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UNIVERSITY OF SOUTHAMPTON

FACULTY OF SOCIAL AND HUMAN SCIENCES

School of Psychology

Volume 1 of 1

**A Qualitative Study Exploring the Experiences and Perceived Impact of a Formulation-Led
Approach on the Management of Offenders with Complex and Challenging Needs**

By

Emmanuella M. C. Vernon, BSc, MSc

Thesis for the degree of Doctor of Clinical Psychology

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ABSTRACT

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A Qualitative Study Exploring the Experiences and the Perceived Impact of a Formulation-Led Approach on the Management of Offenders with Complex and Challenging Needs

Emmanuella M. C. Vernon

The first chapter of this thesis contains a systematic literature review of the application and efficacy of case formulation (CF) in forensic settings when working with individuals with personality disorder (PD). A total of 13 articles met inclusion criteria. The reviewed articles formed part of pilot and preliminary studies exploring the use of a formulation-led consultation model to increase staff's knowledge, and skills when working with PD offenders. The findings showed promising results on the application and efficacy of CF and were categorised in four main areas: increasing staff knowledge and enhancing attitudes towards offenders with PD; helping to understand complex cases; training probation staff to carry out CF; and providing supervision for staff. Although research in this area is in its infancy, the findings support the implementation of this approach. Implications for future clinical application and research are discussed in light of the review.

The second chapter contains a qualitative study exploring the experiences and perceived impact of a formulation-led approach on the management of offenders with PD. Fifteen semi-structured interviews from Offender Managers (OMs) were analysed using thematic analysis (Braun & Clarke, 2006). The findings identified 5 main themes: a Shared Approach; Knowledge and Understanding; Relationships; Reflection; and Frustrations and Barriers. The overall findings are consistent with the systematic literature review suggesting that a formulation-led approach has a beneficial impact on OMs' practice and management of offenders with PD. Further research is needed to explore whether this way of working is reflected in service-users' experiences and recidivism rates.

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Academic Thesis: Declaration of Authorship

I, Emmanuella Vernon, declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

Title of thesis:

A qualitative study exploring the experiences and perceived impact of a formulation-led approach on the management of offenders with complex and challenging needs.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Signed: Emmanuella M. C. Vernon

Date: 14th September 2018

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Definitions and Abbreviations

BPS	British Psychological Society
CF	Case Formulation
DoH	Department of Health
LDUs	Local Delivery Units
MBI	Maslach Burnout Inventory
MoJ	Ministry of Justice
NHS	National Health Service
NOMS	National Offender Management Service
NPS	National Probation Service
OM	Offender Manager
PD	Personality Disorder
PD-KASQ	Personality Disorder Knowledge Attitudes Skills Questionnaire
OPDP	Offender Personality Disorder Pathway

Chapter 1: Systematic Literature Review: The Clinical Use and Effectiveness of Case Formulation in Forensic Settings when Working with Individuals with Personality Disorder

1.1 Introduction

1.1.1 Case formulation

In the field of Clinical Psychology, case formulation (CF) is considered a core competency and skill which developed from the scientist-practitioner model in the 1950s (McMurrin & Taylor, 2013). It is a framework in which clinicians use psychological theory and research to help understand people's difficulties and generate hypotheses in order to facilitate change and improve well-being and quality of life. CF is also considered a core competency and forms part of the specialist training in general and forensic Psychiatry (Royal College of Psychiatrists, 2010; British Psychological Society Professional Practice Board (BPS), 2017) and is thought to be a core skill for mental health workers in evidence-based mental health practice (BPS, 2017; Eells & Lombart, 2011; and Health and Care Professions Council, 2012). CF draws together biological, psychological, social, systemic and spiritual influences and can be understood using different theoretical perspectives including: cognitive-behavioural, systemic, psychodynamic, interpersonal or biological (Patterson & Fleming, 1994). Despite the various approaches, there are two main components to CF (Logan & Johnstone, 2010):

- a) an explanation of how the problem developed and how it has been maintained
- b) forming hypotheses about change to guide intervention

Using a psychological framework is thought to provide a structured way of gaining insight into the causes and maintaining factors of an individual's difficulties. More specifically, there are some key areas of information that arise in most CF methods that help conceptualise an individual's difficulties (Kuyken, 2006; Minoudis et al., 2013). These areas include: a description of the difficulty and a desired alternative to this; internal and external triggers to the difficulties (precipitating factors); maintaining factors of the difficulty (perpetuating factors); internal and external developmental factors

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that are likely to increase the vulnerability to the difficulty (predisposing factors); factors which help the individuals cope or recover from the difficulty (protective factors) and a model that explains and links these factors to the individual's difficulty (Völlm, 2014).

1.1.2 CF within forensic settings and working with complexity

CF is not a new concept in the field of psychological therapy and practice; however, it is a topic of increasing interest within the literature, particularly within forensic practice (Völlm, 2014). Understandably, one of the main focuses within forensic work is risk reduction, with the primary aim of preventing reoffending. CF is considered to be a useful and structured tool when working psychologically with offenders in forensic settings to help make sense of the complexity and help manage the offender's behaviour and guide treatment interventions (Sturmey, 2010). It can then be used as a conceptual framework to explain or review elements of an individual's treatment plan. It can also be used to restore the reflective capacity of staff in times of distress or increased perceived risk when more reactive responses may be taken to reduce immediate risk (Moore & Drennan, 2013). A forensic formulation draws on theory, research and evidence-base practice to identify appropriate interventions to reduce risk and reoffending behaviour (Knauer, Walker & Roberts, 2017). It can also be used to focus on the indirect benefits of risk such as improved compliance (Chuan & Clark, 2016). CF can also be used within teams, particularly when the team around the offender feels that they are stuck and unable to progress (Christofides, Johnstone & Musa, 2012).

Offenders whose presentations are consistent with personality disorder (PD) can raise challenges for staff working in forensic settings, as attempting to make sense of the complexity of someone with PD can be difficult. PD is characterised by longstanding behaviours and interaction styles that negatively affect a person across personal and social domains of their life. The Department of Health reported that the prevalence of PD among the prison population is approximately 78% (Department of Health, 2012; DoH). Offenders whose presentations are consistent with a PD may pose specific difficulties or challenges such as limited or challenging engagement with others and adherence to restrictions. As difficulties often centre around disrupted attachments with caregivers and adults growing up, it is argued that one of the key areas in working with this challenging population is building up a genuine partnership (O'Sullivan, Boulter, & Black, 2013; Shepard, Boardman & Burns, 2010). However, gaining a balance between building up a therapeutic partnership and managing risk can be a challenging balancing act.

Using CF to gain an understanding of an individual's difficulties is thought to enhance staff engagement when working with complex cases and enable the development of essential practitioners' skills in working with PD such as building a therapeutic relationship (Tarrier, 2006), effectively managing risk (Hart et al., 2011) and helping to make conceptual connections between PD and violence (Logan & Johnstone, 2010). CF is therefore considered a vital component for risk assessment and management. It has been argued that better formulation leads to better outcome (Kuyken, 2006). Kinderman & Lobban (2000) suggest that collaborative CF enables service-users to become better aware of their triggers and factors maintaining their difficulties, which may help prevent future relapses.

1.1.3 Literature on CF

Despite these seemingly positive aspects of the application of CF, the literature around the clinical use of CF is controversial (Carey & Pilgrim, 2010). Concerns have been raised regarding the validity, reliability and applicability of its use and that using a structured process to formulate may overlook nuances and flexibility that are intrinsic to formulations of complex presentations (Mumma, 2011). Despite the recognition of CF being an important competency in complex mental healthcare, there is a lack of adequate and consistent evidence to support this (Sturmey & McMurren, 2011). There is also insufficient empirical evidence to conclude whether CF is associated with good treatment outcomes or reoffending rates (Bieling & Kuyken, 2003).

A systematic review by Rainforth & Laurenson, (2014) reviewing the efficacy, reliability and validity of CF, identified 39 key papers in this area. Of these studies, Chadwick et al (2003) tested the hypothesis that CF improves the therapeutic alliance and decreases distress. Neither of these hypotheses were proven; however, they remarked that there was an increase in rating associated with understanding and optimism in relation to the therapeutic alliance. Another study within this review identified that treatment based on CF was more effective in the treatment for anxious and depressed service-users than following a CBT manual-based treatment alone (Person's et al. 2006). This study suggested that these results could be generalised in work with complex cases; however, they also acknowledged that not incorporating a comparison group in their study meant that any positive results cannot be solely accredited to CF-informed treatment. Positive outcomes have also been found using functional analysis in developmental disabilities (Didden, Korzilius, Oorsouw, & Sturmey, 2006) and Borderline PD (Linehan et al., 2006).

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1.1.4 What constitutes a ‘good’ CF

To evaluate the efficacy of the application of CF, there is a need for standard guidelines to inform clinicians as to what constitutes a good quality CF. Until recently, there was little agreement as to what a ‘good’ formulation should look like generally and specifically in forensic settings (Daffern, Jones & Shine, 2010; Ivanoff and Schmidt, 2010; Kuyken, 2006; Hart et al., 2011). The British Psychological Society (BPS) have produced good practice guidelines that distinguish between formulation as a process (formulating) and as an object (e.g. a written document or diagram; Division of Clinical Psychology, 2011). More specifically, the National Offender Management Service (NOMS) of England and Wales produced a practitioner’s guide to provide guidelines on CF within the criminal justice system and consider how professionals can use CF in their work with PD offenders (NOMS & NHS England, 2011; NOMS & NHS England, 2015). These standards overlap with the BPS guidance on formulation ensuring that a CF comprises factors including: developmental, activating, maintaining, and protective factors, and hypotheses about how they interact and influence each other. The standards also highlight the need for CF to guide intervention, identify potential barriers to change and think about how these barriers should be overcome.

1.1.5 Rationale for review

CF is starting to be introduced more formally in forensic settings; however, no systematic literature search has yet been carried out to draw the existing literature together on the application and efficacy of CF with offenders with PD. The Database of Abstracts of Reviews of Effects (DARE), Cochrane Database of Systematic Reviews (CDSR) and PROSPERO were searched initially to ensure that a review of the literature on this topic was justified. No systematic reviews were found or listed as ongoing. As the research in this area appears to be increasing, the aim of the review is to: report the research to date; highlight similarities or differences between studies and explore the reasons for variations; and finally, to make recommendations for future research in this area.

1.1.6 The Review Question

The central review question posed within this systematic review is ‘what is the empirical evidence for the clinical use and effectiveness of case formulation within forensic settings when working with a PD population?’. The objective of this review is to answer the following questions:

- a) How is CF applied and used within a forensic setting when working with a PD population?

- b) What is the empirical evidence for the effectiveness of using CF as a framework within this setting and population?
- c) What are the benefits and challenges of CF within this setting and population?

1.1.7 The Review Objectives

The aim of this systematic narrative literature review is to summarise the empirical evidence to date on the clinical use and effectiveness of case formulation in forensic settings when working with a PD population. This type of narrative literature review draws empirical evidence together to evaluate a theoretical hypothesis (Baumeister & Leary, 1997). In this case, the theoretical hypothesis is that case formulation plays an important part in the understanding and management of individuals with complex and challenging difficulties (Sturmey & McMurran, 2011; DoH, 2011a/2011b). Due to the limited research in this area, the review was not limited to the use of a specific theoretical model of psychological case formulation. It focused on the adult forensic population; however, it was not limited by the nature of the index offence or type of personality disorder of the individuals that it may be used for. Strengths and limitations of research on this topic were reflected upon and any gaps in the literature and considerations that may be useful for future research are discussed.

1.2 Method

1.2.1 Review Protocol

Following several scoping searches of the literature, the review question was developed along with a review protocol, as outlined by Boland, Cherry & Dickson (2017). The review protocol can be found in Appendix A1.

1.2.2 Eligibility Criteria

A PICO (population, intervention, comparator and outcome; Boland, Cherry & Dickson; 2014) table was used to form the review question and to outline the eligibility criteria. The PICO table is illustrated in Table 1.

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Table 1. *A comprehensive PICO table outlining the review question and the eligibility criteria for the studies to be included in the systematic literature review.*

Review Questions	How is case formulation applied in forensic settings when working with individuals with a personality disorder? What is the empirical evidence for its use?
Population	Adults and young people receiving support within a forensic service, with a forensic history and within a diagnosis of a PD, either formal (i.e. confirmed by diagnostic interview) or informal (reported as a clinical diagnosis but unconfirmed) with or without comorbid Axis 1 or 2 disorders.
Intervention	Studies in peer-reviewed journals where the use of case formulation is evaluated in forensic settings for their work with individuals with a personality disorder. Any therapeutic model of case formulation will be included.
Comparator	The stated intervention compared with other therapeutic models, or no comparator.
Outcomes	Any clinical outcome that evaluates the use of case formulation in this population i.e. symptom-related (emotion regulation), behaviour-related (i.e. records of incidents or challenging behaviour) and offence related (i.e. recidivism). Secondary outcomes i.e. for staff or carers will also be included.
Setting	Forensic settings: prisons, Approved Premises, residential facilities for offenders, inpatient or community forensic services.
Study Design	All types of studies.

There was no restriction on the publication date or on the language the papers were written in as long as the required information was obtainable in English; otherwise these studies were excluded. Studies where participants did not have a formal or informal diagnosis of a PD; did not have a forensic history, and/or were not receiving support within a forensic setting were excluded. Papers that discussed CF within a forensic learning disability setting were excluded as this is a different population with additional needs for both staff and the people they work with.

1.2.3 Information Sources and Search Terms

During the initial scoping searches, the search terms for the search strategy were identified and the electronic bibliographic databases were chosen which were appropriate for this research area. The search terms were further refined following guidance from a librarian with specialist knowledge of systematic reviews. The main search was carried out in December 2017 using the following electronic databases: PsychoINFO, CINAHL, MEDLINE and Web of Science. Several terms were initially included in the search (e.g. secure services, specialised services); however, these did not add any additional papers to the search results and therefore were discarded. The terms remained broad to ensure inclusion of all possible relevant articles. The following search terms were used to carry out the systematic literature review, these terms were adapted for each database used:

“case conceptuali?ation” OR “case formulation” OR “psychological formulation” OR “formulation” AND personalit* disorder OR Axis II disorder OR complex needs OR challeng* needs or complex and challeng* needs AND forensic* OR inpatient* or outpatient* OR community OR setting* or service* OR offender* OR inmate* OR prisoner*

There were no limitations set for the publication date or language (as long as the relevant translation of the article could be obtained in English). The initial search yielded 282 results (following the removal of any duplicate articles). The final search yielded 19 relevant articles to obtain the full article and from these, a further three relevant articles were selected from a hand search.

1.2.4 Study Selection

The retrieved references from the search, using the titles and abstracts, were screened for eligibility by the author using the inclusion/exclusion criteria. The abstracts of the potential relevant articles were then screened by the author and the first supervisor to ensure they fully met the inclusion criteria and were relevant to the review question. The author obtained the full articles of the initial selection and read the full paper to ensure that it met the criteria. Any full text papers that did not meet

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the inclusion criteria were excluded. Figure 1 illustrates a flowchart with the exclusion criteria for the articles considered not relevant and depicts the selection process, in which 13 articles were deemed eligible and relevant for this review.

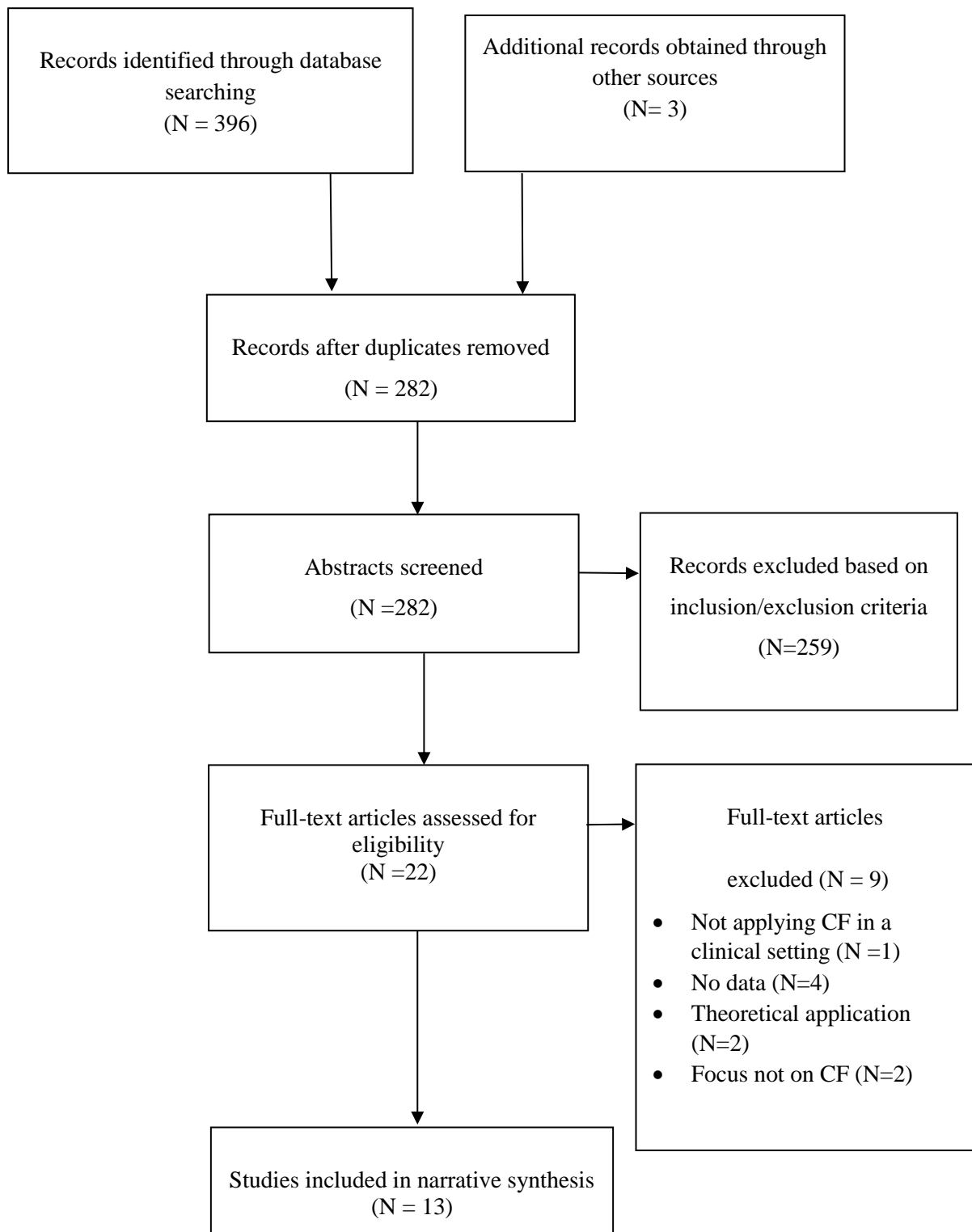


Figure 1. A flowchart of the selection process

1.2.5 Data Extraction

There were two main outcomes for this review. Firstly, to look at the clinical use or application of CF within a forensic setting when working with a PD population. Secondly, to review the empirical evidence for its effectiveness. Relevant data on the application of CF was extracted along with information relating to how its effectiveness was measured and the results from this.

1.2.6 Quality Assurance Rating

The author carefully considered rating the quality of the selected papers; however, after reading the papers in full and gathering information on the date of publication and the types of studies included, it was decided that formally assessing the quality of the papers using a standardised tool would not add anything substantial to this review. The reasons for this decision include:

- The types of studies included case studies, qualitative studies, quantitative studies and mixed method studies. The different types of studies would have to be rated using different quality measures which would not provide a coherent overview of the general quality of these articles.
- Many of the selected papers were part of pilot research studies or in the very early stages of research in this area and therefore assessing the quality of these studies would not have provided additional information that the papers had not already acknowledged.

However, the quality of the articles will be considered throughout the review and commented on overall in the discussion section.

1.3 Synthesis of Results

1.3.1 Study and Participant Characteristics

The articles selected by this search were published between 2013 and 2017. All of the locations of the studies took place in the UK; mainly in Nottingham, Yorkshire (Leeds and Humber) or London and one in Edinburgh.

The number of participants varied greatly across the studies from 1 to 64 (see Appendix A2). Demographic details of the participants from most of the studies were limited and will not be discussed as this was not considered essential in answering the review questions. The forensic settings across the majority of the studies were community probation services with a select few from prison settings, Approved Premises and serious offender liaison units. One of the studies (Völlm, 2013) included professionals with a background in psychology or psychiatry, all of whom had experience of working with PD in forensic settings, while the other studies mainly focused on offenders, carers, Offender Managers (OMs) or other probation staff. Overall, across the 13 studies, the total participants included: seven offenders, five carers, 235 offender managers (OMs), two senior OMs, two Trainee OMs, 79 probation workers (roles not explicitly stated), three team managers and 55 professionals with a background in psychology or psychiatry.

One study (Wood & Brown, 2014) offered psychoanalytically-informed clinical supervision to 1700 frontline staff. However, it was not clear how many staff attended the supervision sessions. The study collected supervisor feedback forms to analyse; although they reported the number of feedback forms in the analysis, it was unclear how many different supervisors were involved in this process and what profession they represented.

1.3.2 Types of formulation used

From the selected articles, 12 of the 13 used formulations indirectly, i.e. staff would be formulating offenders' difficulties using a formulation template rather than carrying them out collaboratively with offenders. Figure 1 shows the different types of formulations used; the '5Ps' model was predominantly used however the type of formulation was not explicitly specified in many of the studies (see Figure 2 below).

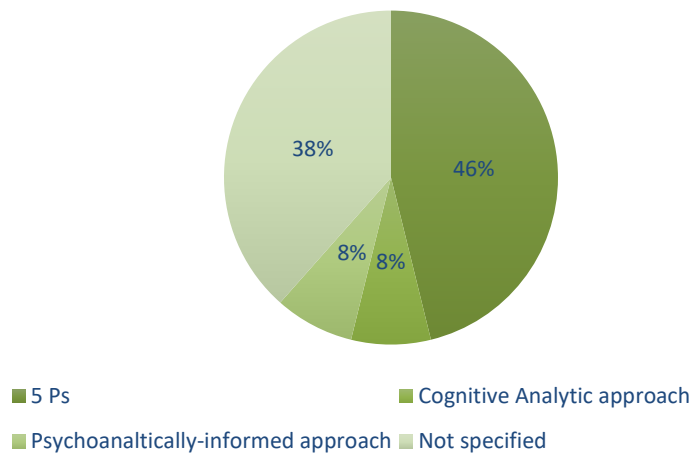


Figure 2. The types of formulation models used when working indirectly with offenders.

One study (Völlm, 2014) asked practitioners directly about which type of theoretical framework they tended to use in their work with offenders with PD. A large majority used CBT as a theoretical framework, a small number used other specific models (e.g. dialectical behaviour therapy, schema-focused framework) with the rest using more than one approach or being eclectic in their approach and practice (see Figure 3).

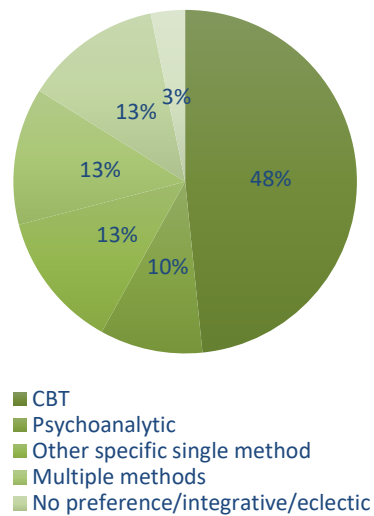


Figure 3. Types of formulations used in direct work in forensic settings from Völlm (2014)

1.3.3 The Application of CF

Across the studies, CF had been applied in different ways (see Table 2 overleaf). Four main categories were identified:

- 1) As part of training package to increase staff understanding of CF and the importance of its use with offenders with PD or to teach staff skills to be able to carry out CF on their own
- 2) To inform a consultation model for probation staff who work with offenders with PD
- 3) Specifically applied on a case
- 4) As a supervision model.

Table 2. *Summary of how CF was applied across the selected studies*

How CF was applied in the setting	Studies
Within a training package for non-psychologically trained staff	Brown, Beeley, Patel & Völlm, 2016 Brown & Völlm, 2016 Mapplebeck, Ramsden, Lowton, Short & Burn, 2017 Minoudis, Craissati, Shaw, McMurrin, Freestone, Chuan & Leonard, 2013
To inform a consultation model	Bruce, Horgan, Kerr, Cullen & Russell, 2017 Knauer, Walker & Roberts, 2017 McMullan, Ramsden & Lowton, 2014 Ramsden, Lowton & Joyes, 2014 Brown & Völlm, 2013
Specifically used on a case presenting with PD	Maltman & Turner, 2017 Kirkland & Baron, 2015
A supervision model for staff	Wood & Brown, 2014

Note. The study by Völlm (2014) was not included in the table as this was a delphi survey sent out to professionals who work with offenders with PD to gain knowledge on how they use CF in their work (who they use it with, why and how they use), who they think can apply CF and what theoretical model they use in their work with offenders with PD.

Three studies specified that a Psychologist carried out CF as part of a consultation session (Knauer et al. 2017; Maltman & Turner, 2014; and Ramsden et al., 2014), three did not explicitly

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specify the role of the clinician that carried out CF (Bruce et al., 2017; Kirkland & Baron, 2015; and McMullan et al., 2014). In three studies, OMs were carrying out CFs in a training setting (Brown et al. 2016, Brown; Mapplebeck et al., 2017 and Minoudis et al., 2013) and in two studies CF was not carried out, but the studies explored views on the prospect of OMs carrying out CF (Brown & Völm, 2016; and Völm, 2014). Wood & Brown (2014) stated that clinical supervisors carried out supervision; however, their exact role was not specified. The studies investigated the application of CF mainly on an individual basis, apart from one study (Knauer et al., 2017) that reported on CF in individual and group consultation sessions. The majority of the studies took place within community probation services, two with Approved Premises, one within a prison setting and one within a serious offender liaison unit.

1.3.4 Effectiveness of CF

1.3.4.1 Characteristics of studies investigating efficacy of CF

Of the 13 studies, 12 evaluated the efficacy of CF, rather than simply describing the application of the process. Of these, five utilised a quantitative approach, using a cross sectional design (e.g. Brown et al., 2016; Bruce et al., 2017; Ramsden, Lowton & Joyes, 2014; Knauer et al., 2017; and Minoudis et al., 2013). Five employed a qualitative approach: two using focus groups (Brown & Völm, 2013 and Brown & Völm, 2016), one using focus groups and semi-structured interviews (McMullan, Ramsden & Lowton, 2014), one using case vignettes (Mapplebeck et al., 2017) and one using feedback forms (Wood & Brown, 2014). Two of the 13 were case studies (Kirkland & Baron, 2015 and Maltman & Turner, 2017). One study did not evaluate effectiveness as such; it was a delphi survey (Völm, 2014) gaining the views from professionals with a psychology or psychiatric background on their views of how, why and who is qualified to carry out CF. This was the only study to use a mixed design methodology. There was a notable absence of controlled studies, with only one study using a between-subjects comparison group (Bruce et al., 2017).

The measurement of efficacy was also considered using a number of quantitative measures.

Standardised measures included:

- The Personality Disorder Knowledge, Attitudes and Skills Questionnaire (PD-KASQ; Bolton et al., 2010). Content validity has been confirmed through expert review (Shaw et al., 2012) and it demonstrates good overall reliability, with adequate to excellent reliability for the individual subscales (Bolton et al., 2010). Three additional questions were added to the

original PD-KASQ to reflect specific forensic competencies: participant's knowledge of the relationship between PD and general offending, sexual and violent offending and their perceived ability to access specialist support (Shaw et al., 2010). The PD-KASQ was used by three studies in this review: Brown et al., (2017); Ramsden, Lowton & Joyes, (2014) and Bruce et al., (2017).

- The Maslach Burnout Inventory (MBI; Maslach, Jackson & Leiter, 1996). The MBI has shown good reliability and validity in measuring burnout among healthcare professionals. One study employed this measure (Bruce et al., 2017)
- The McMurrin 10-point quality check list (McMurrin, Logan & Hart, 2012) was validated in the study by Minoudis et al. (2013) and was also used by Brown et al. (2016).

Non-standardised measures included:

- A supervision questionnaire that was developed to assess the impact of consultation process on probation staff's confidence and perceived competence in managing an individual case (Ramsden, Lowton & Joyes, 2014). It was designed to be similar to the PDKASQ using a five-point likert scale.
- A consultation questionnaire: developed for the study by Knauer et al. (2017) to evaluate the impact of the consultation process in five key areas: knowledge of the offender; confidence working with the offender; motivation to work with the offender; understanding of the problems presented by the offenders; and satisfaction with their plans for the offender. Items were rated on an 11-point Likert scale (0-10).

In terms of measurement of behavioural change among offenders, only one study looked at warning and recall rates (Bruce et al., 2017)

1.3.4.2 Synthesis of data on the efficacy of CF, by aim and purpose

The aim and purpose of using CF varied across the selected studies and could be categorised into four areas:

1. Increasing staff knowledge and enhancing attitudes towards offenders experiencing PD;
2. Understanding and formulating complex cases;
3. Training non-psychological staff to carry out CF
4. Providing supervision for staff;

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All but two studies focused on one of these areas. Two studies (Brown et al., 2016 and Mapplebeck et al., 2016) included two aims (See Table 3 overleaf). The efficacy of CF in relation to each of these areas will be synthesised below.

Table 3. *The aim and purpose of using CF in the selected studies*

The aim and purpose of using CF in the selected studies	Studies
a) To increase staff knowledge and enhance attitudes towards offenders experiencing PD	Brown, Beeley, Patel & Völlm, 2016* Bruce, Horgan, Kerr, Cullen & Russell, 2017 Knauer, Walker & Roberts, 2017 Mapplebeck, Ramsden, Lowton, Short & Burn, 2017* McMullan, Ramsden & Lowton, 2014 Ramsden, Lowton & Joyes, 2014
b) To understand and formulate complex cases	Maltman & Turner, 2017 Kirkland & Baron, 2015 Mapplebeck, Ramsden, Lowton, Short & Burn, 2017*
c) For non-psychological to carry out CF	Brown, Beeley, Patel & Völlm, 2016* Brown & Völlm, 2013* Brown & Völlm, 2016 Mapplebeck, Ramsden, Lowton, Short & Burn, 2017* Minoudis, Craissati, Shaw, McMullan, Freestone, Chuan & Leonard, 2013
d) To provide supervision for staff	Wood & Brown, 2014

*Studies with two different aims

1.3.4.2.1 Increasing staff knowledge and enhancing attitudes towards offenders experiencing PD

Six studies investigated the efficacy of using CF to increase staff knowledge and enhance attitudes towards offenders experiencing PD. An overview of these studies is provided in Table 4.

Table 4. *An overview of the studies exploring staff knowledge and attitudes towards offenders experiencing PD*

Study	N	Intervention	Design	Measures	Outcome
Brown et al., 2016	20 OMs	5-day training package	Quantitative: cross sectional	PD-KASQ	Significant change ($p<0.01$) in 2 of the 3 domains: understanding and capability and in the total score, but not in the domain of emotion.
				10-point quality checklist (McMurrin et al. 2012)	Pre-training M=24.76, post-training M=29.22 Difference pre-post value p -value <0.001
Bruce et al., 2017		Training and consultation sessions	Quantitative: within group and between group	PDKASQ	Scores differed significantly between time-points in the intervention group ($F=71.33$, $p<0.01$) Bonferroni correction revealed that scores differed significantly from baseline to post-intervention ($p<0.01$), 6-month follow up ($p<0.001$) and 12-month follow up ($p<0.01$) Comparison group: No significant difference
				MBI	The <i>Emotional exhaustion</i> and <i>depersonalisation</i> domain did not differ significantly for either group between the baseline and post-intervention time point. <i>Personal accomplishment</i> : overall no main effect for this domain; however, there was a trend towards improvement for the intervention group reaching statistical significance at 12-months compared to baseline ($p=0.02$).
				Offender data	Intervention group: warning rates fell significantly by 53% ($p<0.01$) as did recall rates by 41% ($p<0.01$). These did not change significantly in the comparison group.

Study	N	Intervention	Design	Measures	Outcome
Knauer et al., 2017	48 who attended monthly consultation 60 who attended individual consultations	Group or individual consultations	Quantitative: cross sectional	Consultation questionnaire: Knowledge Confidence Motivation Understanding Satisfaction	Group consultation sample: differed significantly on each variable from pre to post-consultation, effect size medium to large ($p<.001$) Individual consultation sample: scoring significantly higher on all variables measures from pre to post-consultation ($p<.001$), small effect size for the motivation variable, medium effect size for knowledge and confidence and large effect sizes for understanding and satisfaction.
Mapplebeck et al. 2017	21	6 days training	Qualitative analysis of case vignettes using thematic analysis		Themes revolved around elements of the CF: <i>relationships, childhood, current behaviour, emotional world and protective factors.</i> Training appeared to enhance existing priorities for OM's rather than introduce new ones. Post-training focused more and in greater depth on psychological and internal processes (emotional, attributions and cognitive). There was greater recognition to understand what is happening and why and more emphasis was placed on the relationship that the offender has with the OM. Linking psychological processes to risk were not found as prominently.

Study	N	Intervention	Design	Measures	Outcome
McMullan et al. 2014	9 probation staff 3 team managers	Attending consultation sessions	Qualitative using content analysis (focus groups/semi-structured interviews)		<p>The consultation process had a perceived impact on:</p> <p><i>Awareness and understanding</i> (36; of PD (12), reasons behind behaviour 10), background history 6), interventions (5) and self-awareness (4)</p> <p><i>Using a person-centred approach</i> 16): responsive to individual needs (9), more empathy (3), congruence (2), listening (2) <i>Defensible practice</i>: reminder of good practice (3), evidence-based practice (2), fits in with Skills for Effective Engagement and Development (2), providing evidence of consultation (1), permission to look beyond behaviour (1)</p> <p><i>Formulation</i>: importance of linking current behaviour to early experiences (4) and considering issues of rejection/safety (2)</p>
Ramsden et al. 2014	46 probation staff	Attending consultation meetings	Quantitative: cross sectional	PDKASQ	Total score for the domains <i>understanding</i> , <i>capability</i> and <i>emotions</i> : pre-referral (M=3.28), post-referral (M=3.64) and overall statistically significant, $p<0.01$

In all of six of the studies, the results showed improvements or changes in knowledge and understanding of PD and shift in attitudes when working with PD evidenced using quantitative or qualitatively methods. The three studies that used the PD-KASQ (Brown et al. 2016; Bruce et al., 2017 and Ramsden et al. 2014) showed quantitative improvements pre and post intervention with significant changes in the perceived knowledge and attitudes of probation staff in relation to PD and working with offenders with PD.

A particular strength of the study by Bruce et al. (2017) was that it used a comparison group and included a 12-month follow up. This strengthens the conclusions that can be drawn on the impact of implementing a consultation model. Analyses from the PD-KASQ showed an increase between the time points in the intervention group ($F=71.33$, $p<0.01$). Post hoc tests using the Bonferroni correction showed a significant difference from baseline to post-intervention ($p=<0.01$); to 6-month follow up ($p=0.001$); and to 12-month follow up ($p=<0.01$). There was no significant difference found in the comparison group when analysed using a paired samples t-test. Again, this study was the only one that looked at offender warning and recall rates in the intervention and comparison group. Using ratio rates, warning rates fell significantly in the intervention group ($p<0.01$) by 53 % and recall rates also decreased by 41 %. There was no significant change found in these areas in the comparison group. The conclusions that can be drawn from this study give a more holistic view of the consultation process including the potential impact on service-users rather than a snapshot of before and after intervention.

The study by Knauer et al. 2017 had a larger sample size ($N=60$). They looked at group consultation and individual consultation; both samples reported significant differences pre- and post-consultation. Their results seemed to be consistent with other studies evaluating the impact of a consultation model using a formulation-led approach (Bruce, Horgan, Kerr, Cullen & Russell, 2017; McMullan, Ramsden & Lowton, 2014; Ramsden, Lowton & Joyes, 2014; and Brown & Völlm, 2013). The difference, however, is that they used a consultation questionnaire which was newly developed for the purpose of their study. It is unclear why they did not use a validated measure (such as the PD-KASQ) in addition to the consultation questionnaire. This may have provided more consistency across all the studies that were evaluating a formulation-led consultation model. Overall scores increased following the implementation of the consultation model in both group and individual formats of receiving consultation. The additional value of this study was that they specifically looked at the efficacy of receiving a written formulation following the consultation meeting; however, no significant difference was found between the post-consultation and post-formulation letter. The authors

hypothesised that the process of formulation during the consultation sessions may be more useful to OM than the formulation letter itself. However, the sample size was small (N=15), the study was underpowered and the questionnaire they used had not been previously validated.

The study by McMullan et al. (2014) was the only qualitative study in this review that employed content analysis. Although the sample was small (focus groups total N=9, semi-structured interviews N=3), the findings appear to compliment the other studies (Bruce et al. 2017; Knauer et al, 2017 and Ramsden et al, 2014) with participants frequently referring to the consultations in helping them to gain *awareness and understanding* around PD, reasons behind behaviour, background history, interventions, and self-awareness,

1.3.4.2.2 Understanding and formulating complex cases

Three studies investigated the efficacy of using CF to understand and formulate complex cases (Kirkland & Baron, 2015; Maltman & Turner, 2017; and Mapplebeck et al., 2017). One study (Mapplebeck et al., 2017) used a formal method of analysis (thematic analysis) on case vignettes before and after staff had received training on CF. The other two were case studies and did not use a formal method of analysis; however, they provided a useful narrative and reflections on how CF was applied and the learning they achieved from implementing this approach. An overview of these studies is provided in Table 5 .

The two case studies both used CF to inform and enhance a shared understanding of the offender and to identify patterns of behaviour to help inform risk assessments and future plans. They also reported that the CF helped them in their communication style with the offender and in being able to defend clinical decisions based on the CF. In addition to this, the study by Maltman & Turner (2017) highlighted the potential differences in working with female offenders and the need to consider gender appropriate partnership models. Maltman & Turner (2017) and Mapplebeck et al. (2017) considered the links between past and current behaviours and all three studies commented on the importance or consideration placed on the relationship between the OM and the offender.

The studies by Maltman & Turner (2017) and Mapplebeck et al. (2017) showed that the basic 5Ps model can be adapted to the needs and presentation of the client. For example, Maltman & Turner (2017) adapted the 5Ps model using the volcano metaphor as a simple model of applying psychological concepts to a clinical case, to explain triggers, and to help understand interpersonal difficulties that OM and other professionals may experience in relation to a female offender. The study by Kirkland &

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Baron (2015) demonstrated the clinical usefulness of applying a CAT-informed formulation to explore the relationship between the offender and the wider system.

Overall, these three studies provide useful reflections on the learning gained from using CF as a tool to understand complex cases. The limitations of the two case studies is that they did not use any formal method of evaluating the effectiveness of using CF to support their reflections and learning. They are therefore not generalisable to the general practice of OMs. In addition, the learning that OMs took from the training within the study by Mapplebeck et al. (2017) was applied on case vignettes, so the potential emotional and relational aspects of applying it on a case they currently work with was absent.

Table 5. *Outlining the outcome focus, reflections and learning achieved*

Study	Outcome Focus	Learning achieved and reflections from using CF
Maltman & Turner (2017)	To better understand the complexity of a female client's internal world and to inform partnership working.	<ul style="list-style-type: none"> • Helped to predict potential risk factors, vulnerabilities and what certain situations may result in based on past experience. • Improved staff's understanding of the impact of the client's past on their current presentation and their communication style • To inform the wider system that may be or become involved in the client's current or future care/the level of support needed • The development of the volcano metaphor as a framework to aid OMs to understand a client's emotional world. • Women offenders may need a trauma-based response and for this to be reflected within the formulation. • CF helped to explore less harmful ways of assisting females to get their core needs met in an adaptive manner and highlight individualised information about when risk levels may increase. • To consider a gender appropriate local partnership model • To consider transition plans in the best interest of the client • The need for continuity of professional relationships to prevent previous attachment styles from re-enacting • The importance of consistency in care and strengthening the relationship between offender manager and offender. • Share the CF with other professionals created a shared understanding of the drivers behind risk behaviours, protective factors and triggers for relapse • Basing activities and interventions on the CF reduced unhelpful behaviours • CF helped to alter services response to risk through considering potential precipitants for disruptive or risky behaviour • Helped in communication with the offender • Helped OM reflect on their own emotional responses • Provides a framework in defending certain clinical decision
Kirkland & Baron 2015	To communicate an understanding of risk procedures to staff and other agencies to inform a collaborative shared response.	<ul style="list-style-type: none"> • To pull together ideas, assessment and diagnoses in a coherent meaningful sense and acknowledge the dynamic nature of risk • To provide the client and staff working with them with a shared and consistent language. • Identifying patterns of behaviour and the underlying factors behind this to support structured professional judgement that is driven by a coherent formulation and enhanced confidence in risk management concerns. • Helped to make sense of differing concerns by creating coherence for those concerns. • Formed a basis for framing discussions with the offender and building a therapeutic relationship.
Mapplebeck et al. 2017	Assessing the qualitative changes in how non-psychologically trained staff approach cases	<ul style="list-style-type: none"> • Post-training focused more and in greater depth on internal process. • More emphasis was placed on the relationship that the offender has with the OM post training • The CF was more in-depth and less descriptive post training.

1.3.4.2.3 Training non-psychological staff to carry out CF

It has been identified that probation staff have limited training in mental health, particularly on PD (Brown & Völlm, 2013). Four studies investigated the efficacy of training non-psychological staff to carry out CF as part of the government's initiative to provide a more psychologically informed approach to the management of high-risk offenders. An overview of these studies is provided in Table 6.

One study (Völlm, 2014), gained the views of professionals with a psychological or psychiatric background on whether other probation officers would be capable of carrying out CF. There was consensus that probation officers would be capable of completing CF for the offenders they work with, after a considerable amount of training. This study and another study (Brown & Völlm, 2013) informed the rationale for developing and evaluating a training package for non-psychologically trained staff to carry out CF (Brown et al., 2016) using the case vignettes from the study by Minoudis et al. (2013).

Table 6. *Outlining an overview of the studies that explored the ability of non-psychologically informed staff to carry out CF*

Study	N	Intervention	Design	Measures	Outcome
Brown & Völlm, 2013	19 probation staff		Qualitative analysis of 3 focus groups Using thematic analysis		<p><i>Lack of PD training:</i> implications on probation staff's interaction and engagement with offenders, the lack of understanding of PD and the links to offending behaviour and outcomes and how to effectively work with PD offenders</p> <p><i>Problems accessing suitable help:</i> difficulties in accessing help for offenders included: obtaining PD assessments, a lack of guidance accessing PD specific help, cooperation from professionals, accessing services offender with dual diagnosis or unless the offence committed warrants significant intervention</p> <p><i>Similarities and differences between CF and current probation offender assessment:</i> OASys covers similar areas and could be a useful to inform CF, in combination with working with the offender over time and building a therapeutic relationship. Concerns raised about asking and dealing with emotional issues.</p> <p><i>Responses to the prospect of carrying out CF:</i> Lack of knowledge about CF; mixed responses in being able to carry it out; welcomed PD-specific training, but unclear about the purpose and outcome of it; concerned about the quality of producing CFs compared to a Clinician and the need for supervision.</p>
Brown et al. (2016)	20 Oms	5-day training programme	Quantitative: cross sectional	10-point quality checklist (McMurrin et al. 2012)	Pre-training M= 24.76, Post-training M=29.22 Difference pre-post value p -value <0.001

Study	N	Intervention	Design	Measures	Outcome
Brown & Völlm, 2016	3 focus groups: 2 service users 3 service users 5 carers	Gaining views from service users and carers	Focus group for service users and carers		<p><i>Building a relationship through consistency of care:</i> they described a lack of consistency and concerns of too many professionals being involved as they already feel overexposed.</p> <p><i>Hope and possibility:</i> participants spoke positively about probation staff having more training on mental health and PD in relation to offending behaviour. Frustration from carers that intervention does not happen earlier.</p> <p><i>Overarching concern of OMs carrying out CF:</i></p> <p><i>Power</i> (not evident in carers group): potential increase in power that the OM may hold if involved in risk management and their mental health care. Concerns raised about the quality of the assessment in relation to the amount of training given to an OM would not be comparable to that undergone by a psychologist.</p> <p><i>Trust:</i> Expressed difficulties opening up and trusting professionals and this needs to be built up over time. This was echoed in the carers group Service-users expressed doubt as to whether they could discuss such issues with OMs whose role is so different.</p> <p><i>Conflicting roles</i> (not evident in carers group): OMs were not perceived as suitable partners with whom to share personal information, because of these two contrasting roles and therefore a potential conflict into their status: control vs care, surveillance vs sharing of personal information. They do share personal information but at the pre-sentence stage and for a different purpose.</p>

Study	N	Intervention	Design	Measures	Outcome
Mapplebeck et al., 2017	21 pre and post training responses	6 days of induction training	Qualitative analysis on case vignettes using thematic analysis	Questions asked in relation to the case vignette: What would you want to know more about? What would you want to focus on?	Themes revolved around elements of the CF: <i>relationships, childhood, current behavior, emotional world and protective factors</i> . Themes illustrated that CF enhanced existing priorities for OM's rather than introduce new ones. Post-training focused more and in greater depth on psychological and internal processes (emotional, attributions and cognitive). Greater recognition to understand what is happening and why and more emphasis was placed on the relationship that the offender has with the OM. Linking psychological processes to risk were not found as prominently.
Minoudis et al. 2013	64 OM's (baseline) 43 OM's completed a formulation at a psychological consultation session 35 OM's completed formulation 6 month follow up	8 hour-training and attending 4 consultation meetings	Quantitative analysis to validate the 10-point checklist	The McMurrin et al. (2012) 10-point checklist	Inter rater reliability: Checklist modal scores for first rater compared to second rater: ICC=-0.271 ($p=0.651$) indicated insufficient variance within participants Category scores combined for each rater: ICC=0.633 ($p<0.05$ for vignette 1 and ICC= 0.747 ($p<0.001$ for vignette 2 indicates moderate to good inter-rater agreement Test re-test reliability: ICC=0.85, $p=0.002$ excellent re-test reliability ICC=0.99; $p<0.001$ Cronbach's alpha: $\alpha=0.92$

Study	N	Intervention	Design	Measures	Outcome
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Paired sample t-test to compare mean scores on the first vignette information:
Pre-training M=14.9, SD=4.30, post training M13.3, SD (2.54), $t(32)=-0.486$, $p=0.631$

2nd vignette:
Pre-training M=13.5, SD=3.72, post training M=16.1, SD=2.90, $t(12)=-2.28$, $p<0.05$

ICC: inter-class correlation

Minoudis et al. (2013) was a pilot study for rolling out a training package for OMs. An 8-hour CF training session was delivered and the ability of OMs to carry out CF before and after training was evaluated. It was found that this length of training was not sufficient and did not improve their CF skills. The training on formulation was increased to five days in a later study (Brown et al. 2016). Within this study, a forensic psychologist was asked to provide a CF for both vignettes and then two raters made observations of key differences between this CF and ones completed by the trainees. The authors of this study concluded that although OMs ability to carry out formulations improved, if that if they take on this role, it should be closely supervised by a psychologically trained professional.

In the study by Brown et al. (2016), a rater classed 82% of the case formulations as pre or post training. The main observations between the OM's CFs and those provided by the expert were: OMs tended to compile lists of problem behaviours rather than concentrate on key issues and prioritise problem behaviours; interventions were not prioritised or links made to target behaviours, underlying causes and proposed interventions differed; and few mentioned likely future behaviours or hypotheses, which is seen as an important aspect of CF. The PDKASQ revealed changes in understanding and capability (self-assessed ability to work with offenders) domain but not in the domain of emotion.

Feedback from training within the Brown et al. (2016) study, highlighted the benefits of understanding the links between PD and offending and having a model (5Ps) to work with. Those trained felt training around risk added least value, as they felt trained in this area (similar to results from Mapplebeck et al. 2017). Participants felt that some requirements of CF may be at odds with current practice (for example, where the focus may be on risk management and giving advice on interventions). These concerns were also echoed in the study by Brown & Völlm, (2016), who explored service user and carer's views on OMs carrying out CF.

The study by McMullan et al (2013) validated the McMurran 10-point checklist and suggested that it is an appropriate tool for evaluating the construct of formulation. This was used in a subsequent study to check the quality of formulations carried out by probation staff (Brown et al., 2016). As acknowledged in one study (Mapplebeck et al., 2017), it was unclear whether any changes in OMs ability to carry out CF was sustained over time and that the results may indicate a level of compliance rather than actual impact on attitude and approach. This can also be said of the studies by Brown & Völlm, (2013) and Brown et al. (2016). Minoudis et al. (2013) found that training did not significantly improve OMs ability to carry out CF. However, in this study, the participants weren't

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given the same vignette post-training; therefore, the effects of any change could not be reliability explored.

Brown & Völlm (2013) found that staff were positive about receiving training on PD as they identified a lack of training and had anxieties about engaging and working with offenders with PD. Training in PD appears to have increased their understanding and perceived capability in working with offenders with PD. However, OMs had reservations about being suitably trained to be able to carry out formulations and worried about the quality of producing one compared to professional with a clinical background. They also raised concerns about working outside of their remit and the implications this would have on their responsibility if something went wrong. They highlighted the need to be closely supervised to ensure that they were making the appropriate links within the formulations and devising appropriate interventions plans that are in line with the targeted behaviour. These views were also reflected by carers and service-users who viewed positively that the more information and knowledge that professionals have about their difficulties, the better it can help them in understanding the difficulties and impact that PD can have on their lives.

Supervision was also an area that reached consensus in delphi survey undertaken by Völlm (2014): there was agreement that OMs needed to receive appropriate supervision to carry out CF. These concerns were reflected in the study by Brown & Völlm (2016) who found that service-users were concerned about probation staff carrying out formulations without appropriate training. They were also concerned about the potential for blurring of practitioner's roles, as someone in charge of their risk management may also be asked to care for their mental health needs.

Overall, there was some consensus within the studies that training was perceived as beneficial in increasing understanding and knowledge of PD, which helped staff with their engagement and work with offenders with PD. These views were echoed by carers and service users, who reported that the more information and knowledge that professionals have about their difficulties, the better it can help them in understanding the difficulties and effect that PD can have on their lives (Brown & Völlm, 2016).

1.3.4.2.4 Providing supervision for staff

One study investigated the efficacy using a psychoanalytically-informed approach to supervision for OMs (including less qualified and more senior staff) within a consultation mode (Wood & Brown, 2014). The hypothesis was that reflecting on relational pressures, and transference

and countertransference processes, would enhance formulations and give constructive recommendations of how to engage offenders. 144 feedback forms from clinical supervisors highlighted that the use of psychoanalytically-informed supervision provides a useful forum for OMs to reflect on themselves and how they feel in relation to working with a complex population. It also highlighted the usefulness of thinking about and formulating risk, process and communication, organisational change and a platform to talk about particular concerns relating to sex offenders or cases with murder. It became a space where staff could discuss difficulties relating to a particular case and the supervisor could help them to reflect on the relationship between themselves and the offender.

Although this study reflects on interesting topics, the qualitative process used to analyse the feedback forms was not stated; neither was how many clinical supervisors were involved in this process or the exact role of the clinical supervisor. In addition to this, the feedback forms were completed by supervisors rather than the OMs themselves, reflecting their views rather than the staff member's views of supervision. In light of this, no firm conclusions can be drawn about the efficacy of CF used to inform a supervision model.

1.4 Discussion

1.4.1 Summary

This narrative systematic literature review aimed to bridge the gap between theory and empirical evidence of the use of CF in forensic settings when working with individuals whose presentations are consistent with PD. The two main aims of this review were to appraise and synthesise the literature on how CF has been applied and the empirical evidence of its efficacy within this setting. Within these aims the benefits and challenges of using CF were also reviewed.

There was limited literature on the application and efficacy of CF in forensic settings when working with individuals with PD; however, over the last decade this appears to have increased. CF is considered to play a vital role in helping professionals to gain an understanding of the clients they work with which enables them to build up therapeutic relationships and manage risk (Maltman & Turner, 2015). Although CF is not a panacea for managing offenders with complex and challenging needs, the results from this review indicate that CF can be applied in a number of different ways such as: part of a training package for non-psychologically trained staff; to help understand complex cases; to inform a consultation model; and as a framework for providing supervision.

A synthesis of the studies selected for this review indicated limited but consistent evidence that CF has efficacy in increasing knowledge and shifting attitudes of staff working with offenders with PD; training non-psychologically trained staff to carry out CF themselves with the appropriate level of training and supervision; providing a framework to help staff to understand complex cases to inform treatment plans and enhance their engagement; and in providing a framework for supervision enabling staff to reflect on themselves and their cases.

All of the studies within the review were related to informing the development or the actual implementation of a formulation-led consultation model within the criminal justice system. This appears to be as a result of the guidelines and standards that have been set out for CF in relation to the government's strategy to implement the Offender Personality Disorder Pathway (OPDP) across England and Wales. The aim of this strategy is to help increase the well-being of high-risk offenders with PD and the staff working with them (Department of Health and Ministry of Justice; DOH and MOJ; 2011 a, 2011b).

1.4.2 Strengths

In terms of the strengths of this review, to the author's knowledge, this was the first systematic review of studies aimed to bridge the gap between theory and empirical evidence of the use of CF in forensic settings when working with individuals whose presentations are consistent with PD. Evidence from the review provides empirical support for the argument that CF is being employed within some forensic services, and importantly provides an overview of the different ways that CF is being currently used within forensic services.

As there is an emerging literature base in this area, both qualitative, quantitative and mixed methodologies were included within the review, which enabled richer analysis of current experiences and applications of CF. Data from the different approaches provided a narrative about the development and usefulness of a formulation-led consultation model. This showed that the use of CF as a process can facilitate and embed psychological thinking by enhancing probation staff's knowledge in PD, shifting their attitudes of working with offenders with PD and gaining a more in-depth understanding of their clients to help inform engagement, risk and treatment plans (McMullan, Ramsden & Lowton, 2014). In addition to this, despite the variability in mixed methodologies employed, another strength is that they all stem from the same core theoretical underpinnings of the CF approach. Namely, that CF can aid professionals in gaining a coherent understanding of the complexity of a case (Sturmey, 2008), and by helping to make connections between PD and violence (Hart et al., 2011), which helps to build empathy in staff and enhance staff engagement when working with complex cases (Tarrier, 2006).

A further strength of the review is that it enabled an overview of the progression of the literature in this area. Consequently, it was possible to demonstrate that earlier studies have been used as an evidence-base to develop and improve later studies. For example, the results from a delphi survey (Völlm, 2014) and findings from focus groups (Brown & Völlm, 2013) informed the developed of a training package for probation staff (Brown et al. 2016). In addition, the study by Minoudis et al. (2013) that found no effect of training on OM's ability to carry out CF; however, later studies demonstrated that an increase in training hours may enhance OM's ability to carry out CF (Brown et al., 2016; Mapplebeck et al., 2017).

Findings from this systematic review also suggest that researchers in this area are starting to validate and replicate measures and outcomes. For example, Brown et al., (2016) validated the 10-point checklist used to check the differences in the quality of formulations before and after training; and a number of studies have used the PD-KASQ to explore staff's knowledge and attitudes towards

individuals with PD (Brown et al, 2016; Bruce et al., 2017; and Ramsden et al., 2014). Using similar measures to measure the same constructs of interest across studies can improve confidence in the results and interpretation of the findings.

1.4.3 Limitations

Due to the emerging evidence base in this area, limitations to this systematic review were carefully considered. These included: the inclusion of studies of limited quality in the review and the lack of a quality assurance check, and the limited capacity to generalise findings from studies (due to small sample sizes and variability in focus and methodologies, and the limited use of standardised measures).

It was recognised that all the studies included in this review were studies that gathered pilot or preliminary data relating to the development or implementation of a formulation-led consultation model within forensic settings, specifically targeting staff who work complex offenders. It is therefore understandable that the quality of these studies is less robust, and despite the studies included providing some useful results and direction for future studies within this area, it perhaps reflects the early stage of this field of research. It is acknowledged that carrying out a quality assurance check helps to evaluate the design of a study which influences the level of confidence that the reader can have in the interpretation of the findings (Harrison, Reid, Quinn & Shenkin, 2017). This is useful and advisable in most cases; however, due to the nature of these studies and the variability of the methodologies included in this review, it was considered that it would not add any additional information to this review that has not already been discussed.

The small sample sizes, variability in focus and methodologies, and the limited use of standardised and consistent measures across the quantitative studies impacts on the capacity to generalise these findings. In addition to this, although the different aims of the studies (e.g. studies carried out towards developing or implementing the formulation-led consultation model) provide a useful narrative of the literature emerging in this area, they limit any firm conclusions that can be made about the overall findings of these studies. The focus of the studies looked at the development or the implementation of CF into a consultation model. Future reviews or may want to focus on just one of these areas, for example, on the implementation of the consultation model, as this may increase the robustness of the review and the generalisability of the findings. From reviewing these studies,

empirical papers could benefit from focusing on how staff or service-users have experienced this model of working, now that the consultation model has been established for a number of years.

The studies from this review have been carried out within the last seven years and form part of pilot research project or studies gathering preliminary data to evaluate a consultation model that has been implemented for criminal justice workers across England and Wales as part of the OPDP strategy. This may account for the studies within this niche area being restricted to the UK. However, the selected studies are only from a small number of locations. This poses difficulties in the generalisability of the findings even within UK; however, they provide some useful insights and suggestions that may be beneficial to inform clinical practice.

Most of the studies acknowledge their small sample sizes, which make it difficult to draw firm conclusions. Many of the studies reported issues of using a self-selected sample (e.g. McMullan, Ramsden & Lowton, 2014; Ramsden, Lowton & Joyes, 2014) and an acknowledgement that other perspectives may not be represented. Only one study (Bruce et al., 2017) carried out a 12-month follow up study, which poses questions as to whether the changes reported would be sustained over time. One study (Knauer et al 2017) had similar objectives to the other studies in evaluating the impact of a consultation model on staff's knowledge, understanding and working with offenders (Bruce et al., 2017; McMullan, Ramsden & Lowton, 2014 and Ramsden et al., 2014). However, they developed a consultation questionnaire which had not been previously validated, which limits the conclusions that be drawn compared to the other studies with the same focus. Only one study employed a comparison group (Bruce et al., 2017). Although some studies acknowledge that the use of a comparison group would have strengthened the design of their study, this limits the conclusions can be drawn about the effectiveness of an intervention. More studies need to consider use of comparison or control groups in future research. The study by Maltman & Turner (2017) was the only the study within this review that made reference to considering the different needs of female offenders, for example, reflecting the higher incident rate of self-harm and trauma compared to male offenders, as well as their additional roles as mothers and carers.

In summary, the limitations discussed are understandable given the developing evidence base in this area. An important role of systematic reviews is to reflect on strengths and limitations in the current evidence base and from this, to inform future research. Therefore, the pragmatic decisions that were made in conducting this review were reasonable and justified.

1.4.4 Conclusion and future research

The studies from this review form a narrative of the studies that have been generated following the government's strategy to implement a service aimed to cater for the needs of high-risk offenders with PD and the staff working with them. This is an initiative that has adopted a formulation-led consultation model to support probation staff in managing offenders with PD. The use of CF as a process appears to benefit and facilitate psychological thinking with probation staff and has been a recommended approach for team consultations to embed psychological thinking in probation staff (McMullan, Ramsden & Lowton 2014). The findings from this systematic literature review bring together the findings of applying and evaluating the efficacy of CF in forensic setting. The research in this area is in its infancy; however, preliminary data suggests that the use of CF is helpful to increase the knowledge, confidence and competence of staff (Ramsden, Lowton & Joyes, 2014).

Future research in this area would benefit from larger sample sizes and recruitment from diverse locations to increase the generalisability and significance of these results. Study quality of quantitative approaches would also be strengthened by using a comparison and/or control group and a follow-up period to strengthen study designs. It would also be beneficial to explore whether the preliminary data is reflected in the outcome data of offenders and in the views and experiences of service-users and of staff, now that the OPDP has been established for a number of years. This would give a more holistic overview of the implementation of this consultation model and start to address whether CF is an effective method of managing offenders with PD more comprehensively. To build on the existing evidence base, the empirical chapter of this thesis aims to explore OM's experiences and perceived impact of using a formulation-led approach in their day-to-day practice and management of high-risk offenders with PD.

Chapter 2: A Qualitative Study Exploring the Experiences and Perceived Impact of Using a Formulation-Led Approach on the Management of Offenders with Complex and Challenging Needs

2.1 Introduction

2.1.1 Offenders with personality disorder in forensic settings

Forensic clinical practice has undergone key developments over the last ten years in the management of offenders whose presentations appear to be consistent with PD (Nathan, Cramond, Brown, McEllin & Whittington, 2012). PD is thought to persistently effect individuals in the way that they think, feel and relate to themselves and others. This causes distress or impaired functioning in many aspects of their life (APA, 2013; Bull et al., 2015). Historically, offenders with PD were viewed as untreatable, difficult to manage and were often excluded from accessing services. This resulted in a large proportion receiving no therapeutic intervention following their release from prison (Casey, 2011). In 2003, the NIMHE policy implementation guidance *Personality Disorder: No longer a Diagnosis for Exclusion* highlighted that services needed to be more inclusive and responsive to the needs of individuals with PD (Nathan et al, 2012).

Approximately between two thirds of prisoners are thought to meet the criteria for PD (Singleton, Melzer, Gatward, Coid & Deasy, 1998; Stewart, 2008; DoH, 2012) and a large proportion are managed within probation caseloads (Brooker et al., 2015). This increasing number has led to the recognition of the need for specialist approaches for personality-disordered offenders (Nathan et al. 2012). Epidemiological studies have demonstrated an association between PD and offending behaviour (e.g. Coid, Yang, Tyrer, Roberts & Ullrich, 2006) and PD features in the majority of tools predicting risk of future violence. PD, particularly anti-social traits, are associated with an increased risk of re-offending and a range of negative outcomes such as homelessness, relationship difficulties, psychiatric and non-psychiatric comorbidity and premature death (Skodol et al., 2005; Newton-Howes et al., 2006).

2.1.2 The therapeutic relationship and CF when working with PD offenders

Livesley (2003) suggests that building a good relationship with individuals with PD is vital before any therapeutic work can commence. NICE guidelines also highlight the importance of focusing on the relationship in working with people with borderline or anti-social PD (National Institute for Health and Clinical Excellence, 2009a/&2009b). More generally, the therapeutic relationship has been shown to be a robust predictor of change (Horvath and Symonds, 1991; Horvath et al 2011) and within probation, it has been evidenced as a predictive factor of success (Hart et al., 2011). In order to build up a good relationship with an individual, it is important to spend time understanding their early life experiences and how this may have influenced their current internal world and belief systems, and how these might affect their functioning in the present moment (World Health Organisation, 2004).

CF is a theoretically based framework through which clinicians gather information about an individual to gain an understanding and make inferences about the causes and maintaining factors of an individual's presenting difficulties (Sim, Gwee & Bateman, 2005). CF is also a practical tool that is used to inform treatment plans and can be useful in aiding communication between professionals, and between professionals and service-users. CF is considered to be an essential skill to help enhance a practitioner's capacity to effect change in the client's life (McGee, 2016) and an important component of effective risk management (Hart & Logan, 2011). CF can be useful in complex cases, such as individuals with a PD, where often a single treatment is insufficient, and a lack of engagement may be predicted (Hart, Sturme, Logan & McMurrin, 2011). There is some controversy on the use of formulation in terms of its validity, reliability and applicability (Mumma, 2011); however, a significant part of risk management recommends focusing on relationships staff have with the offenders. This is based on what is learned about the offender's previous attachments, which are often disrupted (Kirkland & Baron, 2015) and how the offender's early attachment, the offences they commit, and their supervisory relationships often mirror each other (DoH, 2011).

2.1.3 The Offender Personality Disorder Pathway

To address the challenges that frontline probation staff face in terms of management, intervention and maintaining a safe work environment, a public consultation was published by the Home Office in 1999. This raised the need for better management of offenders with severe PD and led to the development of the Dangerous and Severe Personality Disorder (DSPD) programme in

2001. Following a reallocation of the DSPD funding and the need for more integrated health and criminal justice services for offenders (Bradley, 2009), a new set of funding for the implementation of the Offender Personality Disorder Pathway (OPDP) was proposed in 2011 by the coalition Government's OPD strategy (DoH & MoJ, 2012). This led to a joint partnership and shared responsibility between the National Offender Management Service (NOMS) and the National Health Service (NHS) with the aim of providing a more psychologically-informed approach to the risk management, rehabilitation approaches and public protection.

The implementation of the OPDP was rolled out nationally in 2012/2013. The rationale for this way of working was to draw upon the specialist and expert skills of different disciplines/agencies to provide a more holistic approach and intervention package (Bateman & Tyrer, 2004; Murphy, 2010). The objectives of the OPDP include:

- Early identification of PD in offenders
- Quality formulations to inform treatment and intervention pathways
- Facilitating the entry into and completion of programmes
- Providing the evidence of improvement
- Planning safe return to the community
- Reducing risk of re-offending
- Increasing confidence and competence of staff

The theoretical model underpinning the pathway projects stemmed from the Royal College of Psychiatrists' Enabling Environments initiative which was based on the principles of a therapeutic community and emphasises good communication, boundaries, belonging, involvement, development, safety, structure, leadership, empowerment and openness (Johnson & Haigh, 2010). The aim of the OPDP was to move away from a traditional individualist approach to psychological intervention and to move towards a more systemic approach to intervention that fosters growth and self-actualisation (Johnson & Haigh, 2010). Central to the OPDP strategy and model of working with this complex population is CF (Joseph & Benefield, 2012), which is considered to 'enhance offender management through a psychologically-informed approach' (NOMS & NHS England, 2011). A key aspect of the government's strategy is for OM's to use this tool in a meaningful and effective way (Brown & Völlm, 2013).

2.1.4 Existing Literature

Despite the high economic and social costs of offenders with PD, research into the effectiveness of criminal justice system interventions remains limited (Bateman, Gunderson & Mulder, 2015). The risk assessment field has been criticised for focusing too heavily on risk factors such as PD, rather than adopting a more holistic approach that takes into account the meaning and function of an individual's offending behaviour (Logan & Johnstone, 2011).

The Offender Assessment System (OASys) is a structured tool that probation staff use routinely to assess and document offender's areas of difficulty and risk. It is also currently used as a screening tool, to assess for the likelihood of a PD (Brown & Völlm, 2016). However, probation staff have reported that this tool does not necessarily help them with their deeper understanding of an offender's difficulties, in the same way that working with them over time and building up a rapport or speaking to other professionals and observations does (Brown & Völlm, 2013). The primary role of an OM is to protect the public and therefore their primary focus, when working with offenders, is reducing risk in terms of offending behaviour. If the offender has an issue that is not directly related to their offending (but may indirectly impact on their offending behaviour) then it is deemed out of the remit of OMs. These issues have also been raised by other researchers (Fitzgibbon and Green, 2006).

The findings from the systematic literature review synthesized 13 studies that formed part of the development phase, pilot projects or preliminary data of the OPDP. The results exploring the efficacy of using CF to inform a consultation model showed promising results on increasing staff knowledge, competence and confidence in working with offenders with PD. However, many of these studies had small sample sizes, limited follow-up data and limited comparison groups. Therefore, the results of these findings are tentative and require further studies to be carried out with larger sample sizes, evaluating staff and service-user's view on this approach now that the OPDP has been established for several years.

2.1.5 Study Rationale

The literature to date has begun to evaluate the effectiveness of the OPDP Projects on the management of offenders with a PD and CF has shown changes in staff's attitudes about working with offenders with a PD when given case vignettes (Brown et al. 2013). Early evaluation of a

consultation-led process and the provision of psychological advice to enhance the management of offenders with a PD in a consistent way and improve outcomes for offenders, supports a consultation model and has formed the basis of the OPDP (Minoudis, Shaw & Craissati, 2012). Further studies are now being published on the effectiveness of the OPDP; however, no research has yet explored other OPDPs in the South of England apart from London. This will be the first study exploring the experiences of how OM's use and apply CF and the perceived impact that this approach has on the staff's day-to-day practice and management of offenders with a PD. As the OPDP is still a relatively new service across England and Wales, this study aims to provide insight into how OM's perceive the psychological input and recommendations that may help the continuing implementation of the OPDP.

2.1.6 Research Question

This was an exploratory study interested in exploring the experiences of OM's attending case consultations and using case formulations. Of particular interest was the perceived impact of this way of working on the management of offenders with PD. The research question addressed within this study is:

- What are the OM's experiences of using a formulation-led approach?

In particular, relating to the OM's perception of this approach, the study aimed to focus on:

- What is OM's perceived impact of this approach in their day-to-day practice?
- What is OM's perceived impact of using this approach on the OM's management of offenders with PD?

2.2 Method

2.2.1 Design

This was a qualitative study within which OM's were interviewed using semi-structured interviews to explore their experiences and their perceptions of the impact of a formulation-led approach on their practice and management of offenders with PD.

2.2.2 Rationale for taking a qualitative approach

A qualitative approach was deemed appropriate for the exploratory nature of the research question within this newly researched area. The OPDP is an initiative that has been rolled out nationally across the UK. Therefore, thematic analysis was considered to be a relevant and applicable method of analysis to search for common ideas, opinions and themes in relation to the research question with particular consideration of the transferability of the findings to similar ways of working, settings or services.

2.2.3 Participants

The study used a purposive sample. Community-based OM's employed by National Probation Service (NPS) were recruited who worked directly with offenders that are supported by the OPDP. These are the members of staff that would experience the formulation-led model within the OPDP. Twenty community-based OM's from four local delivery units (LDUs) within the South of England volunteered to participate in the study; however, for the purpose of this time-limited study the first 15 participants were used in the analysis. The demographic characteristics of the participants can be found in Table 7 overleaf.

Table 7. *Participant demographic data*

Descriptive	M (SD)	Frequency (N)	Percentage (%)
Gender			
Male		2	13.3
Female		13	86.7
Age			
18-25	25.5 (5.4)	4	26.7
25-30		5	33.3
31-45		6	40
Ethnicity			
White British		8	53.3
White Other		1	6.7
Unknown		6	40
Years worked for NPS	6 (4.6)		
Years worked as OM	4.6 (2.7)		
Years worked in OPDP	2.6 (0.7)		
1		2	13.3
2		2	13.3
2.5		1	6.7
3		10	66.7
Number of consultations attended			
0-5	5.1 (2.8)	3	20
6-10		11	73.3
10-15		1	6.7
Length of time work working with the offender since first attended a case consultation for them (months)	5.7 (3.4)		
0-3		2	13.3
4-6		6	40
7-9		3	20
10-12		4	26.7

The mean age of the participants was 25.5 years. The majority of the sample were female (N=13) and a large proportion identified themselves of White British ethnicity (53%). The average years of employment within NPS was 6 years and the majority had worked since the implementation of the OPDP within their service (66.7%). Most participants had attended between 6-10 consultation meetings (73.3%) and had been working on average 5.7 months with an offender since they first attended a consultation meeting in relation to them.

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The OM was required to meet the following inclusion criteria to be eligible to participate in this study:

- To have attended a case consultation meeting and received a case formulation of an offender who was assessed with having the likelihood of a PD.
- To have been involved in their care for a minimum of a three months following the initial case consultation meeting (this length of time was set to ensure that the OM would have had sufficient time to have reflected or actioned any of the recommendations that may have come out of the consultation meeting).
- To commit to participate in an interview for approximately 60 to 90 minutes with the possibility of participating in a follow-up interview of approximately 30 minutes if needed.

2.2.4 Epistemological approach

As the researcher, I took a critical realist stance. This stems from a theoretical approach that assumes an ultimate reality; however, the way it is experienced and interpreted is shaped by other social processes such as culture, language and political interests (Braun & Clarke, 2013). I was interested in the participant's perceived experiences of using case formulations and attending case consultation meetings. However, I was aware that these experiences would also be shaped by other social processes (Madill, Jordan & Shirley, 2000) such as previous training, previous and current experiences of psychological input, etc. and as such this was taken into consideration in the interpretation (Willig, 2013).

2.2.5 Data Collection

The researcher developed a topic guide (see Appendix B1) which included a basic structure for the semi-structured interviews, focusing on addressing the research question. The questions largely focused on finding out participant's understanding of CF and consultation meetings; how OMs have used and applied CF and case consultations in their day-to day work with complex offenders; whether this way of working has had an impact on their work with offenders and if so, how; whether this way of working has had an impact on other areas of their work; and what they think the challenges and benefits are of implementing this way of working. Following the first few interviews, some of the questions were adapted to ensure that they were clear and relevant to the

research questions (Gill, Stewart, Treasure, & Chadwick, 2008). These alterations were discussed and agreed upon in supervision and are in italics in Appendix B1.

2.2.6 Materials

During the interviews, the researcher provided the participant with an information sheet (see Appendix B2), consent form (see Appendix B3), demographic questionnaire (see Appendix B4; gathering information relating to their role and to ensure they met the inclusion criteria) and debrief form (see Appendix B5 given after the interview took place). The researcher used a semi-structured interview guide and took notes brief notes of observations or of the salient points that the researcher felt that the participant was making during the interviews. The interviews were recorded using an audio-recording device.

2.2.7 Recruitment and Procedure

At the time of the study it was estimated that there were approximately 25-35 community OMs within this service. Recruitment and data collection took place over a period of five months. The researcher visited four LDUs in the South of England. The recruitment procedure consisted of the researcher attending team meetings to introduce and talk about the study to the OMs, to hand out information sheets and to answer any questions relating to the study. The researcher wanted to limit the selection bias of potentially only recruiting people who found the formulation-led model useful. The researcher therefore made it explicit to the teams that they were interested in both positive and negative experiences and the semi-structure interview schedule reflects this. Following this, the researcher remained within the LDUs for a period of time to allow for OMs to approach the researcher to book interview slots with the OMs that were interested in participating. All the interviews took place during normal working hours in the LDUs, where the OMs were based, to accommodate their work schedule and maximise recruitment. The interviews took place in interview rooms, where they would usually see offenders, to ensure a quiet and private space for the interviews to take place.

Before the interview commenced, the participant was given the opportunity to read the information sheet and ask any questions they may have had relating to the study. Following this, they signed a consent form and filled out a brief demographic questionnaire (see Appendix B4). Each interview lasted approximately between 30 and 85 minutes.

2.2.8 Analysis

Once the interviews were completed, the researcher, two voluntary research assistants and an additional volunteer transcribed the audio recordings. The transcripts were transcribed verbatim and the researcher re-listened to audio recordings to ensure accuracy of the transcriptions that the researcher had not transcribed. The qualitative software programme NVivo Version 12 (Bazeley & Jackson, 2013) was used to organise the data and support the researcher in analysing the data. Due to time constraints, 15 of the 20 transcribed interviews were analysed using thematic analysis (Braun & Clarke, 2006). An inductive approach was taken as the researcher was interested in exploring common themes between OM's perceived experiences of using case formulations and attending case consultation meetings and whether this links in with the OPDP strategy aims of providing this psychological input. Braun & Clarke's (2006) six-phase approach was used to analyse the data and is outlined in more detail in Table 8 overleaf.

Table 8. *Braun & Clarke's (2006) six-phase approach to thematic analysis and its application to this study.*

Phase	Description
Data Familiarisation	The researcher carried out all the interviews, transcribed some of the interviews and re-listened to check the accuracy of the transcripts that they had not transcribed.
Generating initial Codes	NVivo 12 was used in this process. Initial codes were developed that captured the meaning of selections of text within the interviews. A coding manual was created and updated as the analysis was refined (e.g. codes were merged) to reflect the researchers ongoing interpretations of the data. An excerpt of the coding manual can be found in Appendix B6. An audit trail was kept to keep track of codes that were merged. (Appendix B7).
Identifying themes	Initial codes that were largely similar in meaning were grouped together, using NVivo 12, to form initial themes that were discussed and refined in supervision. Sub-themes were formed where ideas or experiences related to a main theme; however, that the researcher felt were quite distinct from each other.
Reviewing themes	Themes were reviewed and refined to ensure that they related to the research question.
Defining and renaming themes	The audit trail was kept throughout the analysis process to provide transparency and to give an account of how the final themes and sub-themes developed. Each theme had a name and definition representing the meaning and content.
Report the findings	Extracts from the data were used to illustrate the narrative that had been written to answer the research question. This aimed to aid the validity of themes in relation to the research question (Yardley 2015).

Reliability checks were considered in terms of the 'trustworthiness' of the coding process and the analysis. A Trainee Clinical Psychologist coded one of the researcher's transcripts and the codes from both transcripts were considered similar in nature. Themes, sub-themes and extracts from the data that were used to illustrate the researcher's narrative of the data were checked and discussed by both supervisors. The findings are presented as a narrative of how the themes relate and answer the research questions. These are discussed in the results section.

2.2.9 Reflexivity

My own interests and experiences shaped the development of this study and my research question; therefore, the influences that I bring to this study are important to acknowledge. As a Trainee Clinical Psychologist, I have a particular interest in a formulation-led approach as this has formed a central part of my training and how I practice as a clinician. I also had prior knowledge and skills of working in inpatient forensic settings; however, I had no direct experience of working with OM's or offenders with PD in a forensic community setting. I considered that my limited knowledge of this specific area would enhance my curiosity of the OM's experiences and their day-to-day practice. I was also aware that not all settings welcome the input from psychologists and I was mindful to create a space where staff could feel that they could be open and honest about their experiences of engaging with a psychologically-informed approach or expressing their views if they had a negative experience or did not engage at all. I was not directly involved with the pathway project and therefore came with no agenda on the outcome of this study. In addition to this, as an outside professional, I hoped that this would help foster a safe space for the participants to express open and honest views and opinions about their experiences.

I was aware that throughout the data collection process these experiences developed and changed as I came into contact with other professionals and information relating to the project (e.g. attending a Research Network Day, meeting other Psychologists and professionals from other OPDP sites, etc) and as I carried out more interviews. A reflective log was kept during the data collection process for the researcher to reflect on what knowledge and experience they brought to the data collection process and how this evolved throughout the study. An excerpt of the reflective log can be found in Appendix B7.

2.2.10 Ethical Considerations

Ethical approval was gained from the National Offender Management Service (NOMS) and National Probation Service (NPS) to be granted access to recruit OM's within the Thames Valley service. Ethical approval was also gained from the University of Southampton. The research project was logged with the NOMS research and development department. No concerns arose during the interviews relating to the safety of the OM or the offenders they work with; however, this was considered during the ethics process and the researcher had a procedure in place, namely, seeking supervision on how to proceed further if needed. It was not expected that this research would cause

any harm to the participants; however, the information sheet advised participants to contact their GP, Occupational Health department or supervisor if they felt they suffered any distress following the interviews. The researcher also provided their contact details if the participants had any questions or required further information. Participants were required to sign a consent form. All completed consent forms were kept in locked filing cabinet and all electronic data was stored on a secure password protected computer to ensure the client's confidentiality.

2.3 Results

The findings from the analysis in relation to exploring the experiences and perceived impact of a formulation-led approach on the management of offenders with PD resulted in the formation of five main themes: Shared Approach; Knowledge and Understanding; Relationships; Reflection; and Frustrations and Barriers. There were 10 accompanying sub-themes which will be discussed below, each of which is exemplified from the interviews with the participants (in italics) and is identified by their participant number. A diagrammatic representation of the themes and sub-themes can be found in Figure 4 overleaf.

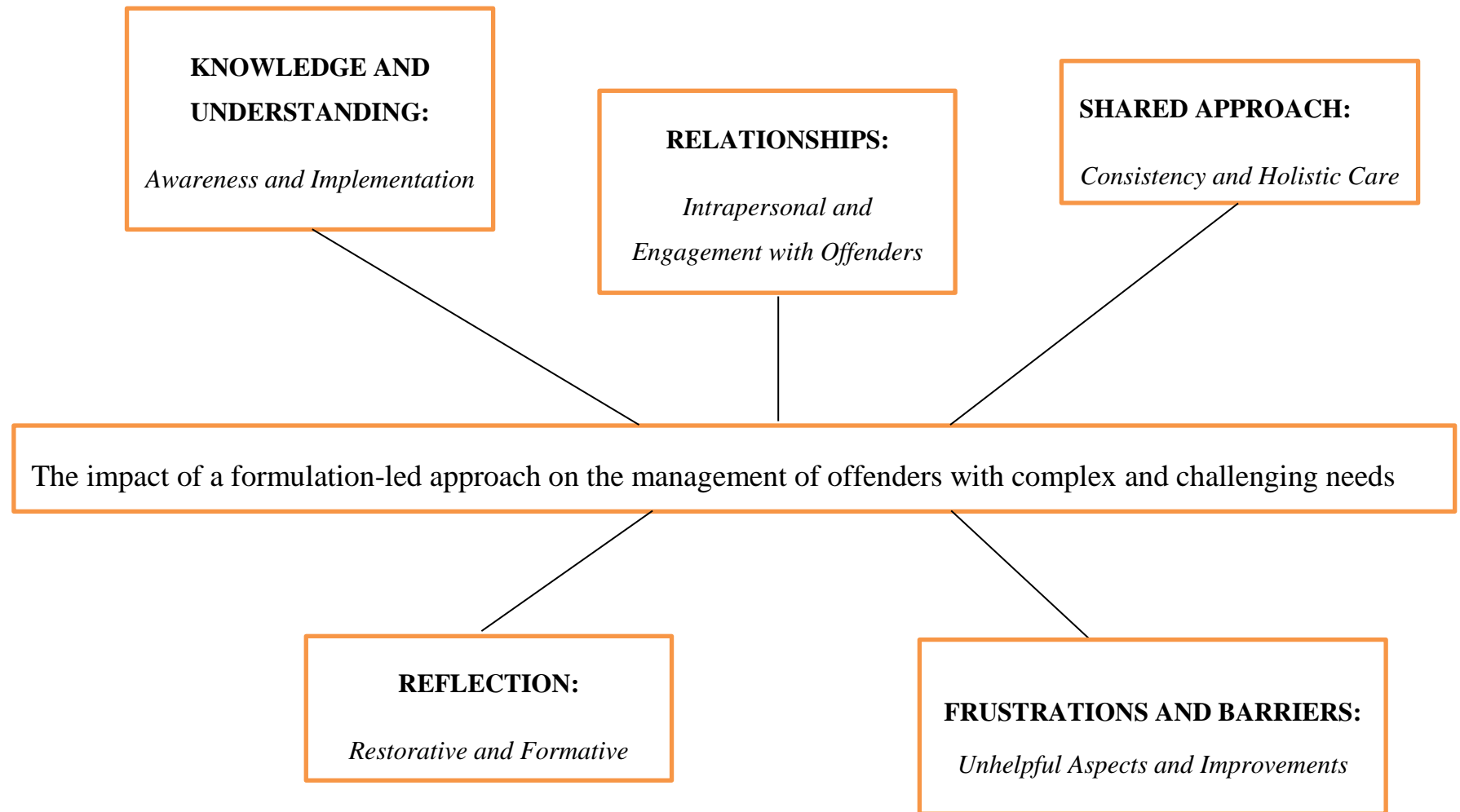


Figure 4. Diagrammatic representation of the themes and sub-themes in relation to the research question. Themes are in bold and sub-themes are in italics.

2.3.1 Shared approach

This theme developed in the analysis from participants sharing their experiences of how difficult and challenging it can be working with individuals with PD. The consultation meetings appeared to be a space to co-construct a shared understanding of the offender they were having difficulty with. Participants noted that this helped inform a shared approach in the management of offenders with PD with a clear rationale, which they viewed positively. It appeared that through receiving this psychological input, the OMs recognised the importance of having a consistent approach and also thinking about the offender as a whole individual rather than just their offending behaviour. These formed two distinct sub-themes within this theme: consistency and holistic care.

Consistency

An important element of having a shared approach to the management of offenders with PD was described by participants as having *consistency*. This was expressed in different ways. For example, having a consistent structure within the consultation meetings which appeared to follow the general content and framework of CF (e.g. presenting difficulty, predisposing, precipitating, perpetuating and protective factors) and which appeared to help manage the OMs' expectations of what they could gain from the consultations (gaining an understanding of a particular difficulty they are experiencing in relation to the offender and to gain practical support or strategies they could implement in working with challenging offenders).

Participant 5 illustrates the general structure of the consultation meetings, which many of the other participants also described experiencing a similar process:

'...we have a meeting, it's me, the Psychologist and the Specialist Offender Manager, they will have both looked at the case before they come in.... I'll talk about maybe some certain issues that I'm having with them, like engaging with them and forming a positive relationship with the offender. We'll talk a bit about his childhood, his background, his offending, what kind of work needs to be done,... And then we get a copy of it typed up....'

Participant 4 also describes consistency in knowing what to expect from the consultations:

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'It's structured, it's led by them, it's systematic...So, I think it's the structure of it and the plannedness of it, and knowing it's going to be that and knowing we can ask for it any stage if we needed to.'

'We had experience with the psychologist that we had, so we knew what to expect'. (P12)

Using a consistent structure and framework within the meetings appeared to help OM's develop an understanding of the complexity of a case and to think about the OM-offender relationship. This appears to have helped structure their understanding about a case and aided the process in gaining a shared understanding of the offender.

'...think it's quite easy for us to put in one of our reports 'emotional wellbeing is linked to offending' but actually what does that mean? What emotions is it that is linked to that offending and what are going to be the triggers that's going to set someone off to go and burgle someone's house again and I think actually being able to explain that more and look at those in more detail in terms of what that trigger actually is and then how to diffuse that trigger, what things can you put in place in order to reduce that risk if that risk does appear...' (P13)

Most participants noted that the formulation letters are a useful resource to refer to in their conversations and liaisons with colleagues, other services and agencies. In addition to this, the formulation letters helped them share their understanding and rationale for decisions in parole hearings or in writing reports. The thinking and sharing of information discussed within consultation meetings appears to have encouraged a shared approach to be adopted between colleagues and other services. The following illustrate this:

'... I've shared mine with other agencies, when necessary, for example, I'm referring one of my guys to an Approved Premise...it's helped with liaising with prisons, the actual document itself isn't disclosable, but the recommendations I can then communicate to help get them the right support...' (P5)

Further to this, a few participants expressed that this way of working has provided them with a shared language to communicate with each other and encourage a shared approach between services:

'...it gives us a language to use with the parole board... for shared communication within professionals and within prison systems, before you would just describe somebody, now you have that language that's shared to say, 'well, maybe it's because of this and therefore this is the way they're behaving. We can then push for diagnosis and treatment pathways..., so it's really helpful..., but the underlying understanding of people's behaviour isn't that we didn't necessarily have it, we now have a new framework for it...' (P4)

Using a formulation-approach and having a documented formulation aided consistency in the approach towards the offender if the OM was off work, if the case was transferred or if there were multiple people or services involved. The following quote demonstrates this:

'...I think in his case it might have been really helpful, because the person who was managing him at the time had a really good rapport with him and he's gone on to do extremely well...obviously once I took him over it just felt like he was a different person, because I already had that good rapport that he had with probation, so I just moved on and had that good input with him which just continued on really...' (P1)

Holistic Care

Most participants highlighted that their main role as an OM relates to risk management and public protection. Participants reported that they have a tendency to focus on these areas and view the individual in relation to their offending behaviour, rather than an individual as a whole. The formulation-led approach appears to have helped them to become more holistic in their thinking and approach to offender management. Some participants noted that this way of working has helped them to recognise other areas that they may not have considered important to address, but that may have an indirect effect on reducing reoffending. This may involve work that they can carry out directly with the offender themselves during their one-to-one sessions or referring to other services or agencies to provide additional help or support.

'..... but they look deeper into... certain aspects of some behaviours...either some risk factors or protective factors which maybe we hadn't.... thought of initially as being quite important ...for example, we looked at parenting classes... that necessarily wasn't the way I was thinking in terms of how to manage a behaviour...and something that actually showed we were caring more about creating a deeper relationship...rather than just a short term fix in order to get them through the probation period' (P13)

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Another aspect that was apparent in being more holistic in their approach was about including offenders in the formulation of their difficulties. A few OM's found it beneficial to replicate the formulation with the offender, even if they did not directly share what was discussed during the consultations.

'We kind of adapted the information out of the formulation.....so that it was more presentable to him and it was including him, 'this is how you might be feeling' and he was able to comment on those....he was annoyed at himself for not going through with [the community psychology service], but couldn't bring himself to do it, so it was an alternatives, not necessarily as an intervention itself but trying then make him perhaps reconsider the [psychology service], what that psychological input could look like and he seemed to respond really well to it.....that felt more inclusive....' (P14).

While the majority of participants held the formulation in mind and used it to engage the offender in addressing and taking responsibility for their own care, which they appeared to describe as a positive experience:

'...and being able to build that from that information that you get and being able to deliver it to a person like I said you, if you can't speak to them about a case formulation or you don't feel comfortable, it's about talking 'well this has been identified and let's work on some of these areas' and just being able to engage them in their own sentence plan. 'It's not just me saying this is what we need to do, well we've both identified that this is a problem and this is how we can manage it, so let's work together'...' (P1)

Lastly, a few participants talked about the benefits of having joined up working between the psychologist and a specialist OM who were both present in consultation meeting. They appeared to value the different expertise and knowledge that both professions came with.

'...I think as well it does help having a psychologist and a probation officer in there as well...but to have a probation officer there that knows, 'okay that that suggestion might not actually work because we can't do this this this and this' and what our limitations are...I think it would probably change the scope of it quite a lot if that probation officer wasn't there...' (P14)

2.3.2 Knowledge and Understanding

This was another important theme that reoccurred within the data. All of the participants made reference to an increase in knowledge and understanding at some point during their interviews. A formulation-led approach appeared to impact of their awareness and also influenced their management and day-to-day practice with offenders. There were two separate sub-themes within this relating to *awareness* and *implementation* of knowledge and understanding.

Awareness

Some participants described becoming aware of knowledge they did not previously have, for example, the prevalence of PD, the different traits and presentations associated with different types of PD. Others reported to have had some knowledge on PD but reported that through training provided within this model of working they became more aware of PD and how this links into their practice.

'I think if someone said they had a personality disorder I would have been...very dismissive of it and not really understood how that affects their behaviour and why they've got personality disorder. I would have paid a lot less attention to the important issues, such as, their relationships and the parenting styles they received, which now I can understand have a massive impact on their current behaviour and future behaviour, so I think if I hadn't had the training I'd have missed a whole load of important stuff when working with my offenders. (P5)

Through learning new information, gaining knowledge and becoming more aware of PD some OM's felt better able to identify offenders who may present with PD traits who they could then bring to consultation.

'...when you're looking through their previous convictions, or records that talk about consistently not engaging with society in an effective way, whereas before I would never have thought 'oh, that sounds a bit like a personality disorder', now I might recognise, 'well, that behaviour would be indicative of this'... it's not that I know it all in my head because I don't, I would then have to look at the book and check it out a bit more, and then I would want a case consultation.' (P3)

Some participants reported that through the consultations they became more aware of services in the community that they could make links with who offer specialist support to meet specific needs of the offenders they managed.

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‘...they had knowledge about...suggesting to contact the stalking clinic in XXXXX, I had never even heard this listed, so they had contacts for me to contact and engage with some support from them, which worked really well...’ (P12)

Participants spoke about becoming more aware of this model of working through training, consultation meetings where formulations were developed and discussed, informal conversations with staff and colleagues, and from directly working with offenders. Participants reported these avenues increased their awareness of what CF is. They also helped them to make connections between past experiences, offending behaviour and presenting difficulties.

‘...you look at the factors and aspects of their childhood and upbringing, where their traits might have come from, where the behaviour formulates from and what traits in their personality indicate that behaviour, so then how you can address it.... but the significance of those early childhood events, I don’t think we fully comprehended until we have that formulation, until we have that discussion, the things that really enabled me to understand the significance of it all and how the past really links to their personality and the way they work now...’ (P13)

Most participants talked about the usefulness of using CF to understand and inform their work with offenders.

‘...and he’s struggling and I know rejection and all those issues, for him is a problem, is linked to a trigger, to maybe negative behaviour, so that’s clear for me not just on his offences but his life history and that became very clear in the consultation process, so that enabled me to have that discussion with him about risk... those open discussions that are key to risk and protecting the public.’ (P11)

Adding to this, some participants described becoming aware of their own influence on their engagement with the offender.

‘...and giving you that input about being able to really recognise certain ways that maybe unhelpful of how you’ve been working or maybe they could have been the opposite of what you wanted to achieve, so it’s just having that ability to be really observant...’ (P1)

Most participants noted that they perceived that this way of working helped to increase their acceptance towards offenders with PD.

'I'm much more open to the idea of personality disorder than I was before the training, before the training I was like 'oh, is it an excuse for people's behaviour?' whereas now I'm much more willing to accept that actually it is an ongoing problem.' (P5)

Finally, and perhaps most importantly, participants described that the knowledge they gained, from training and through the consultation meetings, on how early life experiences and events can significantly impact on an individual's internal world and how they respond to distress and threat, increased their empathy towards offenders.

'...being able to sit with him and say to him 'I know what you're going through is really difficult; I know you're really struggling with it' and 'I'd probably feel the same if I was in your situation...'. He hadn't had that before, I guess it's not really the way we'd normally work, maybe we should work more like that, but it's because our focus is on 'let's manage your risk; these are your restrictions, this is what we expect from you' and it's just finding out what works for the individual which having that psychology input helps with.' (P12)

Implementation

This sub-theme relates to how the participant's knowledge and understanding was implemented within their practice, which all the participants talked about on some level. Some participants talked about change on a cognitive level, through changing their understanding of the offender.

A few participants talked about a culture shift where they felt knowledge was becoming embedded within the team which they viewed positively.

'...if I had a positive consultation, we'll promote it... and say 'oh, this was so helpful'...so it's informed us all really and it promotes other people to request those consultations, because if one person finds it helpful and talks about it, then other people want it as well, and then altogether the level of service that you offer improves, because you are getting the extra insight and you're getting all that extra input. The skills, the understanding and knowledge that you have improves as a team overall,

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then you find that you discuss those new skills that you're using...and you're sharing your successes; it's just more rewarding; it's more positive.' (P12)

One participant in particular expressed experiencing the embedded knowledge widening to other services:

'...they've had a big impact in the hostels and I think that's made the hostels a better environment for the clients because while I guess staff can talk things through and they're more prepared, I think again it changes the ethos, it changes conversations and once there are conversations happening it makes people think. So, I think it's made the APs a better place for people with certain personality disorders I think it's made it a little more accessible for them, which I think's been really positive....' (P4)

Another form of implementing knowledge that participants talked about was through building their skills in different ways to engage with offenders. For example: how they approach them, what work to focus on, being more collaborative in engaging the offender in their management plan.

'I had a consultation about a guy that's really narcissistic...The Psychologist explained narcissistic personality disorder, why someone's narcissistic, how this presents in them, and explained to me how best to be able to form a relationship with that person rather than constantly battling against them...change the focus from being purely offence-focused work to being more about their life, what they want to achieve, how they can achieve that, to try and build them up...I've noticed such a difference, we have more conversations rather than just bickering back and forth, it feels weird that I'm not doing necessarily offence-focused work, but I can see that we've made much more progress doing the work we're doing now than we did previously. (P5)

2.3.3 Relationships

Relationships was a key theme that reoccurred throughout the data. OMs expressed that the type of input they receive from the psychologists during the consultation meetings had a significant impact on their relationships. Participants talked about two main, but quite distinct relationships. This included their relationship with themselves and their engagement and relationship with the offenders. Therefore, these formed two separate sub-themes: intrapersonal and engagement with offenders

Intrapersonal

Most of the OMs commented that this way of approaching and thinking about their work with offenders changed how they perceived themselves and their abilities. Through consultations, they found that their ideas or line of thinking was similar to that of the psychologist and through gaining validation from the consultation meetings they expressed an increased sense of confidence in themselves.

‘....lot of time I find really reassuring is they are reaffirming what I already think.....it’s probably given me more confidence in myself, because actually their conclusion and mine are not that dissimilar....again permission that people are not straightforward. (P4)

Participants noted that the difficulties of working with this population and the interactions they experience with the offenders may not necessarily be a reflection of their ability in the job, but that it may be located in the difficulties that offender may have in relating to others.

‘...also to realise that certain offenders are going to make you feel certain ways, and that’s ok and that it’s really not that you’re doing a bad job, it’s maybe traits that they display that make you feel that way, that, they can’t help it, it’s just how they are....’ (P5).

Discussing ideas and options with a second person appeared to increase their confidence in understanding the needs of the offender and then being able to communicate this to other agencies or to be able to defend decisions in parole hearings:

‘....it makes me feel more confident with some of my decision-making...I can say quite concrete ‘this is available’ or ‘this isn’t available’, or ‘you’re suitable for this’ because I’ve had a consultation and I’ve spoken to the psychology team about it, I feel more confident going forward with working with them that I’m not giving them wrong information and setting them up to fail...and again for parole decisions...if I’ve had a consultation I will always mention it in my parole report because I think it just shows that you’ve really looked at those different areas.’ (P6)

Through learning more about PD, applying this knowledge within the consultations and having the psychological support to deal with difficulties in engagement that commonly arise within this

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population, OM's described an increased sense of resilience within themselves to enable them to better engage and work with this complex population.

'...you need to identify how you can support yourself with working with personality disorder offenders, because they can be really draining, they could take all of your energy away, because.....they can be really...demanding, so it's identifying certain things that you can do, for example.... we talked about on the training was that resilience...what things you can put in place to make sure you don't get draw into that person's crisis on that particular day, (P1)

The other interesting aspect that appeared to have shifted was the OM's relationship to their role as an OM. They acknowledged their role as being a figure of authority, needing to manage and reduce the risk that the offenders on their caseloads pose; however, they also saw a need of trying to balance this with trying to build a therapeutic relationship.

'...just how to be with particular offenders and the way that we think about, I think for me it's mainly changed the way that I think about enforcement and trying to maintain a relationship with them, because that's two things that are really hard to balance, having a relationship, but still being an authority figure.' (P2)

'...I think we have to try and get a balance between changing someone to the rehabilitation side, which I think the formulation really helps with, but also risk management and it can be quite a difficult balance to get sometimes. (P5)

Engagement with offenders

The OM's engagement with offenders was another type of relationship that the OM's perceived this way of working had a beneficial impact on. It appeared to impact their engagement with offenders in a number of ways. For example, the OM's being more collaborative in their approach with offenders rather than prescriptive.

‘...it’s about talking ‘well this has been identified and let’s work on some of these areas’ and just being able to sort of like engage them in their own sentence plan of, you know, ‘it’s not just me saying this is what we need to do, well we’ve both identified that this is a problem and this is how we can manage it, so let’s work together’...’ (P1)

The OM’s talked about the direct impact that they felt that the discussions from the consultation meetings had on their engagement with offenders, the differences they noticed in their interactions and the positive success stories that they had experienced.

‘...she’s engaged with staff more, Approved Premises have also said that.... ‘we’ve never seen her talk so much to us in the past’...which is amazing...’ (P1)

They used the discussions from the consultation meetings to implement different strategies to increase the engagement with the offender, for example: letter writing, not focusing on the offence, asking about what their goals for the future are, etc....

‘...instead of having the focus on the victim and addressing the behaviour toward the victim, you move the focus onto him and what his life is like and what’s led to him being so obsessed with her...and do some timeline exercises with him, so the focus is on just him...And that completely changed the relationship. He engaged extremely well with that work. He stopped focusing on her...which reduced his level of risk, didn’t have any further breaches at all and successfully completed his sentence. (P12)

2.3.4 Reflection

This was another important theme that was evident across most of the data that participants described as finding beneficial. They spoke about valuing the time and the support to reflect on their work, which they viewed as being encouraged by the psychologists within the OPDP. Within this theme, participants described two elements of reflection which are distinguished as accompanying sub-themes: Formative and restorative.

Formative

This element of reflection relates to the consultations appearing to facilitate OM’s in developing and maintaining their competence and capability in their work with complex offenders. This may

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have occurred through the psychologists imparting their knowledge and expertise on a particular topic, giving specific strategies to try out or helping the OM to guide their thinking in a structured way to inform action plans.

'I think the main thing for me is support for dealing with my cases, so when you do have some of the tricky clients...maybe it's not working and my working with them if something's going wrong or it's not productive, I think they're able to strip it back a lot for me, and it seems like some really obvious answers; they may give me some suggestions and then I'm like, 'Why didn't I think of that myself?', but from an outside perspective they're really useful to do that and to have that support...'. (P6)

It also appeared to be a good forum to identify any further areas of exploration that the OM may not have considered.

'...one case always stand out that I had in the community that was almost impossible to work with...really pushing, pulling all the time, and dependency and then massive aggression and kick off...and there's a lot of information that came out, just from doing that consultation with the psychologist, taking time to go over the case and actually picked up on some bits of information that I'd missed and how that might fit into what we know about him now.' (P14)

One participant in particular talked about the usefulness of applying a strategy that had worked well with one offender while not with another; however, recognising that this did not have the same effect and that the benefits of the consultation was to explore what would work well for a particular individual.

'...it's not one fits all, it's still very much an individual thing, so I think those individual case discussions need to happen to agree that work, rather than saying 'Oh, I learned that this works before, let's try it again', but actually you're working with a completely different person and it just might not fit them. I have tried to use that timeline exercise that worked before and it just didn't on this occasion, so I do think it is so individual, you do have to have that discussion definitely.' (P12)

Restorative

This element of reflection that participants described related to being encouraged to use the space to emotionally process the difficulties they experience working with offenders with complex presentations. The OM's described appreciating the permission to reflect on the emotional impact that can arise when working with this population. This appeared to help the OM's put things in perspective.

'...also helps with how we manage the difficult cases...sometimes I'll offload to her and it helps me. She understands why I feel the way I do about certain offenders and how I can cope with that...to take that time away and just accept that it's emotionally draining and that you're struggling and to talk about it with someone who's trained in helping people and understanding...It can help you understand why you're feeling that way and think that it's okay to feel that way...' (P5)

Consultations appeared to be a good forum to discuss ideas and some participants commented on the value of having specialist input and the value of gaining validation of their ideas and thoughts about particular cases.

'I find it really reassuring is they are reaffirming what I already think...generally it's really nice when they go 'yeah, well you're on the right tracks here.' (P4)

One participant noted how the support they receive during the consultations and from the psychologists is different from other types of support, such as from their line manager.

'...but it's a different kind of input I don't think we'd get, there's certainly no room for right 'let's look back on the case and look for why he might be presenting like this', its more just practical things like 'have you had a consultation?'...I think there is some element that's different, they will think then the impact on me there's probably more room for that...' (P7)

All the participants were aware of the difficulties they experienced working with offenders with complex presentations. In addition to this, some participants were more aware of the impact that working with this complex population was having on themselves and the importance of also exploring and processing this within the consultations.

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'I felt before it was very much right we've got this particular offender and these are all the issues that's posing and how we might move that forward... as well, how is it impacting you and you know quite personal in your own terms of recognising the impact of having such a difficult offender that you're working with, how that works and impacts on the work that you're doing with them. So, it was very much not just the offender, but also, the impact on me as well (P14)

Some participants found this approach helpful in learning to support colleagues better.

'...it helps us talk to colleagues about cases where we're having a difficult time with an offender, us all being trained in that, helps us to help each other deal with the stress...it just helps us really understand the pressures that we're all facing. I think that's made it better working in the team environment. We can all appreciate what each person's going through, when we are seeking advice from each other. We know the things to look for, so that's helped us support each other better as well.' (P2)

2.3.5 Frustrations and barriers

This theme is very distinct from the others as it captures the frustrations and the barriers that the OM's experienced in relation to working with this complex population. It also captured their frustrations when there were aspects of the consultation meetings that they felt did not work so well and barriers that they felt hindered this way of working effectively. However, overall the participants appeared to value the input they received in helping them work with complex offenders and to reflect this, they expressed improvements that could be made or suggestions of how to improve the existing input. Therefore, within this theme there were two sub-themes: unhelpful aspects and improvements.

Unhelpful aspects

As illustrated in knowledge and understanding, participants really valued the input from the psychology team in preparing their knowledge of the case and offering a different perspective when discussing the issues that the OM faced. However, a few participants had experienced a change in staff member and there were aspects of the consultation meetings that they found less productive; such as, the psychologist using the consultation meeting to gather information about the case rather than coming to the meeting having read up on the case:

'...I think because we're so time pressured...That's what was so helpful, to come in for half an hour and know that they would have the background so you're starting from where your problem is or sorting the current issues...and then walking out knowing that you've got actions...rather than spending 3 hours explaining the case and walking out feeling like you've got nowhere because you still need to figure out in your own head where the case is at...' (P13)

'I just think not being prepared, for them and not knowing the case at all, I find that really frustrating, if I'm honest, because it's a waste of time to sit there and I think it potentially misses important parts. (P12)

Although one participant acknowledged that this way of working may prompt them to come more prepared to the consultation meetings, they felt that it was not a productive use of their time.

'...in some ways the new way forces you to be more prepared for it and have a bit more of an understanding of your own case, which you should anyway, but there's got to be a balance to that. I feel like it's too much from scratch to present a whole case. With not really any knowledge of what you're gaining from it by doing that.' (P14)

One participant, in particular, noted that they did not find the formulation letter which is provided after the consultation meeting beneficial and instead found the conversations during the consultation meetings the most useful.

'I've not used the reports that they provide and reading reports from other people I didn't find that helpful, the most helpful process of it is by talking to them and triggering my thinking...when it came to reports I didn't really look much at them...and I've had a client...there were different probation officers that had a consultation, so I looked at the report and I didn't really find it very helpful because I wasn't in the room and I perhaps saw things slightly differently to the other probation officers...' (P10)

Timing was an issue that was raised by several participants. This was in relation to a delay in receiving the written formulation,

'I think the only thing was that it took a few weeks to get...when you've had the discussion you get motivated and you want to just get stuck in it...it's a lengthy document, so I know it won't be done the next day, but I think it has to be clearly defined when you might expect it.' (P12)

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or the timing of the consultation meeting not being planned appropriately in relation to the needs of the offender;

'Maybe timing...Sometimes we have them while they're in custody and they're not released for a while, so by the time they're released everything's kind of gone, out the window..' (P5)

however, one participant recognised that better communication between themselves and the psychologist could help with this.

'...but it could be just about the Offender Manager communicating better with the Psychology team and saying 'this person, this is the timescale'. (P5)

'Normally they screen people and they might still be in prison, so it would actually be beneficial to have it on release when I'm working with them. I guess that's about better communication between me and the Psychologist to arrange that better.' (P5)

Some participants raised frustrations that the service does not cater for under 25 years olds that may have an emerging PD, but they're not eligible to access the OPDP input in a formal way.

'...if we have concerns about somebody who maybe 20, 19, 22, they don't necessarily meet the criteria for getting a diagnosis for personality disorder...because they are very young and psychology doesn't accept that until they're 25... So in that sense, it's more difficult because you don't get that input and you can't have a proper case formulation...' (P1)

Another aspect that quite a few of the participants raised was around it not being appropriate to share the CF with parole boards, participants reported that parole board often asked to see the formulations.

'...it's not really annoying for us, it's annoying for the parole board, that we can't share our formulations with the parole board and they ask for them. We know why, it's basically just the write-up of a conversation, but I think the parole board don't necessarily understand what the formulations are, because they think it's like a psychiatric or psychological report that they want access to...I think there is a bit of a conflict as to what we should be sharing...but naturally some of the work that I'm writing contains feedback from our discussions, so they are certainly interested in what's being discussed and then what's being recommended from there'. (P2)

A couple of participants were aware of the potential impact of what was discussed in the consultation meeting considering that the psychologist had not met the offender. Participant illustrates this:

'I guess they obviously haven't met the offender, so they're just going based on what's written. They're just reading it from paper and forming an opinion on that, I guess that's something that as OMs we should try and bear in mind...maybe there's something that we haven't put in our assessment or maybe something that we've worded in a particular way that they've picked up on and that's formed their opinion, but actually they haven't met the person to know that. So that's possibly a potential danger of it, I suppose. (P2)

A concern raised by a couple of participants was around potentially becoming deskilled:

'I guess the fear would be deskilling the new cohort of people...if there's more and more psychology input, which is brilliant, as long as it doesn't deskill and allow people to rely on others to do their assessments... (P4)

Improvements

Most participants found the input beneficial in their work with offenders with PD; however, they also thought about aspects that could improve the process. This was in relation to the expectation of the consultation meetings changing with a new member of staff coming in, or in relation to the process of this input in more general terms. One participant talked about it being helpful if there was some structure to the consultation meetings so that they would know what to expect from them.

'...I think it could be useful to have a bit more of a structure to the discussions, not in particular 'this is what we'll discuss' and that's it, but you might say 'Okay, for the first fifteen minutes we'll talk about what you're concerns are; for the next fifteen minutes or for the next half an hour we'll look at what we could do, what the options are, and the last fifteen minutes we'll decide on what action plans we're going to take.' (P13)

Most participants found the training they had received on PD, formulation and other topics relating to their line of work such domestic violence, sexual abuse, etc. was helpful. Some suggested that it would be useful to have refresher sessions as most of them reported that the last training they attended was a couple of years ago when the OPPD was first rolled out within the area.

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‘...I think that with as with anything, I’m not sure who this training is being run, but I think constantly having those refreshers because it’s easy to just get on with your every day job and you forget...’ (P14)

Another improvement which several participants thought would be useful and helpful to the process was having a scheduled follow up consultation to either review what has been done since the previous consultation or to seek help if things potentially have not worked out.

‘Well it would be helpful if we could have follow-up ones....There’s not been a follow-up process, so that would be helpful actually. (P2)

Finally, some participants also wondered whether it would be possible for the Psychologists to offer some direct work with offenders, particularly the ones that were not quite ready for the community psychology service.

‘So potentially, whether the psychology team here could do extra work in terms of motivational work with offenders, because I think then you get to a bit of a dead end if they don’t want to do Pathfinder or aren’t willing to engage with Pathfinder, because it’s a voluntary basis. Obviously, you can’t force somebody to do things like that, but maybe building up a relationship alongside the OM through supervision sessions and doing motivational work, I think would be something that would be useful. (P6)

2.4 Discussion

2.4.1 Summary

The government’s initiative to improve the psychological well-being of high-risk offenders and the staff working with them, led to the implementation of the OPDP in 2012/2013. There have been numerous studies relating to the OPDP which were discussed in the systematic review chapter of this thesis. The synthesised findings from this review suggested that this way of working may help staff to increase their knowledge, skills and competence in their work with complex offenders. Following on from these studies and building on the literature within this field, the present study aimed to explore the experiences and perceived impact of a formulation-led approach on the management of complex and challenging offenders. Five main themes developed from the data that

related to OM's experiences and perceived impact of this way of working on the management of complex offenders: *Shared Approach, Knowledge and Understanding, Relationships, Reflection and Frustrations and Barriers*. The findings suggest that using a formulation-led consultation model was viewed by the participants as acceptable and perceived as having a positive impact in a number of areas such as their approach to engaging and managing offenders. However, participants also expressed their frustrations and potential barriers to successful implementation. In this section, each theme will be discussed in relation to previous literature. Based on these findings, the clinical implications and directions for future research will also be discussed.

2.4.2 Discussion of themes

2.4.2.1 Shared approach

Participants described the benefits of having a consistent approach and framework within the consultation meetings. This appeared to help structure what the OM's wanted to gain from the consultation meetings (e.g. gaining an understanding of the offender or discussing strategies that could help them in their work with offenders). *Consistency* was also described as having a shared language to use with other services and agencies and sharing information from the formulation that may have been relevant to other professionals. Bateman & Fonagy (1999) highlight the need for the consistent application of treatment for individuals with borderline PD. It is plausible that if staff have experience of a consistent process in how they think and approach the management of an offender (e.g. during the consultation meetings) then this consistency may be mirrored in their interactions and the care that they provide for offenders.

The sub-theme *Holistic Care* brought to attention the OM's role and primary focus of risk management and public protection. The formulation-led approach appeared to help OM's shift their focus and consider the offender as an individual, rather than solely their offending behaviour. This allowed them to be more collaborative in their approach towards the offender and to expand on their current practice in taking aspects of an offender's care, other than direct risk management, into consideration. This led them to make links with other services or agencies to provide specialist support. Lastly, some of the OM's acknowledged the value of having joined up working between the Psychologist and the Specialist OM.

All of these points are commensurate with the hoped benefits of the coalition government's strategy for offenders with PD. This was set up to provide joined up working between mental health

services and the criminal justice system. It aimed to provide enhanced case management for OM's, resulting in a more holistic care package and approach, and improvements in well-being (Bateman & Tyrer, 2004; Murphy & McVey, 2010; Minoudis et al., 2013). These findings suggest that OM's may be becoming more holistic in their thinking and the care they provide. This may also be reflected in their title 'OM', which is interchangeable with 'probation officer'; however, OM has been the preferred job title since the creation of NOMs, to echo their broad responsibilities (Brown et al., 2016).

2.4.2.2 Relationships

This was a theme that reoccurred throughout the data with all of the participants. Participant's described a shift in *intrapersonal* processes such as feeling an increased sense of confidence and resilience in their approach to their work. The experiences that participants expressed support previous studies that have measured this using quantitative measures such as the PD-KASQ (Brown et al., 2017; Ramsden, Lowton & Joyes, 2014; and Bruce et al., 2017) and a further study by Knauer et al. (2017) that showed a medium effect size of a perceived increase in confidence between pre and post consultation sessions.

The current findings also reflect the outcomes of the OPDP strategy in increasing staff confidence in working with high-risk offenders (Joseph & Benefield, 2012). OM's increasingly work with offenders who present with challenging and complex needs who may be difficult to engage as a result of trauma and childhood adversity (Wood & Brown, 2014). The key underpinning of the OPDP based on previous literature, is that using CF as a framework may help to support, guide and help the relationship between the OM and the offenders they work with, leading to effective rehabilitation and integration into the community.

Wood & Brown (2014) suggest OM's needing a high degree of emotional literacy and dual perspective, particularly in maintaining their role as a figure of authority in public protection versus maintaining a therapeutic relationship. Participants in this study reflected this in acknowledging their dual role and expressing that this can be challenging.

2.4.2.3 Knowledge and understanding

This theme relates to participants increasing their knowledge base on PD through training, the consultations and their work with offenders. These findings again appear to reflect the objective

of the OPDP in enhancing staff knowledge (Mapplebeck et al. 2017). They also reflect an additional objective, namely, the early identification of PD. Participants becoming more skilled in identifying offenders with PD may help offenders to access treatment and support much earlier on in their journey through the probation system.

Participants in this study began showing an awareness of the links between past and present behaviour. This formulation-led approach appears to enable OM's to think about factors beyond the sections in the OASys and to understand the importance of exploring these areas with offenders. By adopting a more curious stance about psychological processes, OM's increased their awareness of the importance of getting to know an offender's internal world and considering the influence this may have on their rapport with the offender (Mapplebeck et al. 2017). Participants also recognised that this increase in awareness increased their empathy towards the offender.

Adopting a more person-centred approach to working with offenders mirror Roger's conditions for therapy and the current findings, where participant's talked about increasing empathy towards the offenders they work with, supports the literature around how empathic responses may help to promote psychological understanding of PD and influence engagement (Evans & Watson, 2010).

The *implementation* of the knowledge gained or increased was illustrated through participant's reference to knowledge becoming more embedded within the team. Participants described this as a positive aspect, stating that it improves the service that they provide to their offenders. This way of thinking suggests that it is possible for a team or service to adopt a psychologically-informed approach to their work that continues outside of the consultation meetings. It also emphasises the benefits of psychologists imparting their knowledge on the wider system rather than using an individually-focused approach.

2.4.2.4 Reflection

Most participants commented on reflection being an important element of consultation meetings. The two tasks of supervision as defined by Inskipp & Proctor (2001) best described the different formative and restorative elements of reflection that participants appeared to find useful. These formed the sub-themes within this theme.

Participants appeared to value gaining new knowledge and strategies through the consultation meetings. Again, this is in-line with the objectives of the OPDP in equipping staff with increased knowledge and skills (Joseph & Benefield, 2012). Having the space to reflect with the psychologist

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on one case at a time appears to have had a number of benefits. This included aiding participants to consider the mechanisms driving offending behaviour or other difficulties the offender may face, which helped inform strategies to improve these areas.

These findings support previous studies that explored the effectiveness of using a consultation model with probation staff (Bruce et al., 2017). Participants also appeared to value the space to reflect, think and process their own emotional responses relating to working with complex offenders. The *restorative* element of reflection that the participants described as being helpful to ‘offload’ or ‘vent’ may help balance the emotional well-being and resilience of probation staff (Grant & Kinman, 2015).

2.4.2.5 Frustrations and barriers

This theme highlighted the *unhelpful aspects* that OMs experienced in relation to their work with this complex population and the perceived barriers that hindered them using this approach more effectively. A few participants spoke about not using the formulation documents and one participant, in particular, voiced that they found the process of formulating, i.e. the conversations that took place during the consultation meetings, more useful than the formulation document.

Using a consultation questionnaire measuring knowledge, confidence, motivation, understanding and satisfaction with plans, in relation to the offender, Knauer et al. (2017) found no significant difference in results between the post consultation and post-formulation. Knauer et al. (2017) hypothesised that the non-significant results that they found may suggest that the formulation letter does not add anything extra to the consultation meeting. A limitation of that study, as with this one, is that the sample size reporting this was small and other participants in this study expressed that they did find the formulation document a useful resource to refer back to. This warrants further exploration, as if the formulation letter is deemed to not add anything more to the consultation meetings, it would be useful to review this process, particularly as it takes a considerable amount of time to produce these documents. This time could be spent facilitating additional consultation sessions (Knauer et al. 2017).

Some OMs raised concerns that the psychologists should meet with the offenders to help better inform the formulation. Maltman & Turner (2017) suggested that working indirectly with offenders does raise issues around validity of the formulation. They also queried the ethics of not involving the offender directly in this way of working and they suggested that by not meeting the offender,

individual nuances may be overlooked, it may also prevent the offender from influencing the process, or using the opportunity to explore their role.

Some services are considering carrying out collaborative formulations with service-users; however, for some this will be unsuitable for a range of clinical and ethical reasons (Maltman & Turner, 2017). However, this consultation model offers an alternative for those offenders that do not wish to engage with direct psychological input but may benefit indirectly from those around them adopting a psychologically-informed way of working with them. The process of not including the offender in the consultation meeting is similar to providing clinical supervision where the supervisor may also not meet the supervisee's clients, however, useful perspectives and reflection can still be offered to guide the supervisee's thinking about the case they are discussing (Hawkin & Shohet, 2006).

Some participants viewed the formulation-led consultation model as an opportunity to gain support to reflect and enhance on their relationship with the offender. This view is supported by others who viewed the consultation process as the OM gaining supervision on their relationship with the offender as a reciprocal role (Kirkland & Baron, 2015) rather than focusing on the offender as a standalone person.

In terms of improvements, participants spoke positively about the information gained from training and they reported that receiving additional regular training would be beneficial. These improvements are echoed in other professions, such as the medical profession, where regular training is considered part of the continuing professional development of staff (Filipe, Silva, Stulting & Golnik, 2014)

2.4.3 Strengths

This study provides useful insight into the perceived benefits that OMs have experienced relating to this approach, utilising a flexible yet structured analysis. It also adds to the growing body of evidence supporting psychologically-informed practice in the management of offenders with PD. In addition, it provides some useful insights for the implications on clinical practice and future research. These will be discussed in the sections below.

The use of thematic analysis provided a flexible method of approaching the data, whilst acknowledging the importance of transparency and structure in the analysis and being clear about the

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researcher and their epistemological position (Braun & Clarke, 2006). The analysis process was strengthened by discussing the final themes and sub-themes within supervision to clarify and ensure that they fit the data appropriately. As part of this process the reflexivity of the researcher was considered throughout the data collection phase, where the researcher started out in a position of being impartial to this area of research but approaching it with a genuine interest and curiosity to hear about the OM's experiences. The researcher's interviewing techniques improved over time which was demonstrated in the initial adaptation of the original topic guide which remained fairly consistent through the rest of the interviews.

The researcher was independent from this service and came with no agenda on the outcome of the study. This was a strength of the study as it may have been a way of limiting socially desirable answers and encouraging open and honest responses. However, it was acknowledged that the researcher, as a trainee clinical psychologist, was representative of the profession and therefore some socially desirable responses may have been inevitable.

2.4.4 Limitations

The recruitment process aimed to identify participants for the study irrespective of whether they had positive, negative or indifferent experiences of the OPDP. The researcher explicitly stated this during the introduction of the study at the team meetings. However, although participants volunteered to take part, it is acknowledged that the researcher may have not heard from those that may be sceptical about the service, had a reluctance to engage with it or had less positive experiences of the support they had received. Those that participated may have been more inclined to take on a psychologically-informed way of thinking and their positive responses may have reflected this. This needs to be considered when interpreting the findings and future studies need to consider how best to gain an overall perspective of how OMs experience psychological input.

Recurring ideas and themes are central to the use of thematic analysis in qualitative studies. However, the findings can be hard to generalise and using a critical realist approach to the analysis acknowledges that reality is shaped by social processes, such as language and culture, and that these will differ between individuals (Braun & Clarke, 2013). Furthermore, the researcher's own experiences and knowledge were also recognised as a potential bias and will inevitably have influenced the analysis process and interpretation of the findings (Willig, 2013). Using triangulation in research can provide a more holistic picture of the findings by using more than one methodology to

address the research question (Heale & Forbes, 2013). This needs to be considered in future studies in order to increase the confidence in the findings and to reflect their potential relevance to similar settings. This is of particular interest within this field as the OPDP is a service that has been rolled out nationally across England and Wales and the findings may benefit the ongoing evaluation of the service.

The limitation of time was considered in the carrying out of the present study. Although the sample size could be considered adequate; 20 interviews were carried out and only 15 analysed. This perhaps reflects the time that is required to carry an in-depth analysis within the time limits of completing a clinical psychology doctoral thesis.

2.4.5 Clinical Implications

Following on from pilot and preliminary studies, this study builds on the wider picture of the emerging literature around the effectiveness of the OPDP. This study may be of particular interest to probation stakeholders, the DoH and NOMS in the ongoing evaluation and funding of the OPDP. The findings reflect the value that the OM's place on receiving psychological input and how it has enhanced their perceived knowledge, confidence and skills in managing complex offenders. In addition, these findings support some of the OPDP objectives (early identification of PD and increasing staff's confidence and skills in managing complex offenders) and indicate the benefits of the continued operation of the OPDP.

Themes from this study may also benefit the practice of the clinicians who provide this input. The findings indicate useful feedback of what OM's perceived they gain from this approach. This included OM's really valuing psychologists who came prepared, having reviewed notes on the cases that were being discussed. This allowed OM's to start discussing current issues and seek support on how best to manage the difficulties raised; gain new knowledge and a deeper understanding of the links between PD and offending behaviour; and learn strategies and skills to enhance their relationship with the offender. Several participants raised the value of the presence of the psychologist in the office. This allowed for informal follow-ups of the OM's' cases to take place if needed, which the OM's found beneficial in their day-to-day work. Clinicians may also wish to consider some of the suggestions that OM's made to further improve the service. This included: regular refresher training days (this was also highlighted in the study carried out by Mapplebeck et al.

(2017), knowing when to expect the formulations, having a formal follow-up process and considering the timings of consultations in relation to where the offender is in their journey.

2.4.6 Recommendations for future research

The aim of this study was to use a qualitative methodology to explore OM's current experiences and the perceived impact of a formulation-led approach on the management of complex offenders. It would be useful to explore whether these perceived changes are sustained or evolve over time. A longitudinal qualitative study may be of use, which would limit recall bias of previous responses.

Further exploration may also be warranted to evaluate the consultation model in more depth. Knauer et al. (2017) indicates that there are many different factors that may contribute and impact on the outcome of this approach. For example, the framework being used; training provided; being allocated the time to focus and reflect on one case; the process of formulation and re-formulation as new information is collated; and the influence of meaningful conversations that are carried out in the consultation meeting as previously. Future studies may want to explore these factors for moderating or mediating effects.

Given that the findings indicate the perceived benefits of this approach for staff, it would be worth exploring how service-users experience their interactions with their OMs. It would also be of benefit to investigate whether the present findings are reflected in warning rates, recall rates and time spent out of prison. Using a cluster randomised controlled trial approach may help to explore whether a formulation-led approach leads to different treatment pathways and better outcomes for offenders and the public.

Another area of consideration for future studies may be for the OPD service to think about how to monitor and encourage attendance of case consultations. This would inform who attends and how often they are used, as there is a risk of only skilling up the staff who are more psychologically minded or who already feel motivated. Other staff who make little use of the service due to low motivation and confidence or not seeing the usefulness of it, may be at risk of occupational burnout or poorer outcomes.

2.4.7 Conclusion

This study built and expanded on the growing literature within the field of forensic practice in working with offenders with a personality disorder. The aim of the study was to explore OM's experiences and perceived impact of a formulation-led approach on their day-to-day practice and management of complex offenders. The main findings resulted in the formation of 5 themes in relation to the perceived impact of a formulation-led approach: shared approach, knowledge and understanding, relationships, reflection and frustrations and barriers. These findings are promising and appear to reflect the main objectives set out by the OPDP strategy in creating a service to increase probation staff's knowledge, competence and confidence in working with this complex population. Future research would benefit from exploring service-user's experiences of the input they receive from probation staff; evaluating effectiveness and mechanisms of changes; and to explore recidivism rates in order to maximise OPDP outcomes.

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Appendix A1 Review Protocol

Background

There is very little research on the clinical use of case formulation with individuals with a personality disorder in forensic settings. Following an initial systematic review search on this area in PROPERO and the Cochrane Library of systematic reviews, very little was found. Therefore, carrying out a systematic literature review on this topic would provide a novel contribution to the literature.

The Review Question and Objective

The review question initially was ‘what is the evidence of the use of case formulation with individuals with a personality disorder in forensic settings’. However, during the initial screening stage the review question was adapted on 12th December 2017 to how is case formulation applied in forensic settings when working with individuals with a personality disorder’. The objective of this review is to address the review question and in addition to this to also consider the following questions:

- d) What is the application of CF a forensic setting with this population?
- e) what is the evidence for its use?
- f) what are benefits/challenges of using CF in this setting with this population

Inclusion and Exclusion criteria

Inclusion Criteria

- Adults and young people receiving support within a forensic service
- Adults and young people with a forensic history and within a diagnosis of a PD, either formal (i.e. confirmed by diagnostic interview) or informal (reported as a clinical diagnosis but unconfirmed) with or without comorbid Axis 1 or 2 disorders

-
- Studies in peer-reviewed journals where the use of case formulation is evaluated in forensic settings for their work with individuals with a personality disorder.
- Any therapeutic model of case formulation will be included. The only exclusion is formulations that are provided on staff in forensic settings rather than service users. (This was removed on 12th December as the author was interested in how CF is applied generally in this setting).
- Any clinical outcome that evaluates the use of case formulation in this population i.e symptom-related (emotion regulation), behaviour-related (i.e. records of incidents or challenging behaviour) and offence related (ie. Recidivism). No secondary outcomes are considered to be relevant.
- Forensic settings: prisons, Approved Premises, residential facilities for offenders, inpatient or community forensic services.
- All types of studies. Although it is not anticipated that randomised controlled trials and controlled trials will be available. Cohort studies are eligible for inclusion. Case series and case reports will also be included due to the nature of the idiosyncrasy of CF.

Exclusion Criteria

- Forensic participants with an Axis I disorder

Exclusion criteria added on 18th December 2017

- Studies with participants who have a learning disability
- Studies written in languages other than English will be included where a translation of the required information is available.

Search Terms

“case conceptualisation” OR “case formulation” OR “psychological formulation” OR “formulation”

AND

personalit* disorder OR Axis II disorder OR complex needs OR challeng* needs or complex and challeng* needs

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AND

forensic* OR inpatient* or outpatient* OR community OR setting* or service* OR offender* OR inmate* OR prisoner* OR “secure setting*”

speciali?sed service* OR speciali?ed setting* OR forensic* OR forensic* inpatient* or forensic* outpatient* OR forensic* community OR forensic* setting* or forensic* service* OR offender* OR inmate* OR prisoner* OR “secure setting*”

((case N1 (conceptuali?ation OR formulation)) OR ((psychological N1 formulation OR formulation)

AND

((Personalit* OR axis II) N1 disorder*) OR (complex N1 needs) OR (challeng* N1 needs) OR (complex AND challeng*) N1 needs)

AND

(Forensic* OR inpatient* OR outpatient* OR community OR setting* OR service* OR offender* OR inmate* OR prisoner*)

Search Databases: PsychINFO, CINAHL, MEDLINE, Web of science Core collection

All studies will be stored using Covidence software. The initial titles and abstracts will be screened by one author (E.V) and the studies selected for full review will be screened by two authors (E.V and T.M). Any discrepancies that will be resolved by a third author (K.B).

Quality assessment

QualSyst quantitative study quality tool (Kmet, Lee, & Cook, 2004)

Data Synthesis

The data will be collated by one author (E.V). The outcomes of interest will be the qualitative or quantitative outcomes of the use of case formulation in forensic settings for individuals with a PD.

Appendix A2 Study and Participant Characteristics

Author	Study title	Location	Setting	N
Brown, Beeley, Patel & Völlm (2016)	Training probation officers in case formulation for personality disordered offenders	Nottingham	Community probation	20 OMs
Brown & Völlm (2013)	Case formulation in personality disordered offenders: Views from the frontline	Nottingham	Probation	Three focus groups each with 6-7 staff 19 in total: 1 Probation Service officer 12 OMs 2 senior OMs 2 Trainee OMs 1 Alcohol Practitioner
Brown & Völlm (2016)	The implementation of case formulation by probation staff: service user and carer views	Nottingham	Service users and carers in a probation setting	3 focus groups: 2 service-users 3 service users 5 carer

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Author	Study title	Location	Setting	N
Bruce, Horgan, Kerr, Cullen & Russell (2017)	Psychologically informed practice (PIP) for staff working with offenders with personality disorder: A pragmatic exploratory trial in approved premises	London	Community probation based in Approved Premises	23 in total: 13 intervention group: probation staff 10 comparison group: probation staff
Kirkland & Baron (2015)	Understanding a cognitive analytic approach to formulate a complex sexual and violent offender to inform multi-agency working: developing a shared understanding	Edinburgh	Serious offender liaison service	1 (male offender)
Knauer, Walker & Roberts (2017)	Offender Personality Disorder Pathway: The Impact of Case Consultation and Formulation with Probation staff	Not explicitly stated.	Community probation	First sample: 48 36 Probation staff in Aps 12 OMs (monthly group consultation) Second sample: 60 OMs (individual consultations)

Author	Study Title	Location	Setting	N
Maltman & Turner (2017)	Women at the centre-using formulation to enhance partnership-working: a case study	Leeds, UK	Community probation	1 offender (female)
McMullan, Ramsden & Lowton (2014)	Offender Personality Disorder Pathway: Evaluation of Team Consultation	Yorkshire/Humber	3 community probation services, 1 prison probation service and an Approved Premise	2 focus groups: 3: probation staff 6: probation staff 3 semi-structured interviews with team managers
Minoudis, Craissati, Shaw, McMurrin, Freestone, Chuan & Leonard. (2013)	An Evaluation of Case Formulation and Consultation with Probation Officers	London	Community Probation-- 3 london Boroughs each with 4 offender management teams (each with 8-10 probation officers in each team)	Total:64 OM's completed baseline formulation 43/64 OM's completed a practice formulation at one of the monthly psychological consultation sessions (in the 6 months between baseline and follow up) 35 OM's completed formulation after the training.

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Author	Study Title	Location	Setting	N
Ramsden, Lowton & Joyes (2014)	The impact of case formulation focused consultation n criminal justice staff and their attitudes to work with personality disorder	Leeds, Yorkshire	Probation	49: 46 OMs 1 residential officer 2 unknown
Völlm (2014)	Case formulation in personality disordered offenders: A Delphi survey of professionals	Nottingham		Round 1:55 Round 2: 31 completed the survey. Inclusion criteria: A background in psychology or psychiatry, had worked with PD individuals or offenders in the last 5 years or had research interest and had published in the area of PD and or offending in the last 3 years.
Wood & Brown (2014)	Psychoanalytically-informed clinical supervision of staff in probation staff Qualitative	London		First quarter: 57 clinical supervisor feedback forms Second quarter: 85 feedback forms

Appendix B1-Topic Guide

Exploring the impact of using a formulation-led approach on the management of offenders with complex and challenging needs

Date:

Time:

Participant Number:

a) Exploring the perceived impact of using a formulation-led approach on the management of offenders with a PD:

- Can you tell me about your experience of the Psychology Team and the input that they provide?
 - What role do Psychology provide for your team?
 - Can you tell me about any helpful/unhelpful aspects of this?
 - What are your previous experiences, if any, of working with a psychologist?
 - Can you tell me any ways that this is different from previous teams you have worked with?
- I am interested to hear about your experiences of attending the personality disorder training that you were offered? Could you tell me about your experience of this? (Training in helping the workforce to understand of the role of personality disorder in offending, offender presentation and management, formulation)

Follow up questions:

- What do you feel you learnt from this training?
- Can you tell me if there was there anything that you felt was less helpful from the training?
-
- I understand that you have used a case formulation, can you tell me a bit about what this is?
How would you describe case formulation to someone who didn't know what it was? How is it used within your service?
- Can you tell me about any helpful/unhelpful aspects of using a case formulation?
- *What aspects of the case formulation are helpful/anything that is unhelpful?*
- *How are case consultations used within your service?* What is it like/is your experience of attending case consultation meetings?
- Can you tell me about any helpful/unhelpful aspects of this?
- How do you use the case consultations?
- Can you tell about any ways that using case formulation and attending case consultations is different from how you used to work?
 - Can you tell me about any helpful/unhelpful aspects of this?

○

b) how this approach is perceived to influence the workforce's attitude and skills in working with challenging offenders with complex needs:

- How do you use case formulation?
- Can you tell me about any ways that using case formulation as a framework impacted on your current way of working with offenders?
 - Can you give me a specific example of someone you have worked where you have used case formulation in your work with them?
 - *Can you tell me any ways that it might have impacted on the offender's supervision/management plans/treatment plans? Risk (e.g. recall rates and re-offending rates)?*
 - How do you know this was having an impact?
 - What was different about this way of working compared to how you used to work?
- Can you tell me any ways that that your new skills and knowledge have translated into your everyday practice?
- Can you tell me about any ways that you use the information or advice from the case consultations in your work with offenders?
 - *Can you tell me any ways that it might have impacted on the offender's supervision/management plans/treatment plans? Risk (e.g. recall rates and re-offending rates)?*
- Can you tell me about any ways that this way of working effects those around you?
 - Does it impact on other areas of your work?
- Can you tell me about any benefits or challenges for you in implementing this way of working with offenders with complex and challenging needs?

Appendix B2-Participant Information Sheet

Study Title: Exploring the impact using a formulation-led approach on the management of offenders with complex and challenging needs.

Researcher's Name: Emmanuella Vernon

ERGO number: 30412

Please read this information carefully before deciding to take part in this research. It is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

The Researcher carrying out this study is a Trainee Clinical Psychologist in their final year of completing the Clinical Psychology Doctoral Programme at the University of Southampton. They are carrying out this research in part to meet the requirements of the course to carry out a research project. The aim of this research is to explore Offender Manager's experiences of using a formulation-led approach and how this may impact on their work with offenders with complex and challenging needs. The Researcher is interested in Offender Manager's experiences of being involved in attending case consultations and how using a case formulation-led approach influences their day-to-practice.

Why have I been asked to participate?

You have been approached to take part in this research as the Researcher is interested in your views and opinions as an Offender Manager about case consultations and how using a formulation-led approach impacts on your day-to-day practice.

What will happen to me if I take part?

You will be asked to take part in an interview that will last approximately between 60 and 90 minutes. Firstly, you will be asked to fill out a brief demographic questionnaire to gain some additional information about you and your role. You will be asked to fill this out and to bring it along to the interview. The Researcher will arrange a time and a place with you for the interview to take place. The aim of the interview will be to explore your views on the training you have received about personality disorders, your experience of attending case consultations and your experience of using a case

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formulation-led approach. During the interview the Researcher will be interested to explore if and how this psychological input impacts your daily interactions and your ways of working with offenders who present with complex and challenging needs. Following this interview, you may be invited to participate in a short (30 minute) follow up interview (this is optional). Your interview will be audio recorded and the Researcher may take notes during this time. You can ask to see these notes if you wish to.

Are there any benefits in my taking part?

Your participation in this research project and allowing us to use your data may help us to understand:

- If there are any ways in which the training you have been provided with has been useful in your day-to-day practice in working with offenders
- If attending case consultations and using a case formulation-led approach impacts on your interactions and skills in working with offenders with challenging and complex needs
- If there are any ways that this intervention can be improved

Are there any risks involved?

There are no anticipated risks involved in participating in this research study. Your views and opinions will not affect your job or rights. However, if the Researcher identifies any potential malpractice towards staff or offenders, the Researcher does have a duty of care to report this to the Manager.

It is not anticipated that the questions asked in the interview would be of a distressing nature.

However, if you do become distressed by anything that comes up in the interview, please inform the Researcher so they can advise or signpost you on who best to speak to. Alternatively, you may wish to raise this with your supervisor to discuss how best to be supported.

Will my participation be anonymous and confidential?

Once the interview has taken place, the recording will be transferred on to a password protected computer and deleted from the recording device. What you say during the interview will be typed up and stored on a password protected computer. Anything that identifies you or other people as individuals will be removed (e.g. name, address, etc.) from the transcripts. Direct quotes from your interview may be used in the write-up of this research project; however, no names will appear in the report. The data that is collected as part of this research will be kept confidential between the research team, unless the researcher feels that information that has been disclosed during the interview could

cause a risk to the interviewee or others. If the results are published the results will maintain that confidentiality as outlined by the Data Protection Act and the the University's policy.

What should I do if I want to take part?

If you would like to take part in this research study, please contact the Researcher (Emmanuella Vernon) using their email address (emcv1g14@soton.ac.uk) to arrange a time and place for the interview to take place.

What happens if I change my mind?

Your participation is voluntary and you have the right to withdraw at any time without your current care or your legal rights being affected. If you choose to withdraw during or after the interview, the audio recording of your interview will be deleted.

What will happen to the results of the research?

The results of this research study will be written up as a thesis to meet the requirements of the Researcher in completing the Clinical Psychology Doctoral Programme at the University of Southampton. It will also be presented at the Postgraduate Conference in Southampton. It may also be written up as a journal article and submitted to a relevant journal. If you wish to see a copy of the final report, you may request this by emailing the Researcher on the email address provided above. The research data will be stored for a minimum of 10 years as per the University of Southampton policy. The report will be made electronically available through the institutional repository and may be used for any research, clinical or educational purposes.

Where can I get more information?

If you have any questions or queries regarding the study or your participation, please contact one of the people below:

Emmanuella Vernon (Trainee Clinical Psychologist/the Researcher): emcv1g14@soton.ac.uk

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Jason Jones (Chartered Clinical and Forensic Psychologist/External Clinical Supervisor):

Jason.jones@oxfordhealth.nhs.uk

Tess Maguire (Chartered Clinical Psychologist/Internal Academic Supervisor):

T.L.Maguire@soton.ac.uk

What happens if something goes wrong?

If you have any questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

The University has insurance in place to cover its legal liabilities in respect of this study.

Thank you for taking the time to read this information sheet and considering taking part in this research study.

Yours Sincerely

Emmanuella Vernon (Trainee Clinical Psychologist)

Appendix B3-Consent Form

CONSENT FORM

Study title: Exploring the impact of using a formulation-led approach on the management of offenders with complex and challenging needs.

Researcher's Name: Emmanuella Vernon

ERGO number: 30412

Please initial the box(es) if you agree with the statement(s):

I have read and understood the information sheet (20/09/2017/version no.1 of participant information sheet) and I have had the opportunity to ask questions about the study.	
I agree to take part in this research project and I agree for my data to be used for the purpose of this study.	
I understand my participation is voluntary and I may withdraw (at any time) for any reason without my rights being affected.	
I understand that I will be interviewed for the purpose of this research.	
I understand that my interview will be audio recorded.	
I understand that my responses (from the demographic questionnaire) will be anonymised in the research reports.	
I understand that I may be quoted directly in the research reports but that my name will not be used.	
I understand that the data collected during the study may be looked at by individuals from University of Southampton, from the research sponsor or from supervisors within the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data provided in this study.	

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I understand that my anonymised data can be used for any research, clinical or educational purposes.	
Data Protection I understand that information collected about me during my participation in this study will be stored on a password protected computer and that this information will only be used for the purpose of ethically approved research studies.	

Name of participant (print name)

Signature of participant.....

Date.....

Name of Researcher: Emmanuella Vernon.....

Signature of Researcher

Date.....

Appendix B4-Demographic Questionnaire

Date:

Participant Number:

Gender: Male Female

Ethnicity:

Age: 18-25 25-30 31-45 46-55 55-60 60+

How many years have you worked for the National Probation Service?.....

How many years have you worked as an Offender Manager?.....

How many years have you worked in the Offender Personality Disorder Pathway?.....

Approximately how many case consultations have you attended as an Offender Manager?.....

Are you currently working with an Offender which you have attended a case consultation for at least, if not longer than, 3 months ago?.....

How long have you been working with them since you attended their first case consultation?.....

Appendix B5-Debriefing Statement

Study Title: Exploring the impact of using a formulation-led approach in the management of offenders with complex and challenging needs

The aim of this research was to explore Offender Manager's experiences of using a formulation-led approach and attending case consultations. The Researcher was interested in how this approach may impact on your work with offenders with complex and challenging needs and your day-to-day-practice.

Your data will help our understanding of:

- Whether there are any ways in which the training you have been provided with has been useful in your day-to-day practice in working with offenders
- Whether attending case consultations and using a case formulation-led approach impacts on your interactions and skills in working with offenders with challenging and complex needs
- Whether there are any ways that this intervention can be improved

The results of this study will not include your name or any other identifying characteristics. This research study did not use deception. You may have a copy of this summary if you wish and you may also request a copy of the results of the research once the project is completed.

If you have any further questions please contact me, Emmanuella Vernon, using my email address: emcv1g14@soton.ac.uk

Thank you for your participation in this research.

Signature _____ Date _____

Name:

If you have questions about your rights as a participant in this research, or if you feel that you have been placed at risk, you may contact the Chair of the Ethics Committee, Psychology, University of Southampton, Southampton, SO17 1BJ. Phone: +44 (0)23 8059 3856, email fshs-rso@soton.ac.uk

B6-An Excerpt of the Coding manual

Code	Description	Quote demonstrating an example of code
Breakthroughs	Participant describes a positive change in the offender's presentation	'...when she first came to Probation she was no eye contact, head down, minimal conversation, a lot of, sexualised thinking towards females, hard to discuss subject matters generally because of her inability to communicate with Probation ...But now approximately nine months in, and her communication with us vastly improved, have full conversations, eye contact, engagement's spot on...' (P15)
Linking in with other services	The participants express linking in with outside agencies or service to seek support for the offender	'...if we need to speak to children's social care if they've got children or they're working with children or anything like that then, if there's any check that we need to be doing and we can say, they're evidencing this behaviour but they're either medicated by x, y, and z... or maybe saying ,well they're quite chaotic so we don't recommend that, you know, they do live with their children at the moment if that's the sort of thing that we're looking at, anything really, we could be speaking to a GP, trying to think of anyone else we speak to, employers...' (P13)
Documentation	Participants describe the consultation meeting being documented through written formulations, which can be a resource that they can refer back to for report writing, liaising with other services, etc.	'...it's a record that the consultation has happened, for our reference for future work, we can then refer back to it. I've shared mine with other agencies, when necessary, for example, I'm referring one of my guys to an approved- premise pipe and they need a copy of the formulation, it's helped with liaising with prisons...to help get them the right support...' (P5)

Code	Description	Quote demonstrating an example of code
Being able to offload	Participants express being able to talk about their emotional responses in relation to working with complex offenders without judgement.	'...once a month we would have a meeting for the team, of the Offender Managers where we would discuss anything that was particularly getting us down or impacting us, from our cases or our workload. I felt that that was really helpful because, it gave you a chance to offload what was going on and offload things that you find distressing, things that you find stressful...' (P12)
Useful conversations and discussions	Participants describe having useful and helpful conversations during the consultations that they could use in their practice or with a particular offender.	'...so you would come in and ...just launch into discussion and say, 'Okay, so, this is alright at the moment, this is the problem I'm having because of x, y, and z' and then go from there...' (P12)
Skill-building	Participants describe gaining support and ideas of different work they could do with offenders or techniques to enhance their engagement with the offender.	'...and just like a genuine wish to help and understand where that behaviour was coming from and how we move forward with the case, to the point that then after that, it would be right what specific pieces of work could we do and helping with one to one work, putting different sessions together that then I can take on and do with the offender...' (P14)
Training	Participants described their experiences of training that they attended.	'...and what's been great, that's come along with that is a lot of training for us. We've had quite a lot of training on PD, understanding the different types and how they should present and how they expect us to behave with them and what boundaries they need, because before it was just figuring it out as we went along...' (P2)
Not shared	Participants talk about the formulation not being appropriate to share directly with offenders, parole boards, etc.	'...because it's not a document to really be shared, it's an in-house document, and parole boards...want to know about it, which is then difficult...' (P7)

Code	Description	Quote demonstrating an example of code
Helpful suggestion	Participants made suggestions of how the service could be improved.	‘I’ve only really had good experiences, but if I was working with a case where I’d been doing what they’d been telling me to do and actually I wasn’t getting anywhere or something new had come up and it would be quite good to discuss and how to deal with that with them, it would be quite good to have another consultation. Not necessarily another formulation because that might not necessarily change, but still just to have access with them and say, ‘Oh, I’ve done this; this is how it’s worked out, what do you think?’’. (P2)

Appendix B7-Audit Trail

01/04/2018:

- As I'm coding the transcript, I am aware that I naturally fall in to codes that relate to the questions I asked during the interview. For example, what are the helpful aspects of case formulation and then coding it as helpful aspects. It's not necessarily wrong, but I'm just away to question the naming of the code to ensure it captures the selection of data and whether there is another way of describing the selection made.
- Going through participant 2 as my first transcript and creating different nodes, I've noticed that several quotes are relevant to different codes.

03/04/2018

- As I am listening to the audio file for participant 3 to check the accuracy of the transcript, I am already thinking about which codes some of the data might fit it and where new codes might be created, e.g. something around 'increasing confidence'.
- As I am reading the transcripts, I am thinking about general themes that might relate to the research question and the data. For example, the impact of a formulation-led approach on the management of offenders and the types of input that the Psychologists provide: case consultation, case formulation, training, knowledge and links with other services.

08/04/18

- I think I'm creating new codes that are similar to the ones I already have created. It will be useful to see whether I have referenced the same selection of data into similar codes. I can then collapse these codes together. I currently have over 80 codes....

10/04/18

- Given transcript 3 to a Clinical Psychologist to code to see if my thinking and coding makes sense or if there are any factors that I am missing as I realise that I am very attached to the data, in terms of having developed the interview guide, carried out the interviews, listening to the interviews and coding the data.

11/04/18

- From reading a paper that had carried out a qualitative study they had a theme about 'defensible practice' and I felt that this relates to aspects of my data and therefore included it as a code.

23/04/2018

- As I'm going through the codes, increasing awareness strikes me as a potential theme with sub-themes as: other difficulties, PD
- Changed understanding, changed case management (sub-themes: feelings about the case, the relationship with the offender, the approach to the case in how it is managed).
- I have 167 codes and I am now in the process of reducing these before I continue coding.
- Merging 'changed understanding' and 'deeper understanding' to 'changed understanding'
- Merging 'the term Psychology' to 'shared language'. renamed 'shared language' to language to incorporate all use of language.

26/04/2018

- Changed code 'Balance between figure of authority and maintaining engagement' to 'Balance between figure of authority, managing risk and maintaining a therapeutic rapport', the code 'balance between therapeutic work and risk management' was then merged to the above code.
- Merged code 'delay in getting the formulation' to 'time'

- Merge 'Timely' to 'Time'. This may be split off later on into different aspects of time, for example, helpful and unhelpful times.
- Merge 'Unhelpful aspects of CF' and 'Unhelpful aspects of consultation' into a new code: 'Unhelpful aspects of a formulation-led approach' in line with my research question rather than keeping them as separate concepts. Both relate to formulation; one as a process and the other as the end product of the process.
- Along the same thinking, 'Useful aspects of consultation' and 'Helpful aspects of consultations' (as these are the same) merged with 'Helpful aspects of CF into a new code 'Helpful aspects of a formulation-led approach'.
- Merged 'Opened up conversations with offenders' with 'Conversation is useful'.
- 'Aim to reduce offending' changed to 'Joined up working' as this appeared to capture the selection of data more accurately.
- Merged 'New perspective' with 'Offering a different perspective'
- Merged 'Positive for OM' with 'Positive outcome for the offender' into a new code that encapsulates both: 'Positive outcomes'
- Merged 'Sequencing an appropriate treatment plan' with 'Informs treatment plan' as sequencing appropriate treatment plans would come under informing a treatment plan.
- Merged 'Guided reflection' and 'Time to reflect' into a new code 'Reflection' to encompass any selections relating to reflecting.

27/04/2018:

- Merged 'Wording is important' into 'Language' as this is similar
- Merged 'Recognising types of PD' to 'Widened understanding of PD' as being able to recognise types of PD comes under widening one's understanding.
- Merged 'Increases understanding of offending behaviour' into 'Understanding of how PD underpins offending behaviour' as this is similar.
- Merged 'Unhelpful about input' into 'Unhelpful aspects of a formulation-led approach' as these are similar.
- Merge 'Encouraging support' into 'Support' as this is similar.
- Merged 'Role of OM' into 'Blurring roles' as the selection relating to 'role of OM' relates to a 'Blurring of roles'.
- Merged 'Input is structured' into 'Structure' as this is similar.
- Changed name 'What is CF' to 'Understanding of CF'.

29/04/2018

- Name 'Formulation document' changed to 'documentation'
- Merged 'Documents the use of resources' into 'Documentation as this is similar.
- Merged 'Reflecting on themselves in relation to the offender' into 'Reflection' as this is encompasses different aspects of reflection.

30/04/2018

- Had supervision where it was discussed the reduction of codes into broader categories to facilitate data analysis. Being familiar with the data and discussing the keys factors that were highlighted during the interviews, some initial thoughts around emerging themes was discussed: IMPACT (with subthemes: change in knowledge, relationships, confidence, engagement with offenders) and IMPLEMENTATION PROCESS (with subthemes: barriers (time, usability of recommendations, blurring of roles/attitudes) and facilitation (training, experiencing the difference in implementing strategies).
- Merged 'Changed understanding of what psychology is and does' into 'Changed understanding' as the first code is an example of how the OM's understanding has changed in relation to one aspect.
- Merged 'informal chats' into 'Conversation is useful' as the latter is more broad.

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- Merged: 'Useful discussions' and 'Conversation is useful' into a newly named code: 'Useful conversations/discussions'.
- Merged 'Working therapeutically with offenders' and 'Giving ideas of how to engage with offenders' into a newly named code with encompasses both: 'Engagement with offenders'.
- Merged 'Support in accessing services' into 'Providing support' as this is a more general code.
- Merged 'Reflecting on themselves in relation to the offender' into 'Reflection' as a more general theme.
- Merged 'Understanding of PD underpins offending behaviour', 'Understanding the behaviours associated with PD', 'Understanding the role of upbringing, developmental factors' into 'Widened understanding of PD'.
- Going through the code names and re-labelling them to make them more succinct e.g. 'Expressing frustrations and barriers' into 'Frustrations and barriers'.
- Merged 'Too much emphasis on PD' into 'Frustrations and Barriers' as this appeared to be a barrier that the OM encountered.
- Merged 'Becoming aware of other difficulties' and 'Becoming aware of PD' into a new more general code: 'Becoming aware'.
- Merged 'Deskilling' into 'Frustrations and barriers' as this is a more general code that encompasses a fear of being deskilled and may pose as a barrier to implementing this pathway.
- Merged 'Help with engagement' into 'Engagement with offenders' as these are similar codes.
- Merged 'Structure of consultation meeting' into 'Structure' as a more general code.
- Merged 'Stating recommendations and next steps' into 'Focus on action plans' as these are similar.
- Merged 'Difficulties to access this support for under 25s' and 'Difficulties in putting recommendation into practice' into 'Frustrations and barriers'.
- Merged 'Building a therapeutic relationship with the offender' into 'Engagement with offenders' which is a more general code.
- Merged 'Did not know what PD is' into 'Becoming aware' as this is a more general code.
- Merged 'Emotional impact' into 'Reflection' as a broader code where the OM recognised the emotional impact that the offender was having on them and used the consultation as a means of discussing and exploring this.
- Merged 'Unhelpful aspects of training' into 'Frustrations and barriers' as a more general code.
- Merged 'Helping offenders to reflect on their thoughts and behaviour' into the more general code 'Reflection'.
- Merged 'Reference discussions' and 'Record of consultation' into 'Documentation' as a more general code.
- Merged 'Helping OM to recognise what is going on' into the more general theme 'Becoming aware'.
- Merged 'Doing something different' into 'Offering a different Perspective' as this encompassed the selection of data.
- Merged 'Potential unhelpful aspects of Psychology input' into 'Frustrations and Barriers'.
- Merged 'Improved relationship between OM and offender' into 'Engagement with offender' as a more general code.
- Merged 'Joined up working' into 'Multiagency working'.
- Merged 'Referencing CF in OASys' into 'Documentation'.
- Merged 'Forget what's been discussed' into 'Frustrations and Barriers' as this is a more general code that can include this.
- New code: 'Improvements' and merged 'Improving communication' and 'Improving working environment' into the new more general code.
- Merged 'Less focus on other issues' into 'Frustrations and barriers'.
- Changed code 'Increases understanding' to 'Increased knowledge and understanding' and merged 'Increased understanding of other services', 'Knowledge of other services' and 'knowledge of how PD can impact on others' emotional well-being.

- Merged 'Not having input' into 'Frustrations and barriers' as not having input was seen as a barrier to effective working.
- Merged 'Frequent contact' into 'Being available'.
- Merged 'Difficulty accessing out of area support' into 'Frustrations and barriers'.
- New code: 'Informs management plans' (which would include treatment plan, risk management plan, sentence plan and release plans) and merged 'Informed appropriate treatment plans', 'Informed risk assessment' and 'Informing release plans' into this more general code.
- Merge 'Help in using the information that is gathered' into 'Framework' as the selection of data appeared to relate to having framework as being useful.
- Merged 'Helps to manage lots of information' into 'Framework'.
- Merged 'Repetition from OASys' into 'Frustrations and barriers'.
- Merged 'Recognising smaller goals' into 'Becoming aware'.
- Merge 'Unhelpful interactions' into 'Frustrations and barriers'.
- Merged 'Weight of CF in referring people onwards' into 'Frustrations and barriers' as a more general code.

1/05/2018:

- Created a new more general node: 'Changed the management of an offender' and merged 'Changed relationship with the offender', 'Changed how the OM felt about the case' and 'Changed the way the OMs managed the case' as these all relate to the newly named code.
- Merged 'CF can provide rationale of work that needs to be carried out' and 'CF and recommendations are helpful' into 'Helpful aspects of a formulation-led approach' as these relate to this more general code.
- Changed name of 'Helpful aspects of a formulation-led approach' to 'Perceived benefits of a formulation-led approach'.
- Merged 'Did not want to burden Psychologist with all cases' into 'Previous Psychology input' as this related to the latter code.
- Merged 'Seeking peer advice' into 'Culture shift' as this relates to a culture shift following the implementation of the pathway and having all received the same training.
- Merged 'The function of CF to other agencies is unclear' into 'Frustrations and barriers' as this is a perceived barrier.
- New code formed 'Perceived added value of psychological input' under which 'Expert knowledge', 'Helpful having Psychology input', 'Help with how to cope with complex cases', 'Input from Psychology',
- Merged 'Providing support' and 'Putting theory into practice' into 'Perceived added value of psychological input'.
- Merged 'Role on risk management' into 'Balance between figure of authority, managing risk and maintaining therapeutic engagement'.
- Merged 'Follow-up' into 'Helpful suggestion' as this is related.
- Merged 'Being available' into 'Perceived added value of having psychological input'.
- Merged 'Useful reference' into 'Documentation' as this is similar.
- Merged 'Ignored important aspects' into 'Changed understanding' as this is related.
- Merged 'Informs reports' and 'Informs the OMs work' into 'Informs management plans' as this is related.
- Merged 'Workload pressure' into 'Frustrations and barriers' as this is related.
- Coding participant 1: it appears that the participant has had experience of the OPDP in another locality; however, the formulation/consultation process happened as part of a group rather than 1:1. Potentially this is a deviant case as they have had previous experience of this type of input and I don't think the other participants had, but I would need to keep this in mind as I'm coding the other interviews.

3/05/2018

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- Coding the rest of participant 1.
- Merged CF gives a focus' into 'Structure' as this general code encompasses this.
- Merged 'Understanding of CF' into 'Increased knowledge and understanding' as this is a more general code that encompasses this.
- Merged 'Process of formulation' and 'Process of screening' into a newly formed code 'Process'.
- Merged 'Poor communication between services' into 'Frustrations and barriers'.
- Merged 'CF and consultation are the same process' into 'Process'
- Merged 'Not disclosable' and 'Not shared with the offender' into a newly formed code that includes both: 'Not shared'.
- Merged 'Previously limited resources' into 'Perceived added value of a formulation-led approach'.
- Merged 'More awareness' and 'Becoming aware' into a newly formed code that is more general and encompasses both 'Increased awareness'.
- Merged 'Based on verbal or written information from the OM' into 'Process as a more general code'.
- Merged 'More understanding when working with people' into 'Increased knowledge and understanding as a more general code'.
- Merged '5P's' into framework as this is a more general code.

5/05/2018

- Under 'Increased knowledge and understanding' includes the OM's understanding of the consultations and expectations of what they are there for as well as increased understanding of PD, other services and agencies.
- 'Frustrations and barriers' include identifying that gaining information from other sources such as the prison may be useful but having difficulty in accessing the information.
- Merged 'Learning from training' into 'Training' as a more general code.
- Changed name 'Helpful for preparation' to a more general name 'Preparation'.
- Merged 'Widened understanding of PD' with 'Increased knowledge and understanding'.

7/05/2018

- Participant 7: interestingly they didn't see the difference between formulation and consultation; however, when asked they were able to distinguish between the end product and the process of formulation during the consultations (although they were not sure of their answer). It was interesting hear the participant talking about training and how this has changed over the years from thinking about PD as being 'untreatable' to find ways of improving how we work with individuals with PD.
- Merged 'A second opinion' and 'Offering a different perspective' into 'Perceived added value of psychological input'.

8/05/2018:

- Coding participant 12. This is a deviant case as they are not currently satisfied with the psychological input that they are receiving. This is linked to a new psychologist coming into the team and having a different way of approaching things. This participant is articulating that they are not finding this method helpful and is able to clearly articulate why (e.g. not helpful spending time going over things that they already know because the psychologist is unprepared and has not done any background reading) The OM feels that this is not a good use of time and stated that they will be put off using this service in the future. While coding, I was thinking about 2 themes emerging: something around increased understanding and knowledge and something around the implementation of a formulation-led approach and that training seems to apply to both of these overarching themes. I need to check with my supervisor that a sub-theme can be repeated under

two different themes. Under increased knowledge and understanding, the sub-theme 'impact on engagement' and 'outcome for offenders'.

14/05/2018:

- During supervision it was helpful to clarify what a theme is and what constitutes a sub-theme: things that are both relevant to the theme, but quite distinct. Some of the things I was thinking could potentially develop as subtheme may not be as they are related and similar to the overarching theme. For example, a theme might emerge of 'increased knowledge and understanding' and training and impact on work with the offender may not be sub-themes as they could be related to the theme. Whereas a theme of 'implementation process' may have barriers and facilitators as sub-themes as they both relate the overall theme but are quite distinct in their own right.
- Participant 13: this is the first occurrence that a participant has talked about something that has changed in their practice and has been helpful but hasn't been as a result of the implementation of the pathway: budding up when seeing offenders to gain different perspectives and support with difficult cases. But this is inline and possible continues as an indirect impact that the formulation-led approach reinforces.
- Changed code name 'sharing the formulation' to 'sharing of information' as this is more general and incorporates other elements.

16/05/2018

- Merged 'opportunity to discuss more cases' into 'increased knowledge and understanding' as re-reading the selected data it links in with this.
- Merged 'strategies to work with PD' with 'Skills' as the latter more generally encompasses this and renamed to 'skill building'.

16/05/18

- Initial themes were developed: Facilitators, Frustrations and barriers, relationships,

17/05/18

Further development of themes. The theme 'Facilitators' was merged with 'Shared approach' as these had similar codes; however, the Facilitators did not appear relevant in answering the research question as to the impact of a formulation-led approach on the management of offenders with a PD.

18/05/18

- Sorting codes into the relevant themes: Shared Approach, Relationships, Reflection, Knowledge and Understanding and Frustrations and Barriers.

19/05/2018

- Developing relevant sub-themes for theme 'Relationships': initially I was thinking the importance of the relationship to self, to the offender and to the input being provided and others around them (e.g. services, colleagues). Developed a sub-theme intrapersonal, which captures qualities that the participants may have developed internally and may not be explicitly evident in their practice.

21/05/2018

Discussed in supervision the theme 'reflection' and potential sub-themes to describe the data as 'restorative' and 'formative'. This links with protor's model of supervision which contains three elements: normative, formative and restorative.

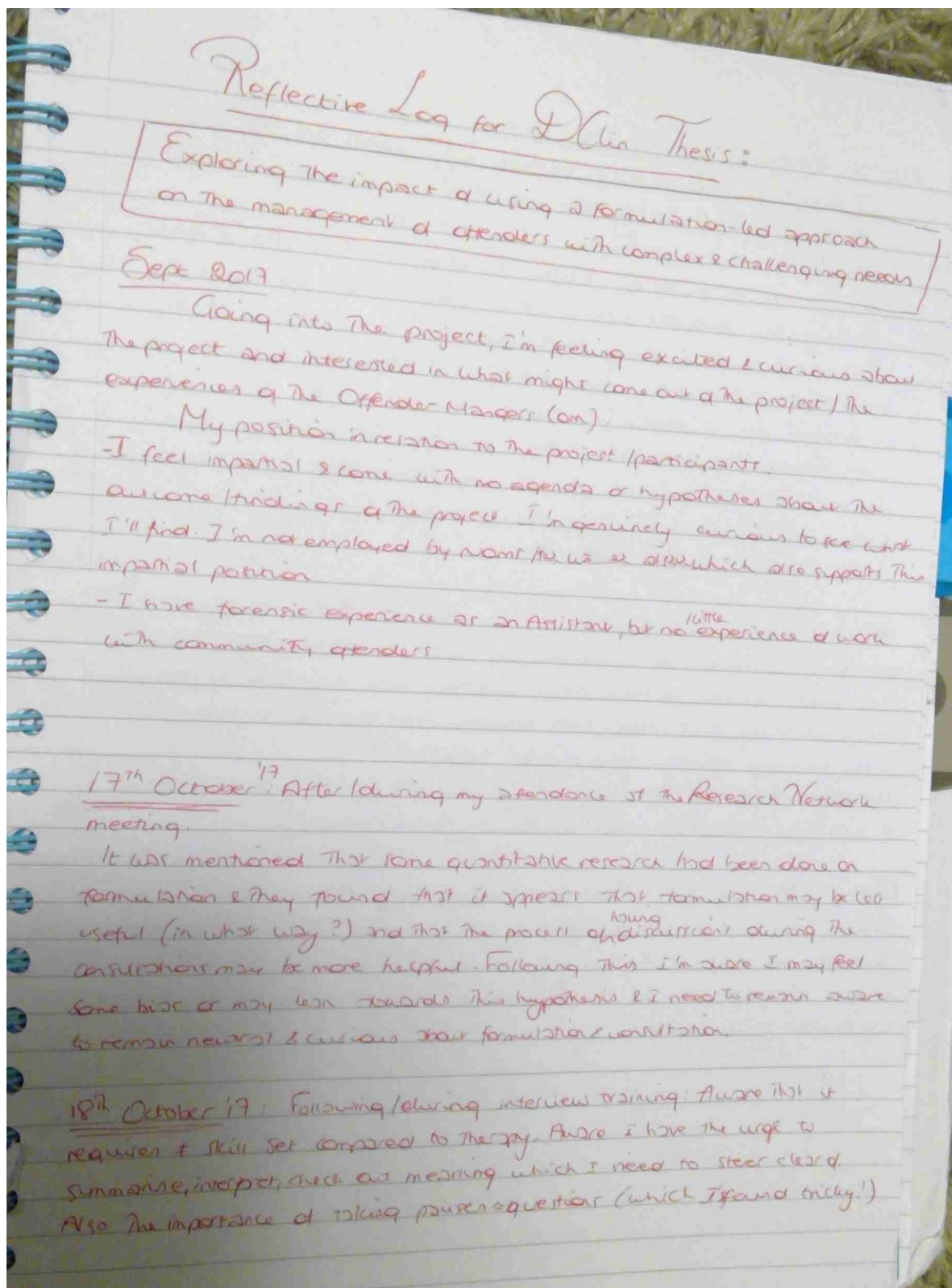
22/05/18

- Further developed the sub-themes within relationships, 3 distinct types: intrapersonal, engagement with offenders and their relationship with the psychological input.

Appendices

- knowledge and understanding theme. 2 distinct themes within this: awareness of PD, other support services, the links between attachment and offending behaviour, etc. the other sub-theme distinct from this is how they implement this knowledge: building on their engagement skills, informs their reports and management plans, changes the management of an offender, knowledge becomes embedded and forms a culture shift in the way they think and manage offenders with PD.

B8-An Excerpt of Reflective Log



Notes During Data Collection

21/12/2017.

Participant ① Leading 1st Interview - didn't sleep long the night before. Felt very nervous (Will it record? How will I ~~do~~ ask the questions, will they say enough). I was surprised about how much the interviewee ^{talked} elaborated on the questions. I was aware I didn't ^{take} any or not long pauses between questions & had asked some closed questions which I shouldn't have done. I had the urge to summarise or check in that I had understood correctly however I think I refrained from doing it. It was surprising how one question gave answers to other questions I had, which I ended up not asking (as it felt that they were the same questions but worded +).

The interview lasted 20 mins so I was aware that I hadn't gotten through all the questions, but when I scanned them quickly it felt like they had been answered. When I relaxed and did have pauses, the interview used the silence to add more to their answer. ^{I was surprised by this} - Remember to do this more!

I was aware that @ times I was zoning out & had to remain 100% focused as I was also checking the time & ensuring the recorder was working as well as trying to figure the next question & to ensure I hadn't missed any questions? or waiting to interject to ask a follow up question on something that had been said. ^{It was} It will be interesting to hear the recording back & reflect on this as a process.

Following this interview 2 ~~more~~ recruited 2 more participants @ 9 in total now. * Also thinking what rich data the interviewee was providing & whether other participants would also do this. Wonder then it will be doing 3 back to back interviews.

Need to be aware that any answers given relate back to how the 2 consultation meetings have impacted on their work & attitudes. Waiting to hear feedback from interviewee 2 Kati.

^{beginning of interview} During transcribing realising that participant ① not always answering the question. Mixing up the consultation / CSE processes.

08/01/18 Interviews - Some confusion @ CRF formulation & CRF consultation. I realised # trainings have been ordered - a 2 day @ training & the KUF training. The latter is multi-agency ^{which brings it -} appears less helpful than the one provided by Oxford Health. There are 7 in ^{↳ from participant 2 & 3 I asked them to} how people respond - using more personal experiences is more clarify ^{with training and to role about the one} & what happens practically [↳] general kno of Themes - providing another perspective, knowledge & experience is welcome

- difficulty in not sharing the formulation to client / parole board, but understand why
- helps to manage how to approach client, to manage OHS expectations, gives perspective

Some themes keep coming up, some new ^{providing a} * shared language
* fear of becoming desensitised

NPS has only been around for 3 years / change question to Probation Service (in Brochures) possibly contact 4 to ask how long they've worked in the probation service?

10/01/18 - started asking how they would explain CF to others as occasionally they would talk about consultation meeting. Continuing confusion for some about + ~ CF & meetings. Hard not to step in and explain

11/01/18 - Similar themes cropping up - reflective space - relationship enhancement

12/01/18 - ^{checking} transcribing participant 2 - Familiarising self with the data 3rd time.

15/01/18: Data collection implications. First male participant, I feel like the sample is heavily biased with females so it was good to have a male perspective.

Interviewed 2 participant 12? had negative feedback on the way the current visit works which she felt is concerning as to whether this is the process and if it is she feels it's a waste of time & would not be forthcoming in using the service.

4/18. does not read through notes beforehand & will not give a written up version. Participant feels this is not a good use of time & benefits greatly from getting a written document. I checked after interview if this has been raised with other managers & she confirmed they are aware of this so I felt like I didn't need to raise this immediately, but will raise this with isom v. Participant is happy for me to use this information as part of my recommendations (i.e. where helpful/unhelpful ways of working).

The following 2 participants also raised similar issues but not in such a negative way & they were a bit more diplomatic about it & I feel that this info can easily be formulated into my discussion/recommendations sections.

Supervision with ^{who had done} ~~part 1~~ ^{part 2} concerns - agreed with ^{who had done} ~~part 1~~ ^{part 2} ^{Agreed to listen to recording.}
23/01/18: coding error with Kev. Good to know part of the familiarisation is being carried out the interviews myself.

So only need to go through them & check them transcriptions before coding them. Support on putting together a coding manual for 15 interviews then use coding manual to code rest. More or less when this done. Feeling more confident about the coding process. Don't need to be so rigid in my thinking in relation to the brown & white paper (i.e. semantic/latent).

24/01/18: Collected 4 more ^{interviews} (18 in total). All really reflective & useful in terms of highlighting the + & - aspects of CP & consultations. Interestingly the 1st interview was so impromptu as she didn't meet the criteria (i.e. had only had a consultation in the last month) ~~the~~ The importance of meeting

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