A pedagogic evaluation comparing face to face and online formats of a Multi-Professional Offender Personality Disorder (OPD) Higher Education Training programme

Purpose – The aim of this paper is to provide an overview of a novel offender personality disorder (OPD) higher education programme and the research evaluation results collected over a three-year period. Data from phase 1 was collected from a face-to-face mode of delivery, and phase 2 data collected from the same programme was from an online mode of delivery due to the Covid-19 pandemic.

Design/methodology/approach – In phase 1 three modules were developed and delivered in a fully face-to-face format before the pandemic in 2019-20 (n=52 student participants). In 2020-2021 (n=66 student participants) training was adapted into a fully online mode of delivery in phase 2. This mixed methods study evaluated participant confidence, and compassion. Pre, post, and six months follow up questionnaires were completed. Qualitative interviews were conducted across both phases to gain in-depth feedback on this programme (Phase 1 N=7 students, Phase 2 N=2 students N= 5 Leaders). Data from phase one (face to face) and phase 2 (online) are synthesised for comparison.

Findings –In phase 1 (N=52) Confidence in working with people with personality disorder or associated difficulties improved significantly, whilst compassion did not change. In phase 2 (N=66) these results were replicated, with statistically significant improvements in confidence reported.. Compassion however in phase 2 reduced at six month follow up. Results have been integrated and have assisted in shaping the future of modules to meet learning needs of students.

Originality – This paper provides a comparison of a student evaluated training programme thus providing insights into the impact of delivering a relational focussed training programme in both face to face and online distant learning delivery modes. From this pedagogic research evaluation, we were able to derive unique insights into the outcomes of this programme.

Research Implications – Further research into the impact of different modes of delivery are important for the future of education in a post pandemic digitalised society. Comparisons of blended learning approaches were not covered but would be beneficial to explore and evaluate in the future.

Practical Implications - This comparison provided informed learnings for consideration within the development of non-related educational programmes and hence of use to other educational providers.

Keywords - Personality Disorder, Offending, Online Training, Higher Education, Distance learning, Face to face training, Innovation, Co-production, Lived experience.

Paper type - Research Paper

1. Background

Personality disorder is a diagnostic term often applied in both healthcare settings and within criminal justice. It is a developmental disorder that often is linked to adverse childhood experiences and trauma's that negatively impact upon an individual's social functioning in adult life. The impact of such experience can have a profoundly negative impact on how people relate to themselves, others and the world in which they live, leading to personality disorder being describes as an interpersonal disorder (Gardner et al., 2020). The diagnostic label is increasingly challenged owing to the high levels of misunderstanding and stigma associated with it (Elliott et al., 2023). The offender personality disorder (OPD) pathway is an England based programme that was commissioned following on from the 'Dangerous and Severe Personality Disorder (DPSD) initiative (Sizmur and Noutch, 2005) and the identified deficiencies in criminal justice service provision for people who present with high risk and complex personality difficulties (Bradley Report, 2009). To attend to these shortcomings investment and attention was focussed upon an innovative, psychologically informed approach to working more effectively via the development of the OPD pathway programme (National Offender Management Service [NOMS], 2015). To our knowledge no OPD training initiatives have been previously evaluated with the exception (XXXX et al., 2022)

Since its implementation, attention has been directed at further educating the multi-professional workforce employed within the OPD pathways which includes nurses, prison officers, probation officers and clinical / forensic psychologists. The aim of the training was to enhance effective interprofessional practice, skills and knowledge for working with people with personality disorder / personality difficulties (Craissati et al., 2020). One of the fundamental recommendations to practice is in the implementation and development of psychologically informed ways of working and the use of formulation driven approaches to understanding the people they are working with (Radcliffe et al., 2018; Ramsden et al., 2014; Mapplebeck et al., 2017). Alongside this, the need to develop an understanding, empathetic and insightful workforce with knowledge of personality disorder has been recognised, as was the need for enhanced self-reflection, and the development of interpersonal skills to engage effectively with this client group (Joseph and Benefield, 2010).

Whilst we have discussed the diagnostic label 'personality disorder', it should be noted that within the OPD pathway those receiving these enhanced services are not necessarily diagnosed with personality disorder but have met criteria linked to this diagnosis. The clinical diagnosis of personality disorder in

a UK context continues to be a contentious one owing to high levels of stigma, service exclusion, misunderstandings and prejudices (XXX et al., 2021).

A clinical diagnosis is not required to receive a service, via the OPD pathway. A positive screening of 7 or more items on the 10 items on the OASys Personality Difficulties Screening tool provides an indication of the presence of marked problematic, personality traits that are linked to serious offending behaviours (Craissati et al., 2020).

In 2003, following many years of neglect from services, two important policy documents shaped change and new investment in MH service responses towards personality disorder (NIMHE, 2003a; NIMHE, 2003b) as it was recognised that people diagnosed or presumed to have personality disorder were often excluded by mental health services and their difficulties overlooked within criminal justice settings creating cycles of service rejection (NIMHE, 2003a; NIMHE, 2003b; DOH, 2009; Craissati et al., 2020).

A unique collaboration that has brought together a Higher Education Institution (HEI) and NHS Trust was formed between the University of Central Lancashire (UCLan) and the Leeds and York Partnership NHS Foundation Trust led to the development of a series of academic credit bearing OPD specific educational modules, aimed at enhancing the skills and knowledge gaps within the OPD workforce, and providing practitioners working in the field, with space for reflection and development of new insights into themselves and the people they work with.

This programme of study was developed as part of a skills escalator that compliments and enhances those provided in the nationally facilitated basic awareness level training 'Knowledge and Understanding Framework' (KUF) which is a short non -credit bearing educational programme (NIMHE, 2003b; Baldwin et al., 2019).

A unique collaboration of cross faculty academics, multi-disciplinary practitioner's (working in both mental health services, within OPD pathway services) and people with lived experience of personality disorder were brought together to support the development and delivery of the OPD programme in a three-way model of co-production. This programme has been running since 2019. In the development of the programme, we adopted both traditional didactic and flipped classroom reversed learning pedagogic approaches to learning. The flipped classroom approach ensured that the expertise of both the facilitators and the learners were included, hence using the practice-based experiences to shape shared learning (Blazquez et al., 2019). Alongside this we used forms of experiential learning and case-based learning scenarios. In a distance learning mode of delivery this required at times directive instructions to ensure whole group engagement, possibly as a result of the delayed personal

connections amongst group member witnessed in online teaching when compared to classroom based learning (Wut and Xu., 2021).

In 2020, the outbreak of the global COVID-19 pandemic caused the widespread disruption to Higher Education programs (Haslam, 2020; Swift, et al. 2020). In the UK ongoing restrictions and continued measures to ensure social distancing, enforced the termination of campus-based teaching and increased home-based working. The OPD Higher Education (OPDHE) delivery team (academics, experts by experience and practitioners) responded to the restrictions in the summer of 2020 by rapidly adapting our face-to-face programme for online distance-learning and the programme's research evaluation to a digital format. New digital skills were developed in a short space of time. Online tools and platforms were adopted to support a blended approach to delivery, ranging from pre-recorded materials and media for asynchronous learning (podcasts, videos and pre-recorded power-point presentations), to live webinars using Microsoft Teams and Padlets. Live interactive sessions and the use of breakout rooms in Teams to support small group working, were largely used to mitigate for the potential loss of the crucial participatory, interpersonal and relational components of the programme.

This online delivery provided a unique opportunity to draw upon comparisons within the pedagogic research evaluations, between feedback and outcomes from the phase 1 (year 1) data delivered in a face-to-face format, compared against an online format as delivered in phase 2 (year 2 and 3) during the pandemic.

In phase 2, six modules were delivered in an online distance-learning format, three of OPD module 1, and three of OPD module 2 (one of which was made available to a National Pilot Cohort). Whilst all modules were well received by the students in an online format, we did not deliver OPD module 3 in phase 2 instead focussing upon what commissioners considered the most needed modules for workforce development. These were in OPD module 1 (Enhancing capability for working with people with personality disorder and OPD module 2 (Formulation and therapeutic approaches to working with people with personality disorders).

As this was the first delivery of our programme via an online distant learning mode of delivery, it was important to evaluate the modules thoroughly to ensure our quality and positive outcomes were not lost, and to provide continuous course enhancement and quality assurance. This evaluation also provided an opportunity to draw comparisons on what had previously been a very well received and effective programme when delivered in a face-to-face format could be made (XXXX et al., 2022).

1.1 Overview of the Programme and delivery

In 2019 three modules were developed to support the academic, knowledge and skills development of the Offender Personality Disorder Pathway (OPD) workforce. In phase 1 we delivered all 3 modules in a face-to-face format with up to 20 students per cohort who were invited to take part in the research; the detailed results of this can be found in XXXX et al (2022). These modules included:

- OPD Module 1: Enhancing Capability for Working with People with Personality Disorder
- OPD Module 2: Formulation and Therapeutic Approaches to Working with People with Personality Disorder
- OPD Module 3: Managing Complex Mental Health Needs, Relationships, Teams and Environments.

Each 20-credit module was validated across a range of academic levels (Diploma, Degree and Master Levels), to create an accessible higher education programme that recognised the needs of the workforce. The multi-disciplinary OPD workforce includes clinical practitioners educated at a range of levels including some practitioners with no prior experience of a university level programme to those with doctoral level education. The programme was developed by employing a three-way model of co-production and included academics, clinicians with expertise in this field of practice and importantly people with lived experience of personality disorder and service use.

Research evaluation aims:

- Explore the levels of confidence and compassion of the students pre, post and at six-month follow-up of our online distant learning programme, (Quantitative)
- Measure students' knowledge of and attitude to personality disorder (Quantitative)
- Explore student and leader experiences of their learning and development of knowledge and skills to work more effectively with people on the OPD programme. (Qualitative)
- Compare findings from this online distant learning mode of delivery with those taken from Phase 1 face to face mode of delivery and explore how these compared with this online delivery format. (Qualitative and Quantitative)

Our aims are focussed predominately on knowledge and confidence due to the complex nature of working with people with personality difficulties and the ongoing need to enhance understanding with the aim of improving compassion for this highly stigmatised and misunderstood group of people.

Qualitative interview Objective: to provide an in-depth exploration of student and leader experiences of the programme.

2. Method

A mixed methods approach was employed to meet the aims of this study replicating the methods completed in phase 1 of this project (XXXX et al., 2022) with the key difference being that in phase 2 the mode of delivery was in an online delivery format. This pedagogic evaluation included a series of online questionnaires complete using university approved software, at pre, post and six month follow up time periods, a series of separate semi-structured interviews with students or their supporting leaders.

Ethical Approval was granted by the University of Central Lancashire (STEMH 1087 Amendments).

2.1 Design phase 2 (online)

This project was co-designed and co-delivered by a lived experience researcher, academic and practitioners at every stage. Online delivery in a model of co-production during the pandemic was challenging as it required some additional training for both lived experience lecturers and our academic lecturers alike who were all having to rapidly adapt to a new way of working together.

2.3 Analytical Strategy

Quantitative Analysis of Questionnaires

A mixed methods analysis was completed. Quantitative data were analysed using SPSS. Paired-samples t-tests were used to measure change in compassion and confidence scores over the various data collection time-periods for each module. Statistical power analysis was conducted using G Power for a 2 tailed paired sample t test, an anticipated medium effect size of d=.50, $p<.05$ and power of .80 and identified a required sample size of 45.

Pre, post and follow up questionnaires were adapted from the Personality Disorder- Knowledge Attitude and Skills Questionnaire (PD-KASQ) (Bolton et al., 2010) which was used to measure knowledge of and attitude to personality disorder, and to measure levels of student compassion the Santa Clara Brief Compassion Scale (Hwang et al., 2008) was used.

Qualitative Analysis of Questionnaire and Interview responses

This questionnaire also included self-developed open-ended questions that enabled the gathering of the more descriptive experiential qualitative data replicating elements of the earlier study (XXXX et al., 2022), and which were analysed using a content analysis approach (Elo and Kyngas, 2008). Interviews were analysed using a thematic analysis approach (Braun and Clarke, 2006) and data were then collated and synthesised and reported.

A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis method informed our topic guide for the interviews which were conducted digitally. Participation was lower than hoped, although predictable given the challenges to frontline workforce practitioners (our students) during the pandemic. In total we had 7 participants: (N=2) students and (N=5) supporting leaders.

To enhance the rigour of data collection, groups were facilitated by researchers who had not had previous contact with participants in a teaching capacity on the modules, and focus groups were recorded on Microsoft Teams.

2.2 Research Sample / Consent

All enrolled students were invited to take part in the research evaluation and provided with the participant information sheet. In total, 66 participants consented to be part of the study out of a possible 102, however at the post and follow up time points there was high levels of attrition. Table 1 compares engagement data for Phase 1 face-to-face (XXXX et al., 2020), and with our online delivery in Phase 2.

When comparing the results from phase 1 and phase 2 it is apparent that the attrition figures at both post and follow up periods for both modules are higher when collected in phase 2 online delivery format than they were in phase 1 face to face format delivery.

[Insert Table 1 Here Participant Engagement- Phase 1 face-to-face and phase 2 online]

3. **Phase 2 results**

Quantitative Results

We first compared the average confidence and compassion scores of the cohort prior to pre training questionnaires and following module completion post training questionnaire completion. Considering our phase 1 face to face results which showed significant improvements in confidence but not compassion over time (XXXX et al., 2022), we used two one-tailed paired samples t-tests for confidence, and two two-tailed paired samples t-tests for compassion (i.e., because we anticipated positive changes in confidence, but compassion might have either improved or be maintained).

Sample sizes were n = 28 for module 1 and n = 34 for module 2 but reduced at analysis due to missing data for paired outcomes (adjusted sample sizes are reported below). 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 the 6 Month post training questionnaire follow-up measure was smaller. We ran four additional paired samples t-tests across the two modules to compare the average confidence and compassion scores at six-month follow-up (Time 3) compared to post module completion (Time 2) yet given the small numbers we focused on the effect size rather than statistical significance.

Module 1

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

Confidence was significantly higher after (Mean = 22.64) relative to before (Mean = 21.29) the module (t = -2.08, df = 13, p =.029, Hedges' g_{av} =-.46, n = 14). Thus, Module 1 had a large significant positive impact on how confident the students felt.

Compassion towards others was significantly higher after (Mean = 39.17) relative to before (Mean = 33.75) the module (t = -3.30, df = 11, p=.007, Hedges' g_{av} = -1.02, n = 12). Thus, Module 1 had a large significant positive impact on compassion towards those with personality disorder at follow-up.

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

Confidence was significantly higher at six-month follow-up (Mean = 24.83) relative to after (Mean = 22.00) completing the module (t = -4.03, df = 5, p=.005, Hedges' g_{av} = -.84, n = 6). In this small sample, the means and large effect size suggests that confidence improved at follow-up.

Compassion towards others was significantly lower at six-month follow-up (Mean = 27.67) relative to after (Mean = 36.67) completing the module (t =4.11, df = 5, p=.009, Hedges' g_{av} = 1.67, n = 6). In this small sample, the means and large effect size suggests that compassion towards those with personality disorder declined at follow-up.

Module 2

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

Confidence was significantly higher after (Mean = 21.25) relative to before (Mean = 18.44) the module (t = -3.88, df = 15, p<.001, Hedges' g_{av} = -.76, n = 16). Thus, Module 2 had a large significant positive impact on how confident the students felt.

Compassion was not significantly different pre (Mean = 31.31) and post (Mean = 34.38) the module (t = -1.96, df = 15, p=.069, Hedges' g_{av} = -.32, n = 16). Thus, Module 2 did not significantly change 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 was significantly higher at six-month follow-up (Mean = 24.83) relative to after (Mean = 20.67) completing the module (t = -2.32, df = 5, p=.034, Hedges' g_{av} = -1.36, n = 6). In this small sample, the means and large effect size suggests that confidence improved at follow-up.

Compassion was significantly lower at six-month follow-up (Mean = 28.00) relative to after (Mean = 35.00) completing the module (t = 2.66, df = 5, p=.045, Hedges' g_{av} = .78, n = 6). In this small sample, the means and large effect size suggests that compassion towards those with personality disorder declined at follow-up.

3.1 Quantitative Summary

Table 2 summarises the results of the quantitative analyses of this second phase if delivery. Consistent with our findings from phase 1 questionnaires (XXXX et al., 2022), confidence in working with people with personality disorder symptoms improved significantly following completion of Module 1 and 2, whilst compassion did not change for Module 2. However, in this study we found that compassion significantly improved following Module 1, and at the six-month follow-up confidence post learning improved again following Module 1 and 2, whilst compassion scores declined at follow-up in phase 2 online delivery. Interestingly however, in phase 1, compassion scores were maintained.

Table 2: Summary of Quantitative Results

Module and outcome	**Time 1 (before module) vs. Time 2 (after module)**	**Time 2 (after module) vs. Time 3 (6-month follow-up)**
Module 1		
Confidence	Confidence improved at Time 2	Confidence improved at Time 3
Compassion	Compassion improved at Time 2	Compassion declined at Time 3
Module 2		

Confidence	Confidence improved at Time 2	Confidence improved at follow up
Compassion	Compassion did not change	Compassion declined at Time 3

3.2 Qualitative Analysis

In our online phase 2 qualitative analysis the themes of community learning, access to knowledgeable team, and impact on practice were consistently reported with close similarities to the results of phase 1 qualitative analysis (XXXX et al., 2022), and in our phase 2 online results, an additional theme of anxiety around online learning and its impact emerged as an additional theme. Qualitative data taken that informed the theme development as taken from the questionnaires at post and follow up stages can be seen within supplementary evidence [Add link here]

3.3 Qualitative Interviews

For the qualitative interview data, an inductive or "bottom up" Thematic Analysis was used (Braun & Clarke, 2006). Thus, themes were taken from the transcribed interviews rather than being theoretically driven. Semi structured online interviews were facilitated by the research team.

Recruitment of participants for the focus groups was difficult, largely due to work-related matters which were communicated with lecturers during the module delivery, issues also arose such as being released from service, or the scheduling of working days, particularly those working in NHS services. All students who enrolled for online modules in phase 2 of this project were given the opportunity to engage in qualitative interviews as were their supporting leaders. Whilst our proposal was originally to conduct small focus group interviews owing to service pressures there was never a time when more than one individual was available. Consequently, single semi structured interviews took place.
The data collected from the students and leaders were analysed separately however will be reported for this paper in summary together. In total five leaders were interviewed and two students.

There were four key experiences of the course reported via our interviews with the leaders and students.

1. *Increased Knowledge*

All leaders stated that the course had increased students' knowledge around personality disorder. Three leaders stated that their students had increased understanding of how a personality disorder may develop. One of the leaders however stated the students from his team were specialists in this area and knew this already, however their wider knowledge had been expanded;

"Some of the learning was not necessarily new. But overall, the module tended to make up for that because at some point the materials they came across or the discussions that were had during the classroom were good and enhanced the experience."

New learning was deemed by the leaders to be important even for specialist students.

2. Increased confidence

Three leaders stated that the course had increased the students' confidence;

"What the modules did do is strengthen people's academic abilities, develop their confidence and deepen their knowledge of personality disorders"

The connection between increased depth of knowledge was clearly connected to developing confidence. Hence, bringing the variety of skills together in the curriculum and pedological approach was considered to enhance confidence. For one leader participant the increase in confidence for the student was considered to have become a pivotal change in life and further study.

"He was not confident in his ability to achieve anything. And has now just started the training to be a probation officer, he didn't think he was academically able enough to do that. So, for him, actually doing this has made a big impact on his life and his future."

Hence the connection of academic ability, knowledge and confidence is further acknowledged;

"*Increased sense of self-worth and pride"*

The increased confidence in students was also accompanied by a perceived increase in self-worth and a sense of pride by their leader;

"What they're bringing back to the table is a sense of pride in what they've achieved. That they're more confident putting their voices forward in discussion. There's a whole general sense of their increase in self-worth and self-confidence, which I think is great."

Therefore adding a confident voice to discussions in practice and an overall sense of self-worth and pride. However, sometimes this pride had a precursor of increased anxiety. Participant 5 (student) reported that the poster presentation assessment on module 1, was anxiety provoking for the students, but that this increased pride in themselves on completion;

"A lot of people were worried about it, but then did it and felt really proud after."

Another confidence builder that was shared from student data was the multi-agency cohort students and the opportunity to work within smaller working groups learning from each other.

Although anxiety was reported to be reduced with the course, the assessment strategy of presentation did increase anxiety as did the online mode of delivery which students reported both in questionnaire feedback and interviews. This however appeared to have provided a new learning opportunity for the students that directly influenced pride in their performance afterwards.

One of the participants took this further by connecting academic references directly with self-worth, a sense of pride in the students but also that this had positively impacted on the relationship with the clients;

> "*They're very keen on references, so they're able to sort of say, oh, yeah, such and such wrote a paper on that or sending us papers that they've had a look at. So, with the clients, I think that again, that sort of increase in self-worth and pride in their knowledge has impacted on the relationship with the clients."*

3. Decreased anxiety and increased reflection

Both student participants, through self-report, and all leader participants emphasized that the students had decreased anxiety and increased reflection following completion of the course and this had resulted in a different approach with other people;

> *"I think what's noticeable is that their approach is different with other people. So, whereas they might have gone in because they're a bit anxious or not as confident, they might have gone into a meeting or a discussion that might be just a bit blunt or not as reflective, perhaps. I think what I've noticed is that actually there are a lot more thoughtful about what they might say to others and how others may be receiving that information."*

Within the above statement the ability to reflect with confidence was clearly connected to considered communication with others that also demonstrated how this information may be received differently. One of the leader participants went on to explain how the reduction in anxiety, increase in confidence and ability to stand back and reflect had helped the student remain calm and reflect further in supervision;

> *"The reduction in there, maybe slight anxiety or their slight sense of, I don't know what I'm talking about, has shifted and therefore the ability to stand back when some behaviour is presented or somebody's gone off- piste, then they are able to manage that in a very calm way and bring it to supervision."*

One of the leader participants quoted a student's words in practice;

> *"So that reflective ability is important, this happened in the session, I've been thinking about it, relates to what I did on my course. What do you think? Do you think I could have done it differently? I think maybe if I'd tried this. So, there's lots of benefits for the clients as well."*

The ability to reflect without judgement on personal actions was helpful here to connect to the course contents with a view to continue learning and flexibly working with the client. There was a real sense here that understanding was key to having an individual approach to the clients. Students made reference to the ongoing anxiety felt relating to the stigma surrounding the diagnosis of personality disorder and hence saw ongoing education around this area as essential, with the highlighting of experts by experience lecturers being highly valued by all.

4. Formulation skills useful in wider life

One of the student participants reported how the course affected the students in their wider life, not just at work;

> *"You come back from that course and honestly you do formulate your partner, your kids, everybody in your family."*

Formulation here was a key learning experience to understand others' behaviour and was deemed useful to understand their own personal relationships. The ability to formulate involves analysis and synthesis whilst reflecting on experiences.

The importance of the formulation skills developed was also highlighted by students as a necessary skill that would enhance working practices. Having learnt about the underlying theoretical and evidence base for formulation on the module they were able to reflect upon these skills not just being something intuitively and subjectively helpful but the right thing to be doing.

Overall, the qualitative interview feedback from both students and leaders was informative and provided more detail about the research objective above, the experiences of the training and impact on practice. . Some participants felt face to face training would be preferred mode of learning owing to the interpersonal nature and relational learning aspects that are deemed so crucial to working effectively with people with personality difficulties. Although it was acknowledged that through the live delivery formats and interactive approaches adopted within this online programme that the interpersonal nature was still present online to a degree. The overall impression was that a blended delivery model (made up of face to face and distant learning delivery) would be successful if it started and finished with face-to-face in person sessions but then was online in-between.

3.5 Academic Performance

At the end of all modules academic assessments were complete. It should be noted that when comparisons were explored between the academic scores that students received in Phase 1 following

face to face mode of delivery, compared to the scoring of those in Phase 2 online delivery mode, a noted drop in academic performance and assessment results was seen.

3.6 Comparative summary

In comparing phase 1 and 2 deliveries, the impact of the 'heaviness' of online learning, including the intensity of the study day, as compared to face to face, was a main theme illuminated through analysis. This heaviness was around the intensity of focusing online, accessing new technology in addition to living in the covid pandemic in general. Student anxiousness was a large feature, as reflected in the general population at the time (Kittiphong et al., 2022; Adedoyin and Soykan, 2020), which was specifically around the use of technology, experienced as new learning. This provoked anxiety around assignments and was heightened due to the limitations of an online learning community and access to the module team, compared with face-to-face experiences of learning. Participants identified the relational elements of the programme as positively influencing the management of learning anxiety. The relational aspects centred around connections with others, either the module team or other students which gave a supportive learning community, which was hindered in the online cohort.

[Insert Figure 1 - Factors that increase / reduce anxiety]

4. Discussion

Despite two decades now having passed since the first national movement to address skills, knowledge and understanding deficits relating to personality disorder (NIMHE, 2003a; 2003b) the challenge to innovate and educate the workforce continues. Whilst progress is being made and short courses like this can impact positively upon staff confidence and knowledge, it could be argued how much has actually changed in this time with there being such a stark ongoing need and demand for such initiatives (Baldwin et al., 2019).

<u>Online distance-learning compared to face-to-face delivery</u>

The online delivery of the programme was forced upon this project due to restrictions emerging from the Covid-19 pandemic and was initially unfamiliar to the students and lecturers alike, as found in other studies (Checa-Morales et al, 2022). Post-Covid, online learning, and blended learning (online with face-to-face) has become the 'new normal' for many universities (Stevens et al, 2021). Many students expect to be able to 'attend' modules at a national level, without the inconvenience of travel. Findings from our content analysis suggest that overall, online distance-learning formats were less well received when compared to face-to-face delivery, and an overall fall in assessment scores corroborated this and highted how students were not performing as well in their assessments following the delivery online, as those who received face-to-face teaching just months before. It is

likely that there were multiple reasons for online learning not being as well received, ranging from the potential limitations in terms of networking opportunities and collegiality, students also being more likely to experience an increase in feelings of isolation due to the separation from the Learning Community (Cao, *et al.* 2020); to reduction in the relational aspects of the programme which may have been most effectively achieved in person. For those students who may not have studied for some time, or studied or at this level, potential issues also relating to a lack of self-direction when studying, and ineffective learning strategies, are likely to have been amplified by distance-learning (Haslam, 2020) and so may have contributed to some of the increased anxieties, seen in the content analysis, around progression and assessment (Moawad, 2020).

Issues may have been further compounded by the Covid-19 pandemic, including a potential for 'digital fatigue' (Schuler, Brown Tyo & Barnett 2021), or the balance of trying to study, whilst navigating additional pressures in practice, relating to the pandemic. Evidence for digital fatigue or increased pressure in practice, may perhaps, have been further supported by difficulties in engaging learners in the research evaluation in comparison to the collection of phase 1 data.

As outlined compassion scores which were reduced post training, in our earlier face to face delivered study compassion scores were maintained. Why this occurred is unknown but may have been owing to the environment in which they were working, impact of the global pandemic and associated implications upon working conditions, increased negativity, attitudes and compassion fatigue. Much has been written about the health care frontline services and the impact of sudden burnout and increased compassion fatigue during the pandemic (Ramanujapuram, 2020) hence it could be assumed all people facing services, where impacted in similar ways hence the OPD pathway workers would not have been immune from this which might have resulted in the reduced compassion rates indicated at follow up as our programmes were delivered during the height of the pandemic and the UK based national lockdowns and restrictions.

Strengths and Limitations

A key strength of this paper is that we have been able to capture through our research evaluation the experiences of a training programme delivered via two different modes of delivery (Face to Face verses Online Learning formats). Whilst this was pandemic enforced, it did create a unique opportunity to draw learning from the different modes and delivery and evaluate comparisons. The increased use of blended and distance learning programmes makes this a timely contribution to this growing mode of educational delivery. However, we would highlight that in the development of our online learning formats, we did not adopt a pre-record approach self-learning approaches, and but instead ensured our online sessions were delivered in live formats, and this was built in as core to

our delivery, owing to the relational components and underpinning theory and skills development this OPD training programme addressed.

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. The sample size was smaller than that required for significance testing to detect medium effects with power levels of .80, hence these results need replicating with a larger sample. Qualitative analysis was performed by researchers from within the same faculty but with those who had not been involved in the teaching delivery. The sample size was small especially in the focus groups hence this creates challenges around the generalisability of our findings. However, our qualitative interviews were subjective in order to explore the personal in-depth experiences and are therefore not transferable to other groups. Efforts were made to mitigate bias reporting in the qualitative interviews by ensuring they were facilitated by members of the research team who had not been involved in the teaching delivery. Reflexivity was utilised during analysis and two people analysed to ensure themes and words were not markedly different. Overall analysis and leadership of the research team was conducted by the Principal Investigator (XX), who had been influential in the development, though not directly involved in delivery or 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. Low numbers of involvement at the follow-up stage and our low interview uptake, needs to be acknowledged as it is likely that only the most enthusiastic and engaged participants may have informed the follow-up feedback.

5. Conclusion

As the pandemic comes to an end, we acknowledge that a number of lessons have been learnt that will enable us to further enhance our programme going forward. Alongside commissioners, it has been agreed that from 2023 we will enhance our programme by offering a blended learning mode of delivery. This will include face-to-face delivery sessions at the start and end of the modules as ‘bookends’ with online modes of delivery in the middle. We believe, bringing back the face-to-face training element to be important for the OPD modules and the networking opportunities it provides to the OPD workers who engage in it. Also, as this area of work is fundamentally relational and interpersonal, providing a blended learning approach will meet the needs of our students and the OPD workforce taking into consideration the findings of our comparative evaluation.

6. **Implications for practice**

This novel training package is the only UK specific OPD higher education training programme in the UK. Investment in service and new approaches requires workforce development investment and opportunity. Complimentary step up from knowledge and awareness (KUF) level training in line with the Capabilities Framework (NIMHE, 2003).

Our research is providing useful insights into the effectiveness and impact of higher education training programmes for developing practice with offenders experiencing personality disorder. Such insights are directly informed from the OPD workforce and will shape the programme going forward.

We believe that our research is impactful and useful in the following areas:

- Provides an Exploration of Partnership / Collaboration Opportunities
- Highlights the importance of provision of workforce training at Higher Education Levels
- Enables us to revisit the national OPD commissioning team to discuss further roll outs or strategies for training outside of the Northern England.
- Supports and provides opportunities to engage with the National KUF steering group.

7. Recommendations for personality disorder course delivery

1. Online learning delivery mode has both benefits and limitations when compared to purely face to face.

2. The inclusion of experts by experience should be used as standard in personality disorder education.

3. Multiple academic levels enable multi-professional attendance and shared learning opportunities.

4. Exploration of raising awareness of personality disorder learning pathways, should be considered including MSc Personality Disorder and the Professional Doctorates.

5. The inclusion of formulation skills enables increased understanding and competency within the programme.

6. Provide early information regarding preparedness for the course, timetables and commitment is required by students and leaders.

7. Students to be encouraged to share their learning with their colleagues.

8. Promotion of student action planning at the commencement of the programme to determine dissemination of their learning to others. Including actions to ensure on-going support from leaders, to include release from duty to attend the programme, time for supervision and reflexivity.

10. There is a need for further research to monitor the feedback and performance of personality disorder training.

Word count - 6265

References

Adedoyin, O, B and Soykan, E (2020) Covid-19 pandemic and online learning: the challenges and opportunities. Interactive Learning Environments, DOI: 10.1080/10494820.2020.1813180

Baldwin, V., Blazdell, J., Gordon, N.S. and Gordon, F. (2019), KUF Scoping Review - A Review of the National Personality Disorder Knowledge and Understanding Framework, Ministry of Justice.

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", Plos One, Vol. 14 No. 4, 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 Report (2009), Lord Bradley's Review of People with Mental Health Problems or Learning Disabilities in the Criminal Justice System (the Bradley Report), TSO, London.

Braun, V. and Clarke, V. (2006) Using Thematic Analysis in Psychology. Qualitative Research in Psychology, 3, 77-101

Checa-Morales, C., De-Pablos-Heredero, C., Díaz Ocampo, E., Torres, Y. G., & García, A. (2022). An Organizational Model of Online Learning in the Pandemic Period: Comparison with Traditional Face-to-Face Learning. *Education Sciences*, *12*(7), 448

Cao W, Fang Z, Hou G, Han M, Xu X, Dong J, Zheng J. (2020) The psychological impact of the COVID-19 epidemic on college students in China. Psychiatry Res. 2020 May;287:112934. doi: 10.1016/j.psychres.2020.112934. Epub 2020 Mar 20. PMID: 32229390; PMCID: PMC7102633.

Craissati, J., Joseph, N. and Skett, S. (2020) Working with People in the Criminal Justice System Showing Personality Difficulties, 3rd ed., Department of Health/Ministry of Justice, London.

Department of Health (DoH) (2009), Recognising Complexity: Commissioning Guidance for Personality Disorder Services, Crown Copyright, London.

Elliott, A., Lamph, G and Kendall, Z (2023) Working effectively with people who have received a diagnosis of personality disorder. Mental Health Practice. Doi:10.7748/mhp.2023.e1634

Elo, S. and Kynga, S.H. (2008), "The qualitative content analysis process", Journal of Advanced Nursing, Vol. 62 No. 1, pp. 107-115, doi: 10.1111/j.1365 2648.2007.04569.x.

Gardner, K, J., Wright, K, M., Elliott, A., Graham, s. and Fonagy, P (2020) The weirdness of having a bunch of other minds like yours in the room: the lived experiences of mentalization-based therapy for borderline personality disorder. Psychology and Psychotherapy. 93, 3, 572-586. doi: 10.1111/papt.12243

Haslam, M. B. (2020) What might COVID-19 have taught us about the delivery of Nurse Education, in a post-COVID-19 world? Nurse Education Today. https://doi.org/10.1016/j.nedt.2020.104707

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, Vol. 56 No. 4, pp. 421-428.

Joseph, N. and Benefield, N. (2010), "The development of an offender personality disorder strategy", Mental Health Review Journal, Vol. 15 No. 4, pp. 10-15.

Kittiphong, P., Kullasatree, M., Nuttapong, W., Nuangcharlerm, P. and Prachagood, V (2022) Learning Anxiety of Undergraduate Students during COVID-19 Pandemic. Journal of Educational Issues. 8 (1) ISSN 2377-2263

Lakens, D. (2013), "Calculating and reporting effect sizes to facilitate cumulative science: a practical primer for t-tests and ANOVAs", Frontiers in Psychology, Vol. 4 No. 863, pp. 545-550, doi: 10.3389/fpsyg.2013.00863.

XXXX (2021) A qualitative exploration of the label of personality disorder from the perspectives of people with lived experience and occupational experience. Mental Health Review Journal. https://doi.org/10.1108/MHRJ-05-2020-0035

XXXX (2022) An Evaluation of a Pilot Multi-Professional Offender Personality Disorder (OPD) Higher Education Programme. Journal of Forensic Practice. Volume 24, pp 138-155; https://doi.org/10.1108/jfp-10-2021-005

Mapplebeck, C., Ramsden, J., Lowton, M., Short, S. and Burn, F (2017) Embedding psychological thinking: an evaluation of a regional training model for probation staff. Journal of Forensic Practice. 19 (1) 37-46. DOI 10.1108/JFP-12-2015-0053

Moawad, R, A (2020) Online Learning during the COVID- 19 Pandemic and Academic Stress in University Students. Revista Romaneasca pentru Educatie Multidimensionala,12(1Sup2), xx-xx. https://doi.org/10.18662/rrem/12.1sup1/

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

National Offender Management Service (NOMS) (2015), "The offender personality disorder pathway strategy 2015", NHS England, available at: www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/02/opd-strategy-nov-15.pdf

Radcliffe, K., McMullan, E and Ramsden, J (2018) Developing offender manager competencies in completing case formulation: An evaluation of a training and supervision model. Probation Journal. 61 (1) 27-38. DOI: 10.1177/0264550517744272

Ramanujapuram, A (2020) Covid-19: adverse mental health outcomes for healthcare workers. BMJ 2020; 369 doi: https://doi.org/10.1136/bmj.m1815

Ramsden, J., Lowton, M and Joyes, E (2014) The impact of case formulation focussed consultation on criminal justice staff and their attitudes to work with personality disorder. Mental Health Review Journal. 19 (2) 124-130. DOI 10.1108/MHRJ-12-2013-0039

Schuler, M. S., Brown Tyo, M., Barnett, K. (2021). Nursing student perceptions of required online educational programs utilized outside the classroom. Nurse Education Today 105 (2021) 105048

Sizmur, S. and Noutch, T. (2005), "Dangerous and severe personality disorder services", The British Journal of Forensic Practice, Vol. 7 No. 4, pp. 33-38.

Stevens, G. J., Bienz, T., Wali, N., Condie, J., & Schismenos, S. (2021). Online university education is the new normal: but is face-to-face better?. *Interactive Technology and Smart Education*

Swift, A., Banks, L., Baleswaran, A., Cooke, N., Little, C., McGrath, L., Meechan-Rogers, R., Neve, A., Rees, H., Williams, G., 2020. COVID-19 and student nurses: a view from England. Journal of Clinical Nursing. https://doi.org/10.1111/jocn.15298

Wut, Tm., Xu, J. Person-to-person interactions in online classroom settings under the impact of COVID-19: a social presence theory perspective. Asia Pacific Educ. Rev. 22, 371–383 (2021). https://doi.org/10.1007/s12564-021-09673-1