1.23) years, t(20)=1.65, *p*=0.06. (*p*= 0.12 if two-tailed).

A one-tailed test was conducted which showed a significance of 0.06 which is heading towards statistical significance and it could be tentatively argued that there was a trend towards the idea that those probation workers with longer service have fewer positive attitudes towards individuals who screen into the OPD pathway. However, no firm conclusions can be drawn from the results.

Limitations of the research

The findings described within this report should be treated with a degree of caution because the sample was drawn from one LDU and is therefore unlikely to be generally representative throughout NPS. This study was conducted with a small sample, which also restricts the ability to generalise results and for the results to be less conclusive than on a larger sample size.

Fewer than anticipated responses were received resulting in a smaller sample size than was hoped for. The number of returns can be affected by several factors, the method of distribution, the kind of information requested, the status of respondents, the topic being researched and its relevance to respondents, reluctance to respond, survey fatigue (being asked to complete too many questionnaires) and being too busy (Baruch and Holtom, 2008). It is not known which of these factors impacted on response rates to this study but might have been partly due to increased workload pressures currently being experienced due to staff shortages within the LDU. A small sample size is considered to have potentially underpowered or limited the results and which also increases the likelihood of a false negative, thus no strong conclusions can be drawn.

The questionnaire chosen was a self report measure. Whilst it has been shown to have good psychometric properties, and it has been found useful for outcome studies and benchmarking (Bowers & Allen, 2006) it does not completely remove the issues of response distortion in respect of response styles such as acquiescence, extreme and tendency responding, or socially desirable responding and these limitations are acknowledged.

An additional concern was the lack of prior research studies specifically looking at the attitudes of probation workers to individuals on the OPD pathway on which to base this study. Thus the design was based on research undertaken within mental health and prison settings with staff working with this client group and is therefore not directly comparable due to different training, being secure (prison/locked hospital) settings rather than community settings and staff roles, although there are similarities in that the client group is within the forensic personality disorder field. To build an overall stronger evidence base repeating the research across other LDUs would increase the sample size and allow for more detailed statistical analysis.

Discussion

The aim of this study was to try an establish an occupational benchmark for probation staff in respect of attitudes, prior to training, towards individuals with personality disorder. This was considered important as service users have reported that when unconstructive attitudes are held by workers it negatively impacts on them, their sense of hope, and their prospects for better lives (better outcomes) (Nehls, 1999; Rogers and Dune, 2011). Also that negative staff attitudes have been identified as linking to more punitive approaches towards service users and therefore poorer outcomes (Bowers et al. 2000; Black et al. 2011; Bodner et al, 2011; Eren and Sahin, 2015; Hamilton et al, 2014). The impact on staff was also considered as an important element of this research as it links to burnout, poorer health, job performance and general wellbeing (Bowers and Allen, 2006).

No statistical significance was found in this study (which is considered below), the one-tailed test suggested there was a trend towards longer serving staff having poorer attitudes to this client group. The Carr-Walker et al study (2004) into the attitudes of nursing staff and prison officers towards individuals with personality disorder, found that those professionals who volunteered to work with people with personality disorder showed more positive attitudes towards them than those who did not volunteer. Probation staff, although they choose their profession, do not specifically volunteer to work with this client group, it is an expected part of the case load. Carr-Walker et al (2004) also suggest that those in their study who had not spent as much time working with this client group were less pessimistic, positing that this could be due to having had a reduced amount of time to develop negative attitudes. Both of these areas might benefit from further research to see if they are factors within probation. Such research might also give an indication of the best time in an individual's career to undergo training, including refresher training.

Despite having followed many of the response facilitation approaches advised by Baruch and Holtom (2008) by pre-notifying participants, publicising the study and highlighting the importance of the topic, providing reminders of the study, the return deadline and the opportunities to return the questionnaires, advising of the way in which the study would be fedback to participants and choosing a short and quick to complete questionnaire, responses rates remained inadequate to provide enough data for meaningful analysis. The questionnaire was sent out in paper form and consideration could be given to the use of an electronic medium in the future to see if this would increase response rates. Some have argued (Porter, 2004; Porter and Whitcombe, 2006; Simsek and Veiga, 2001) that younger and/or more technologically adept workers might be more inclined to complete an on-line questionnaire. No workload relief was given in respect of completing the questionnaire, which might have acted as an incentive, particularly due to staff shortages and current high workloads.

Brauch and Holtom (2008) suggest that the assistance of managers could be sought and response rates might have increased if time had been officially allocated by

managers for the completion of the questionnaire. It is also important to consider the climate in which the research took place: post transforming rehabilitation (TR) which was the process through which changes were made to the Probation Service by the Ministry of Justice. The Probation Service was divided into two; the National Probation Service (NPS), remained within the public sector remaining responsible for Court reports, managing high risk offenders, all sexual offenders and foreign nationals. Community Rehabilitation Companies (CRCs) took over the management of lower risk offenders. Whilst personality disorder is more generally linked with high risk and therefore those offenders allocated to the NPS, some medium risk offenders managed by the CRCs also screen into the OPD pathway. The researcher does not provide services to the CRC and therefore the number of offenders who screen in to the OPD pathway is not known and thus cannot be elaborated on here. This could be another area for future research. This has been a significant change and those changes are still in the process of bedding in. The extensive changes might have negatively impacted on response rates as staff dealing with many and on-going changes, which present competing priorities, might not consider the study, which is not a measured target, a priority. Within the Northamptonshire LDU there is not an culture of undertaking research thus, despite being advised of the importance, some staff could remain unaware about its value, which could have played a part in the response rate. A non-response analysis might be useful in identifying why the response rate was not as high as hoped for, however, such a survey is not currently within the scope of this piece of research.

Although there was no statistical significance shown in this study, the one-tailed test was suggestive of a trend towards those individuals who have been qualified for more than three years showing more negative attitudes toward this client group. One of the factors that might contribute to this is knowledge and skills decay. Decay theory that states unless we keep using something we have remembered, it will eventually fade and go away. Skills decay is the diminution of acquired skills or knowledge, including through training, over time. This can be particularly significant and potentially problematic if individuals are given initial training in respect of knowledge and skills, which are then not used or refreshed for extended periods of time, resulting in the loss of the skills and knowledge (Arthur et al, 1998). This could be a factor in longer qualified staff who are further away from their initial probation training and have not had specific or refresher training in respect of this client group, which might benefit from further research. Those staff who have been qualified for longer did not receive specific personality disorder modules within their training but did have input in respect of anti-discriminatory practice. There is a possibility that rather than skills decay, there is increasing job-weariness and cynicism that negatively impacts on their attitudes to this client group. This could also be explored through further research.

A study by Ebrahim et al (2006) into the impact of KUF awareness level training amongst mental health professionals identified that improvements in staff

capabilities were not maintained at the 6 month point post training. This, they argue, might relate to a number of factors, including organizational culture, support and supervision, although they advocate further research to correctly identify the underlying factors. It might also be important to consider the timing and type of training, such as awareness raising at an early stage in an individual's career, with further training to maintain and build on the level of awareness and skills at regular intervals. This could allow the individual to maintain and build on initial training gains. The Ebrahim et al (2006) study suggests that organisations should consider the culture within which their staff operate in respect to this client group and how training is delivered and supported, such as refresher training, on-going reflective practice supervision and a good culture of peer supervision, which can add to knowledge and skills maintenance and building (Moore, 2012).

In addition, the loss of knowledge and skills has been linked to a lack of or insufficient feedback (Driskell et al, 1992; Farr, 1987). Such feedback could be obtained through training and reflective practice/clinical supervision to reduce the loss of knowledge and skills. Moore (2012) identified that improved understanding of this client group and the use of reflective practice could help to maintain training gains and promote a more healthy response in respect of the challenges of working with individuals with personality disorder. The Arthur et al (1998) study identifies the importance of the training, through which knowledge and skills are acquired, is best matched to the work environment so that training gains are used and thus to help ensure that skills and knowledge are retained. The NOMS practitioners guide to working with PDOs (2015) states that the literature indicates that clinical supervision is associated with higher levels of job satisfaction, improved retention, reduce turnover and staff effectiveness (Edwards et al., 2006; Wallbank and Hatton, 2011). These studies would suggest that clinical or reflective practice supervision could positively impact on both staff and service users.

The NOMS guidance also devotes a chapter to staff wellbeing and notes that staff are the 'vital heart' of any service for PDOs. The guidance advises staff to engage in either group or individual supervision as a priority and not optional in order to protect against staff burnout. The psychological effects of working with difficult clients are also highlighted by Sherman & Thelen (1998) and Shoptaw, Stein, & Rawson (2000) as key feature of burnout. Burnout has been widely studied and is considered to negatively impact on professionals resulting in exhaustion, reduced capacity to be involved with and respond to service users' needs, distancing, depersonalisation, cynicism, and inefficacy (Maslach, C., Schaufeli, W., and Leiter, M. 2001). It is noted that such attitudes also contribute to burnout. It is a potential that burnout is a feature in longer servicing staff, which contributes to more negative attitudes towards individuals with personality disorder.

The purpose of clinical supervision is to enrich the offender manager's attitudes, knowledge, skills and resilience in order to competently provide quality offender supervision resulting in improved clinical outcomes. This is also likely to positively impact on increased compliance and a reduction in re-offending. High quality, evidence-based practice is key to us delivering services effectively in the community and planners who want to improve the quality and efficiency of services should be guided by research evidence. Excellence through using an evidenced-based approach clearly underpins the E3 principles that are driving the business model for the Service. This is especially important in the current economic climate where research evidence is likely to play a key role in helping to respond to the challenge of improving quality, while simultaneously finding efficiencies. Clinical supervision can be a useful tool in disseminating evidence-based practices. Clinical supervision can help to ensure the fidelity and effectiveness of a treatment. Supervision does seem to offer opportunities for supervisees to improve practice and gain in confidence, which raises the likelihood that client outcome is improved as an indirect result of supervision (Wheeler and Richards, 2007). Peer supervision, sometimes called 'intervision', has also been found to be useful in building skills and confidence, interpersonal learning from peers, practice and personal reflection, support, networking, reducing feelings of isolation and burnout when working with challenging clients (Lewis et al., 1988). The literature identifies that unstructured peer supervision groups can fail, often because the lack of structure results in going off task and thus not adhering to the purpose of the group. This would suggest that structured groups are a more effective tool to enable the support and learning that would benefit practitioners (Counselman & Weber, 2004). Organisational support of structured peer supervision could be considered as an element of workforce development and wellbeing.

A recent research study (March 2016) by David Coley, *Reflective Practice: The cornerstone of all we do?* funded by the Probation Institute and conducted across the South East and Eastern (SEE) area outlined the following in respect of Probation work and the need and value for reflective practice generally:

"Whilst the central focus of reflection emerging from this study includes professional values, skills, working knowledge and emotional literacy, the how of reflective practice is located firmly in line management and/or peer group reflective opportunities. Input from specialists such as psychologists or counsellors, who by their training have a tendency to utilise a reflective approach, are sought by probation officers."

The Coley study identifies that there is currently a lack of structured reflective practice provided within line management supervision and that Probation Officers would find its reintroduction valuable. It is noted that the study had a very limited number of participants and therefore cannot be generalised, but it does appear to reflect anecdotal evidence garnered from colleagues across Northamptonshire. When working with the complexity and challenge presented by offenders with personality disorder the need for clinical supervision that incorporates reflective practice could be argued to be even more essential. An area for future research

could be exploring if clinical supervision positively impacts on negative attitudes towards individuals with personality disorder.

To conclude; The National Probation Service supervises those individuals assessed as high and very high risk of re-offending and causing serious harm to others. Approximately half the those individuals screen into the OPD pathway, so form a significant part of the supervisee population for the NPS. The most frequent types of personality disorder found in this population are dissocial and emotionally unstable, which have been found to link with convictions for violence and having received a custodial sentence. They also showed greater impulsivity, higher trait anger and a history of aggression (Howard et al, 2008). These individuals can therefore be considered amongst the most risky supervised by the NPS.

Working with this client group has been identified as posing substantial challenges to practitioners because of the entrenched mal-adaptive behaviours displayed that are damaging to the individual, those around them and those who work with them (Cleary et al,. 2002; Craissati et al, 2015; NOMS, 2015). Since the literature indicates that more positive outcomes for individuals with PD are linked to more positive attitudes of the professionals with whom they work (Bowers et al. 2000; Black et al. 2011; Bodner et al, 2011; Eren and Sahin, 2015; Hamilton et al, 2014), it would seem important to understand how best to train and support those professionals. This support should also focus on staff wellbeing as there is research that indicates higher levels of burnout for professionals working with this client group (Clarke, J. 2013; Craissati et el, 2015; Edwards, Burnard et al, 2000).

It is argued that this study has made a start in considering these issues and has begun to identify what needs to be done, but indicates that the NPS would benefit from further research ascertain how best to tailor training and support that will bring about better outcomes for the individuals within the OPD pathway and those who work with them. It is acknowledged that this study had limited results, however, it is considered to have highlighted some of the methodological challenges faced in this type of research and offers some ideas about how such necessary research could be undertaken.

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Appendix 1

Consent to Participate in the research 'What attitudes do probation workers, who have not had specific training in understanding personality disorder, have to this service user group?'.

Please return your forms by Monday 24/07/2017

Dear Colleague,

You are being invited to participate in a research study on the attitudes of Probation staff to individuals on the Offender Personality Disorder Pathway (OPD). The research aims to explore the attitudes of staff who have not undertaking specific personality disorder training. It is hoped that this research will give Northamptonshire LDU an understanding of current staff attitudes so that this can be considered in respect of the need and provision of appropriate training in regards to working with individuals on the OPD pathway.

This research will require a maximum of 1 hour of your time and involves the completion of a questionnaire. There are no anticipated risks or discomforts related to this research. However, you are reminded of the employee assistance programme should you require support following completing the questionnaire.

Participation in the research is entirely voluntary. There are no inducements to participate or penalties for non-participation. By participating in this research, you might also benefit others by helping staff to better understand how attitudes to individuals on the OPD can impact on client engagement and outcomes for clients as well as the impact of working with this client group can have on staff.

In order to protect your anonymity and for confidentiality the following steps will be taken. The questionnaires will be numbered for identification and will not contain any mention of your name or information that would enable you to be identified. The consent to participate form will require your name. The questionnaires will be in sealed envelopes given out by admin supporting the research. Once completed your sealed return envelope should be left at the research collection point with your office admin (Barbara Newman – Northampton, Clive Gazeley – Wellingborough and Kettering) who will remove the consent form to be stored separately to avoid you being identified and pass the envelopes containing the questionnaires to the researcher when all have been collected. You are asked to keep a note of the number of your questionnaire so that if you choose to withdraw from the research at any point you can send an anonymous letter to the researcher quoting only the number and your wish to withdraw from the research. The demographic information at the beginning of the questionnaire will not be used for identification. The questionnaires will be kept in a locked filing cabinet at the Northampton office not accessible to staff not involved in the research. All information will be destroyed after a maximum 5 years time.

This research is part of the Graham Smith Research Awards from the Probation Institute. The results from this study will be presented in writing and might be published in a peer review journal and on the Probation Institute website. Results might also be presented at a professionals conference in respect of continuing professional development. If you wish to receive a copy of the results from this study, you may contact the researcher by email, jo.hebb@probation.gsi.gov.uk. If you require further information about this study, or would like to speak to the researcher please call or email Jo Hebb at the Northampton office.

I have read the above information regarding this research study on the attitudes of probation staff working with individuals on the OPD pathway and consent to participate in this study.

_____ (Printed Name)
_____ (Signature)
_____ (Date)

Appendix 2

Information sheet for potential participants in a research project: 'What attitudes do probation workers, who have not had specific training in understanding personality disorder, have to this service user group?'.

A Research Project

Introduction

I would like to invite you to participate in this project, which is concerned with exploring the attitudes of staff who have not undertaken specific personality disorder training. It is hoped that this research will give Northamptonshire LDU an understanding of current staff attitudes so that this can be considered in respect of the need and provision of appropriate training in regards to working with individuals on the Offender Personality Disorder (OPD) pathway.

Why am I doing the project?

The project is being undertaken as a Graham Smith Research Award 2017 from the Probation Institute. There is research about how negative attitudes held by professionals who work with individuals with personality disorders link to more punitive approaches and poorer outcomes for them. Also research identifies that there are links to staff burnout, poorer health, job performance and wellbeing when working with this client group. However, this research has been carried out with staff working within mental health or prison settings and not within Probation. The significant number (approximately 50% of all offenders within Northamptonshire LDU) who screen into the OPD pathway indicates that Probation staff have a considerable number of such clients on their caseloads. It is hoped that this research will add to the current literature, begin to identify any potential gaps in training/support needs and offer a base line from which to measure progress.

What will you have to do if you agree to take part?

You will need to read this information letter and the consent letter. If you agree to participate you will need to sign the consent form and make a note of your participant number (found on the questionnaire) so that if you choose to withdraw at any point you can do so. If you choose to withdraw after submitting your questionnaire please can you do so before 07/08/2017 after which time the data will have been analysed and withdrawal will be difficult. You will need to complete the questionnaire, this should take less than one hour, and return it with your consent form in the envelope provided to the relevant admin as identified on the consent form. You are reminded not to put your name on the questionnaire to maintain your anonymity.

How much of your time will participation involve?
Approximately 1 hour.

Will your participation in the project remain confidential?
The use of a participant number and no identifying information on the questionnaire will maintain confidentiality. Consent forms which do identify you will be removed from the questionnaire by admin. Admin will not look at the questionnaires and the researcher will not be able to access the consent forms and questionnaires together so will not be able to identify who completed the questionnaire. If you agree to take part the information from individual questionnaires will not be disclosed to other parties. The results of the research will be an overview of all the responses. Your responses to the questions will only be used for the purpose of this project. You can be assured that if you take part in the project you will remain anonymous.

What are the advantages and disadvantages of taking part?
There are no anticipated risks or discomforts related to this research. However, it could be that you are not comfortable talking about your attitudes. You are reminded of the employee assistance programme should you require support following completing the questionnaire. There are no know advantages for taking part.

Do you have to take part in the study?
No, your participation in this project is entirely voluntary. You are not obliged to take part.

If you do not wish to take part you do not have to give a reason and you will not be contacted again.

Similarly, if you do agree to participate you are free to withdraw at any time during the project if you change your mind by sending an anonymous letter to the researcher stating your participant number and simply stating you wish to withdraw – you do not have to give a reason. Do not use email as this will identify you.

What happens now?
If you are interested in taking part in the study you are asked to complete the consent letter and the questionnaire and return it to the research collection point as identified on the consent letter.

If you decide you would rather not participate in this study you need not do anything further.