

Developing probation staff competency for working with high risk of harm offenders with personality disorder: An evaluation of the Pathways Project

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ABSTRACT

Background *A model of psychologically informed offender management for high risk of harm offenders with personality disorder (PD) was piloted, in which NHS psychologists worked alongside London probation staff.*

Aim *The aim of the study was to evaluate the initiatives taken to develop probation staff's capability to work effectively with the group of offenders.*

Method *Self-report measures assessing competency for working with PD and team climate were administered to the probation staff (N = 150) at baseline and at 1 year follow-up. At follow-up, qualitative data was also collected from a subset of Public Protection Unit staff (N = 17), evaluating their experience of the project.*

Results *The probation staff significantly improved across a range of generic and forensic PD-related competencies. The largest improvements were found in the Public Protection Unit, which received the highest level of support. There was also a significant improvement in one facet of team climate (team vision). The qualitative findings suggested that the primary areas of skills development were in the participants' understanding of PD and their capacity to identify PD and to develop treatment and management pathways.*

Conclusions *The results provide evidence for the effectiveness of the project model that supports its implementation on a broader scale. Copyright © 2011 John Wiley & Sons, Ltd.*

Introduction

The personality disorder (PD) Pathways Project is a formal partnership between the Oxleas NHS Foundation Trust and the London Probation Trust, which is currently active in four inner London boroughs. The project has piloted a model of psychologically informed offender management for offenders with PD, who present a high likelihood of offence repetition and pose a high risk of

harm to others. The present paper reports on an evaluation of the initiatives taken by this project to develop probation staff's competency to work effectively with this group of offenders.

Personality disorder is a diagnosis that poses a number of challenges for forensic practitioners. It is highly prevalent in offender samples and is frequently associated with high harm offences (Alwin et al., 2006). Indeed, the prevalence is such that identifying PD among offenders has

previously been likened to looking for hay in a haystack (Stevens, 1993). Up to two-thirds of prisoners may meet the criteria for at least one PD, with similar numbers estimated in the caseloads of the Probation Service (Stewart, 2008). Despite this high prevalence, formal diagnosis is rare, and the severity of the disorder also varies considerably. To elaborate, personality difficulties may be best understood as existing along a continuum, with some individuals displaying relatively low levels of pathology and others presenting with very high levels of self and interpersonal dysfunction. At the lower end of the spectrum are individuals who will reach a diagnostic threshold but may present with life and offending histories, which, from a probation worker's perspective, may be fairly unremarkable. Many of these individuals will possess primarily antisocial personality profiles, which may ameliorate with age and may be manageable with little deviation from standard probation practice.

At the other end of the spectrum are individuals whose PD is either complex (overlapping diagnostic clusters) or severely antisocial (psychopathic) and who may pose a very high risk of harm to others. There are currently estimated to be in the region of 8000 high risk of harm offenders with severe PD in the criminal justice system (Joseph & Benefield, 2010). Such individuals frequently present with challenging interpersonal behaviour and may possess high levels of ambivalence regarding their need for treatment (National Institute for Mental Health in England, NIMHE, 2003a, Tyrer, 2004). With this level of disturbance, complex and sometimes lifelong management may be required, necessitating a highly skilled workforce and a multi-agency approach that can address both mental health and offending-related needs (National Institute for Health and Clinical Excellence, NICE, 2009).

In response to the particular challenges posed by this group, the current Department of Health and Ministry of Justice Offender PD Strategy states that they should be regarded as a shared responsibility between the NHS and the criminal justice services (Joseph & Benefield, 2010). Within the proposals,

offender managers within the probation service are assigned a lead role in coordinating the inter-agency case management of this population and developing pathways of interventions through their sentence. It is recognized that workforce development initiatives will be required to improve the capability of probation staff to fulfil this role. Following this, the Pathways Project has developed and piloted a model of joint working in which NHS-based psychologists worked alongside probation staff to enhance service provision to this offender group.

Previous research has suggested that positive attitudes, an improved psychological understanding of PD and self-management skills to contain emotional reactions are all associated with effective practice (Bowers and Allan, 2006). The project, therefore, aimed to develop these generic competencies within the probation staff group as well as more specific abilities relating to risk management and pathway planning. The project team consisted of a consultant psychologist who line-managed one clinical and one forensic psychologist and an assistant clinical psychologist. Both of the project psychologists were based in the respective probation offices and worked full time alongside the probation teams.

In accordance with the perceived risk and needs of this population, a tiered model of support was implemented, primarily focusing on those managing the highest risk cases. The most intensive training and consultancy was provided to staff working in the probation Public Protection Units (PPUs), with less intensive support provided to staff outside of these teams. For PPU staff, the project model comprised of individual and group case consultations and monthly PD-related trainings. Regular meetings were also held between the PPU staff and the project psychologists, in which relevant cases were identified, offence formulations were developed and treatment and management pathways were constructed. The training focused on particular PD diagnoses, their associated implications for treatment, therapeutic engagement and risk management as well as more practical issues relating to planning and facilitating pathways of interventions. A forum for team case discussion was also included, which

allowed for reflection on the management of current cases. Staff outside of the PPU were offered a 1-day awareness level training event and a follow-up skills-focused event. In addition, a number of presentations and briefings on working with PD were delivered at wider probation meetings and to individual teams. Some limited consultation and support was also provided to non-PPU staff with regards to the management of current cases.

Aims of the current study

The principal aim of the study was to evaluate the impact of the project on probation staff competency for working with PD and their perceptions of their team climate. The primary hypothesis (H1) was that probation staff's self-reported competency for working with PD would significantly improve over the project period, with the greatest improvements being found in the PPU. A secondary hypothesis (H2) was that participants' perception of their team climate would also significantly improve, again with the greatest improvements in the PPU. Lastly, the study also aimed to investigate probation staff's experience of the project, including their perspectives on their learning and competency development.

Method

Participants

The sample comprised 150 probation staff from four inner London boroughs. It included 81 female and 69 male staff who were a combination of both qualified probation officers ($N = 98$) and unqualified staff ($N = 52$); the latter group included both trainee probation officers ($N = 4$) and probation service officers ($N = 48$). Only the staff who regularly engage in face to face work with offenders were included in the sample.

Materials

The study employed a mixed methods design in which both quantitative and qualitative data

were collected. The quantitative measures adopted and replicated those used to evaluate the awareness level of the PD: Knowledge and Understanding Framework as part of the National PD Programme. Participant's professional competency for working with PD was assessed using the PD-Knowledge, Attitudes and Skills Questionnaire (PD-KASQ; Bolton et al., 2010). The PD-KASQ is an 18-item self-report instrument, containing three subscales. They are a psychological *Understanding* of PD (five items), *Capabilities* for working with PD (four items) and *Emotional Reactions* to individuals with PD (four items). Five of the questions do not load on these scales, however. There is as yet no available data relating to concurrent or predictive validity, although content validity of the scale items has been ensured through expert review. It has previously demonstrated adequate to excellent reliability with Cronbach's alpha being good ($r = 0.82$) for the total scale and adequate ($r = 0.70$) to excellent ($r = 0.93$) for the individual subscales (Bolton et al., 2010). It is scored using a five-point Likert-type scale, allowing for a potential maximum score of 90. To assess specific forensic competencies relevant to the goals of the Pathways Project, three additional questions were added to the original PD-KASQ. These assessed participant's knowledge of the relationship between PD and general offending, sexual and violent offending and their perceived ability to access specialist support.

Organizational climate in the probation service was assessed using the Team Climate Inventory (TCI). The TCI is a 38-item self-report instrument and is based on the *Four Factor Theory of Team Climate* (Anderson & West, 1998). The four factor theory is described as 'a facet specific theory of climate for work group innovativeness' (Anderson & West, 1998, pp. 238). The TCI was chosen because of its robust psychometric properties and its consistency with the goals of the Pathways Project (that is to improve team functioning as it relates to the management of offenders with PD). Self-reported TCI ratings

have previously been shown to correlate highly with independent ratings of actual team performance (Anderson & West, 1999). It has demonstrated good to excellent levels of reliability, with Cronbach's alpha ranging from $r = 0.84$ to $r = 0.95$ for the individual subscales (Anderson and West, 1998). The questionnaire contains four subscales, which are now described: *Team Vision* (11 items), the extent to which organizational objectives are readily understandable to, valued, attainable and shared by the workforce; *Participative Safety* (12 items), the extent to which employees feel comfortable and able to participate in decision-making and information-sharing in the working environment; *Task Orientation* (seven items), the extent to which workers are committed to excellence in their working practice, evidence reflective capacity, a tolerance of minorities and feel their competence is affirmed rather than attacked; and *Support for Innovation* (eight items), the extent to which new and improved ways of working are supported and encouraged in the workplace. Items are rated using a five-point Likert-type scale, and the authors recommend calculating independent subscale scores rather than an overall total score. The TCI User's Manual also contains interpretive ranges on the basis of several normative samples, allowing for the identification of high, middle and low scale scores.

At follow-up, the participants also completed a brief open-ended qualitative questionnaire. The researchers designed this questionnaire to explore participants' subjective experience of the project, including what elements were most and least useful and how it had impacted on their work with offenders with PD. To minimize potential response bias, the questionnaires were left anonymous.

Procedure

The PD-KASQ and TCI were administered to the probation sample at baseline and after the project had been active for a period of 1 year. At follow-up, 100 of the original participants returned completed questionnaires. The drop-off in participant numbers (33.3%) was attributable to high numbers of staff

leaving the probation service or the project areas ($N = 26$) and a number of staff not responding ($N = 24$).

At follow-up, the qualitative project evaluation questionnaire was also administered to all PPU staff, who had had significant involvement with the project, still in the project areas (i.e. a period of engagement of 6 months or more) ($N = 28$). Over half of the participants surveyed ($N = 17$) returned completed questionnaires. To enhance the trustworthiness of the findings, two independent coders were utilized for the data analysis. The initial stage of analysis comprised an immersion in the data by reading and then re-reading the texts several times over in order to gain a sense of the participant's collective experience (Aronson, 1994). A triadic elicitation technique was subsequently used to identify emergent categories. Triadic elicitation has previously been used in psychotherapy and educational research as an aid to the systematic identification of categories within the data (Weller & Romney, 1988). The technique requires that themes are initially identified within the responses to each question. Verbatim phrases representative of each theme are then cut out and pooled together in a pile. Three phrases are then chosen at random from each pile, and the two that are most similar are placed together to determine the characteristics of an overarching category. The third is returned to the pool of answers, and the process is repeated until no further categories can be elicited (Postlethwaite and Jaspars, 1986). The categorizations that emerged from this process were then discussed between the researchers. During this process, contrasts and comparisons were made, and a final hierarchical list of overarching categories and subcategories was established (Silverman, 2006).

Results

The Personality Disorder-Knowledge, Attitudes and Skills Questionnaire

The descriptive statistics for the PD-KASQ are presented in Table 1. Because of the number of

Table 1: Means and standard deviations for total Personality Disorder–Knowledge, Attitudes and Skills Questionnaire and Personality Disorder–Knowledge, Attitudes and Skills Questionnaire subscale scores for Public Protection Unit and non-Public Protection Unit staff at baseline and follow-up

Probation team	Full scale M (SD)		Subscale 1 (understanding) M (SD)		Subscale 2 (capabilities) M (SD)		Subscale 3 (emotional reactions) M (SD)	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
PPU	53.39 (7.85)	63.87(6.51)*†	14.32 (2.77)	19.43 (1.87)*†	12.58 (2.96)	14.71 (1.81)*†	13.09 (2.19)	13.16 (3.23)
Non-PPU	52.35 (8.15)	55.67 (6.56)*	13.59 (3.48)	15.14 (2.85)*	12.18 (2.64)	13.23 (2.36)*	13.18 (2.69)	13.13 (2.42)
Total	52.56 (8.06)	58.09 (7.28)*	13.77 (3.33)	16.43 (3.23)*	12.27 (2.72)	13.75 (2.91)*	13.16 (2.58)	13.14 (2.68)

Note: M, means; SD, standard deviations; PD–KASQ, Personality Disorder–Knowledge, Attitudes and Skills Questionnaire; PPU, Public Protection Unit.

*Indicates a significant improvement from baseline scores at the $p < 0.001$ level.

†Indicates a significant difference between PPU and non-PPU staff at the $p < 0.001$ level.

comparisons made, the respective p values were subjected to a Holm–Bonferroni (sequentially rejective) correction. At baseline, there were no significant differences between PPU and non-PPU staff in terms of their mean scores on the PD–KASQ and all of its subscales. Within group comparisons using repeated measures, t -tests illustrated that at follow-up, the entire probation sample demonstrated significant improvements on their mean scores for the PD–KASQ total scale ($p < 0.001$) as well as the *understanding* ($p < 0.001$) and *capabilities* ($p < 0.001$) subscales. There was no significant difference on the *emotional reactions* subscale, however. Both PPU and non-PPU staff demonstrated significant improvements on their mean scores for the PD–KASQ total scale ($p < 0.001$) and the *understanding* subscales ($p < 0.001$). The PPU staff also demonstrated significant improvements on the *capabilities* subscale ($p < .001$). For both staff groups, there was no significant difference between the baseline and follow-up scores on the *emotional reactions* subscale.

In order to ascertain whether the improvement in PD–KASQ scores was greater for the PPU staff (in accordance with the greater intensity of support offered), the mean follow-up total and subscale scores for the PPU and non-PPU sample were subjected to ANCOVA, using the mean baseline scores of the two groups as a covariate. Controlling for variations in baseline scores revealed a significant main effect of the project on the PD–KASQ total scale ($F(1, 84) = 36.44, p < 0.001$), as well as the *understanding* ($F(1,87) = 52.54, p < 0.001$) and *capabilities* subscales ($F(1, 89) = 12.90, p < 0.001$), with PPU officers obtaining significantly higher mean follow-up scores than the non-PPU sample. There was no effect of the project on the *emotional reactions* subscale.

Additional forensic questions added to the Personality Disorder–Knowledge, Attitudes and Skills Questionnaire

Descriptive statistics for the three additional forensic questions that were added to the PD–KASQ are

displayed in Table 2. At baseline, there was no significant difference between PPU and non-PPU staff as regards to their mean scores on the three questions. At follow-up, the combined probation sample demonstrated a significant improvement on their perceived ability to access specialist support ($p < 0.001$). For the PPU staff, there was a significant improvement in their mean self-reported understanding of the link between PD and sexual and violent offending ($p < 0.001$) and their ability to access specialist support ($p < 0.001$). For the non-PPU sample, there was a significant improvement in their perceived ability to access specialist support ($p < 0.01$). After controlling for variations in baseline scores, at follow-up, the PPU officers obtained higher scores than their non-PPU colleagues on the questions relating to their understanding of the link between PD and sexual and violent offending ($F(1,93) = 17.51, p < 0.001$) and their ability to access specialist support ($F(1,94) = 13.33, p < 0.001$).

Team Climate Inventory

Descriptive statistics for the TCI subscales at baseline and follow-up appear in Table 3. At baseline, there was no significant difference between the mean TCI subscale scores of PPU and non-PPU

officers. When compared with the TCI normative sample (of 42 Social Services teams), the combined probation sample obtained a middle scale score for the *participative safety* subscale, a low scale score for *team vision*, a middle scale score for *task orientation* and a high scale score for *support for innovation*. For the entire probation sample, there was a significant improvement from mean baseline scores on the *team vision* ($p < 0.001$) subscale, with both PPU and non-PPU staff obtaining a middle scale score at follow-up. At follow-up, the PPU sample obtained a high scale score for *participative safety*, although this improvement was not statistically significant. No other differences were significant.

Qualitative project evaluation questionnaire

This questionnaire contained three questions that are presented below, followed by a discussion of the findings obtained. Verbatim comments are italicized.

Question 1: What elements of the project did you find most useful and why?

The most frequently cited element was the individual case consultation with the project psychologists ($N = 13$), followed by the formal training ($N = 10$), group case discussions ($N = 10$) and the screening for PD cases ($N = 4$). For example, one participant

Table 2: Means and standard deviations for the additional Personality Disorder–Knowledge, Attitudes and Skills Questionnaire forensic questions for Public Protection Unit and non-Public Protection Unit staff at baseline and follow-up

Probation team	I understand the link between PD and general offending M (SD)		I understand the link between PD and sexual and violent offending M (SD)		I feel able to access specialist support for offenders with PD M (SD)	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
PPU	3.89 (0.53)	4.26 (0.67)	3.51 (0.89)	4.10 (0.65) **	2.97 (1.11)	4.16 (0.93) **
Non-PPU	3.76 (0.74)	3.79 (0.73)	3.37 (0.84)	3.31 (0.83)	2.93 (0.96)	3.31 (1.05) *
Total	3.79 (0.67)	3.94 (0.81)	3.40 (0.85)	3.57 (0.84)	2.94 (1.01)	3.58 (1.09) **

Note: Likert-type scale was used: 1 (*Strongly disagree*) to 5 (*Strongly Agree*).

M, means; SD, standard deviations; PD, personality disorder; PD–KASQ, Personality Disorder–Knowledge, Attitudes and Skills Questionnaire; PPU, Public Protection Unit.

*Indicates a significant difference between baseline and follow-up scores at the $p < 0.05$ level.

**Indicates a significant difference between baseline and follow-up scores at the $p < 0.001$ level.

***Indicates a significant difference between PPU and non-PPU staff at the $p < 0.001$ level.

Table 3: Means, standard deviations and interpretive ranges^a for Team Climate Inventory subscales for Public Protection Unit and non-Public Protection Unit staff at baseline and follow-up

Probation team	Subscale 1 (participative safety) M (SD) interpretive range		Subscale 2 (team vision) M (SD) interpretive range		Subscale 3 (task orientation) M (SD) interpretive range		Subscale 4 (support for innovation) M (SD) interpretive range	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
PPU	48.29 Middle	51.62 (4.74) High	32.68 (5.50) Low	39.13 (7.08)* Middle	24.67 (4.90) Middle	26.27 (3.73) Middle	28.58 (5.14) High	30.70 (4.05) High
Non-PPU	45.88 (7.93) Middle	47.26 (6.62) Middle	33.96 (8.24) Low	39.45 (7.20)* Middle	24.41 (5.42) Middle	24.70 (5.18) Middle	28.37 (5.65) High	29.36 (5.74) High
Total	46.39 (7.66) Middle	48.59 (6.41) Middle	33.65 (7.66) Low	39.34 (7.13)* Middle	24.47 (5.23) Middle	25.19 (4.81) Middle	28.42 (5.52) High	29.78 (5.29) High

Note: M, means; SD, standard deviations; PPU, Public Protection Unit; TCI, Team Climate Inventory.

^aBased on a normative sample of 42 Social Services teams (Andersen & West, 1999).

*Indicates a significant difference between baseline and follow-up scores at the $p < 0.001$ level.

made the following comment: *the group/individual case discussion has given us a good overview of the field and allowed time for us to relate it to our current cases.* Additionally, two participants described how the case discussions had helped them manage the emotional impact of working with this group of offenders. For example, one participant described the negative impact of heavy workloads and time pressures in probation stating that *we don't get adequate time to reflect on our work with offenders with PD making the work emotionally exhausting and stressful.* This participant added that they had, therefore, found it *helpful to process this more fully with an experienced professional.*

Question 2: What elements of the project did you find least useful and why?

The majority ($N = 12$) of participants either declined to answer this question or made statements to the effect that all elements had been useful. Of those who did make comments ($N = 5$), a small number of participants ($N = 3$) felt that the formal training offered was the least useful element, with two participants suggesting that they needed more time to process its content. A complicating factor, which was emphasized by two of these participants, was the limited time available in the participants' busy work schedules to attend the training sessions and the case discussion. In addition, one participant stated that screening for PD cases within their caseload was the least helpful element, and another bemoaned the short duration of the project.

Question 3: Do you want to comment further on your work with offenders with PD or anything you have learnt from the project?

In response to this question, two overarching categories emerged. These were improved understanding of PD and improved professional competency.

1. Improved understanding of PD

Nearly two-thirds of the participants ($N = 10$) described how the project had positively impacted

on their understanding of PD, as illustrated by the following quote: *The training we have received has been very useful in helping practitioners to understand what a PD is, the different clusters, possible causes and what treatment pathways are available.* Additionally, another participant made the following comment, also emphasizing their growing confidence and interest in the field: *I now find it interesting and challenging to work with offenders with PD. . . it is helpful to know about PD and understand how that has affected how someone thinks and acts. I'm gaining confidence in this area through experience of working with offenders with PD and with the input from experienced psychologists.*

2. Improved competency for working with PD

Just under half of the participants ($N = 7$) described how they felt the project had allowed them to develop and apply particular skills in managing this group of offenders. Three subcategories emerged: an enhanced ability to identify PD ($N = 5$), skills in developing treatment and management pathways ($N = 5$) and the acquisition of interpersonal skills for working with this group ($N = 2$). For example, one participant described his/her improved ability to identify PD in his/her caseloads: *I am now able to recognize PD at OASys (Offender Assessment System) stage and when working with new offenders adding that consultation and training has enabled me to screen and (hopefully) identify PD cases.* Others described how they felt they had developed and applied skills in pathway planning and made the following comments: *Screening and consultation has enabled us to give more consideration to particular cases, including what their risks and needs are and the type of interventions that would be most suitable and . . . through better identification of PDs, I have been able to better signpost people to the relevant services where they can receive the specialist services they require. This has also helped a lot in understanding and knowing the best way to work with more difficult and challenging people on our caseload.*

Discussion

Strengths and limitations

The strength of the methodology employed here was the large sample of probation staff from a range of frontline positions across four London boroughs. This supported the robustness and generalizability of the quantitative results. In addition, the use of mixed methods has allowed for a comprehensive evaluation to be completed, which has investigated the participants' perceived competency development (including skills acquisition and application), the impact on team climate and perceptions of the project's usefulness.

A number of limitations also merit consideration. Firstly, only self-report methods have been used, which possess certain limitations as a methodology for assessing professional competency. Although self-efficacy ratings have previously been found to correspond highly with actual work performance (Kraiger et al., 1993), incorporating additional objective measures to assess changes to working practice might have improved the robustness of the results. Secondly, it is possible that the qualitative findings may have been somewhat confounded by a positive response bias because of the fact that the project psychologists had worked closely with the probation staff who completed the questionnaires. Attempts were made to enhance the trustworthiness of the findings by anonymizing the questionnaire and by employing a co-rater for data analysis, although the findings need to be interpreted with this potential limitation in mind. Lastly, there was a relatively large proportion of participant drop-off (33.3%) between baseline and follow-up administration of the quantitative measures, and nothing is known about the impact of the project on these participants.

Summary of results

The results obtained by this study provide strong support for H1 that probation staff's self-reported competency for working with PD would significantly

improve over the project period, with the greatest improvements observable in the PPU. Over the course of the evaluation period, the combined probation sample demonstrated significant improvements in their overall self-reported competency, their understanding of PD, their perceived capability for working with this group and their ability to access specialist support. In accordance with the greater intensity of support offered, PPU staff demonstrated significantly greater improvements across all of these factors than their non-PPU colleagues. They also demonstrated significant improvements in their understanding of the link between PD and sexual and violent offending. Given that the observed pattern of improvement closely mirrors the tiered model of support provided, there is a strong argument for attributing this improvement to the Pathways Project intervention. This is a particularly welcome result, given that a previous research has demonstrated that improvements in a worker's attitudes and knowledge are associated with improved delivery of care to individuals with PD (Bowers & Allan, 2006).

The results of the PD-KASQ are further supported by the high degree of concordance with the qualitative findings. Within the PPU, there was frequent and detailed description of knowledge acquisition and the development of enhanced capabilities, most notably an increased capacity to identify PD and to develop treatment and management pathways. Although the majority of staff indicated that they had found all elements useful, the individual case consultation, group meetings and trainings were cited as the most useful aspects. A number of participants also described their growing confidence and interest in the field. However, it was also suggested that the training sessions might have been improved by employing a broader range of training methodologies to ensure that they were responsive to diverse learning styles within the probation sample.

Although the weight of evidence supports the retention of the H1, there was no significant improvement for either probation staff group on the *emotional reactions* subscale of the PD-KASQ.

In contrast to this result, evidence did emerge from the qualitative findings that for some staff, the project had allowed for the containment of negative emotions aroused by offenders with PD. Of course, these findings may not be representative of the broader staff group. It is possible that the particular focus of the project model, which prioritized case identification, pathway planning and community risk management may explain why there was less consistent evidence of improvements in staff's emotional reactions. There was also no improvement in participants' understanding of the link between PD and general offending. This is likely to be attributable to the fact that PPU staff work almost exclusively with sexual and violent offenders and also because the support offered to non-PPU staff had less of a risk-related focus.

Only limited support was found for the H2 that probation staff (particularly those in the PPU) would demonstrate significant improvements in their perceptions of their team climate at follow-up. At follow-up, the PPU staff's mean scores on the *participative safety* subscale had moved from the low to the moderate interpretive range. However, this improvement was not statistically significant. For the combined sample, there was a significant improvement on the *team vision* subscale at follow-up. However, the PPU sample did not improve to any greater extent than the non-PPU staff, which suggests that organizational factors unrelated to the project may also have contributed to the observed improvements. There was no significant improvement in the *participative safety*, *support for innovation* or *task orientation* subscales.

Considering the rather mixed findings obtained by the TCI, it is probable that team climate in the probation service may be more heavily influenced by social and political pressures, which were outside of the influence of the project. Indeed, the importance of these factors was underscored by the qualitative findings, which suggested that heavy workload pressures had impeded the ability of some staff to make full use of the support offered. Furthermore, at baseline, the probation sample already demonstrated a high scale score on the *support for*

innovation subscale, which may have reduced the potential for improvement at follow-up. Lastly, given that the TCI has not previously been validated on a probation sample, it is possible that certain unique organizational factors relevant to probation practice might have been missed by this questionnaire.

Summary and future directions

In summary, the results presented here provide evidence that the project was effective in enhancing the probation staff's overall competency for working with offenders with PD. This includes their general understanding, their knowledge on risk-related concerns, their skills in identifying PD and pathway planning and their perceived ability to access specialist support. There was less evidence of improvements in the participants' emotional resilience, and the impact on the overall team climate in probation was limited. Despite this, the weight of evidence suggests that this is an effective template for partnership working between the health and criminal justice systems to enhance the capability of probation staff to work with high risk of harm offenders with PD. This supports the implementation of this model to other areas of London and to other probation areas around the country. Some adaptation may be required in areas in which there is a less dense urban population with less PD morbidity.

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