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**Working with people  
with personality disorder**

# Developing personality disorder training — a collaborative process

(Co-production as a Process for Developing and  
Provoking Learning)

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## Introduction

**Over the past two years Emergence has been involved in a number of different aspects of the Offender Personality Disorder Strategy and Pathway. This article provides a summary of some of these activities, focusing on our experience of co-developing and co-delivering training for staff who work with women offenders (WKUF and WKUF+) and our role in developing bespoke training for women Listeners. The article will draw out some of the benefits that involving people with lived experience of personality disorder can bring to this work and will look at what can be learnt from it and how involvement of service users in criminal justice settings can be developed.**

Emergence is a national service user led organisation, which means that the majority of staff and Directors have personal, lived experience of the issues associated with personality disorder. Some have been formally diagnosed, some relate to the difficulties it describes but reject the diagnostic label and some have used health services in the community, been through forensic or criminal justice services or chosen alternative routes for managing their difficulties. The key feature which unites the organisation despite this diversity of experience is a commitment to supporting others affected by personality disorder and challenging the stigma and discrimination associated with the diagnosis. We work directly with others who have personality difficulties, but crucially we also recognise that staff working in the field and the family and friends of those with personality difficulties, are also deeply affected. As a result much of our work is aimed at supporting these groups to develop their understanding and resilience and to respond effectively to those of us with issues referred to as personality disorder.

Emergence works across the field of personality disorder, striving to address issues of concern at a national level whilst also working regionally and locally in a broad range of activities from running arts-based social groups to collaborating in major research projects as well as training, organisational/ team consultation and evaluation. We have worked in this field for many years (formerly as Borderline UK) and through our work we try to dispel myths about personality disorder, encourage genuine understanding and crucially, support the inclusion of often unheard voices in the field through championing their involvement. We strive to ensure that people who have lived with personality disorder help shape the way we understand this set of difficulties and consequently, how people are supported and in the context of the criminal justice system, how people are managed.

## Emergence and the Personality Disorder Pathway

The work we have undertaken as part of developing the Personality Disorder Pathway similarly spans a range of activities including providing a service user perspective to the tendering process for some of the new services; undertaking consultations with women in prisons and staff to help shape the direction of developments under the PD strategy, and co-developing and co-delivering training to support the professional development of staff. It is the latter which will be the focus of this article but it is helpful to understand this work as part of our wider efforts to support the development of service user involvement within the Personality Disorder Pathway.

In partnership with the Institute of Mental Health (IMH) we have co-developed and co-delivered three new training packages for staff working in the women

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1. We use the term 'service user' to refer to people with lived experience of personality disorder from all settings. In health this refers to 'clients' or 'patients', whereas within criminal justice settings it is an alternative to 'prisoner' or 'offender'. We recognise the power of language to shape how we view one another and as such prefer the term service user. Although it is far from ideal we believe it is more neutral than the alternatives currently on offer.

offender personality disorder pathway, or in services related to the pathway. These are the Women's Knowledge and Understanding Framework (WKUF), a single day basic awareness training, designed for staff working at all levels and in any role in services which are linked to the pathway. This has now been successfully piloted across three sites with extremely positive evaluation results. This package is supported by the WKUF+, a more intensive four day training designed for staff working directly with women on the pathway, predominantly in prison settings. In addition to these staff packages we have worked alongside the IMH to develop and deliver basic awareness training for women living in prison who hold a peer support role, known as Listeners.

Each of these packages has been co-produced, via a genuinely equal collaboration between Emergence and the Institute of Mental Health; that is between people with lived experience of personality disorder (i.e. service users) and people with clinical experience of working in the field of personality disorder (i.e. staff). An authentically collaborative relationship is central to co-production and is based upon a shared understanding that one another's skills and experience, whilst different, are of equal value. It is based on the idea that bringing together these different perspectives facilitates a richer understanding and more nuanced approach to the task.

These training packages are an adaptation of a national training programme, known as the Knowledge and Understanding Framework (KUF) which begins at awareness level and includes BSc and MSc programmes of study. The KUF was commissioned by the Department of Health and Ministry of Justice to address a skills gap identified in the policy document 'Personality Disorder; No longer a Diagnosis of Exclusion' (NIMHE 2003).<sup>2</sup> It was developed in 2007 and since roll out began in October 2008 has reached over 30 000 people. It has been extensively evaluated and continues today with national support from NOMS. This framework is based on the principle of co-production and this is at the heart of all levels of the programme. Emergence has extensive involvement in the MSc and BSc programmes, with awareness training

being co-facilitated by two trainers, one with lived experience of personality disorder and the other with experience of working in the field of personality disorder. The co-production and co-delivery of the KUF is widely recognised as a key feature of its success and this is replicated in the newer, related packages: the WKUF, WKUF+ and the Listener training.

The development of these training packages can be understood in terms of phases of work and the next section will explore the impact of co-production on each of these phases.

### Consultation Phase

In the winter of 2012, Emergence was approached by NOMS to undertake a consultation with staff and women at three prison sites where there were extensive plans for development as part of the women's offender personality disorder strategy implementation. We undertook focus group style workshops with staff and separately with women living on site, as well as distributing questionnaires across the prison to explore views and perspectives on where developments were most needed, what shape these might take and to identify priorities for staff training.

Many of us within Emergence have experience of being consulted in a tokenistic and ineffective way. As such, we are acutely aware of the frustration of giving time and effort to a process which then seems to have little bearing on what happens next. Drawing on this experience we built into the consultation process simple steps which helped to ensure participants were kept informed about what arose from their input and how the information they provided was being used. This included return visits to the sites to feedback on the findings of the consultation and what was being done with the information, providing written feedback which was distributed to those unable to join the sessions in person, and contributions to the Pathway newsletter. Additionally we worked closely with NOMS to support the development of an action plan arising from the recommendations which has been used to shape further work and inform the development of services. Of most relevance for this particular article are the ways

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2. National Institute for Mental Health England (2003) Personality Disorder: No longer a Diagnosis of Exclusion. Policy Implementation Guidance for the Development of Services for People with Personality Disorder. London.

in which the consultation informed the design of the training packages.

### Co-Design Phase

The findings from the consultation formed the basis for the development of the WKUF and WKUF+ training with the topics identified as most important to staff and women living in the prisons forming the backbone of the training content. Furthermore, the actual method of facilitation was also shaped by the views gathered. The consultation demonstrated considerable crossover in the priorities identified by the staff and the women; their views about what was needed for the training were entirely congruent with one another and as such it was relatively simple to design the training based around these issues. In addition, consulting with the women highlighted the need for training that could be rolled out across the prison to challenge the stigma and negative attitudes often experienced by women with personality difficulties. It was felt strongly that this needed to be available and suitable for all staff regardless of role; that would be equally meaningful for Governors as for ancillary staff. As a result the WKUF materials are designed with 'elasticity', so that the materials can be taken simply at face value or explored in much more depth depending on the trainee. They contain simple key messages which can be used for guidance but that can also provide a doorway to more complex concepts which participants can choose to engage with depending on their existing knowledge. In this way the materials have the potential to stretch those more familiar with the topic but equally work for those with less experience. Regardless of an individual's starting point it was clear from the consultation that a key requirement of the training would be to develop a shared understanding of personality disorder, how and why women might develop these difficulties and stimulate a curiosity about apparently challenging behaviours. As a result the training is based on an experiential facilitation model, avoiding didactic methods of imparting information and instead encouraging group discussion, reflection and engagement with the complexity of the issues around personality disorder.

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The task of bringing together the information gathered from the consultation and developing these into a training package which addressed the identified priorities was undertaken jointly by service users from Emergence and staff from IMH working collaboratively together. To support this equal collaboration responsibility for completion and the quality of the materials was shared equally. Colleagues from both organisations worked together to ensure the end product reflected an amalgamation of perspectives whilst maintaining consistency throughout. As a result the process took longer than it might have done if one organisation undertook the work independently, as is usually the case when collaborating with others. This of course also had resource implications and required funding so that both parties were appropriately paid for their work. Additional time and space was also needed to sit together and work issues through. This generated a degree of pressure for everyone concerned and highlighted the need to plan for this additional time when agreeing deadlines and planning for the roll out of the training.

#### As one individual involved states:

*It would undoubtedly have been quicker to do it myself, but it wouldn't have been anywhere near as rich. And I enjoyed the process much more too, because I was*

*learning as well as designing the learning of others — as we discussed topics and ideas I came to realise just how much of what I understood about personality disorder comes from one particular point of view, loaded with assumptions, and far from neutral.*

As well as the increase in time this quote highlights the importance of the collaborative process and its potential to disrupt taken for granted ways of thinking and understanding, for both staff and service users. One member of the IMH team talked of how she initially felt very cautious, keen not to appear insensitive to the experience of her service user colleague. In this way she described the presence of the service user as acting as a kind of 'superego'. Although initially challenging she discussed how this was also rewarding, encouraging her to explore the way she thought about

people with personality disorder and the way she articulated issues. She felt this was an invaluable process supporting her to develop skills essential to delivering awareness training. This went beyond a fear of being politically incorrect or insensitive and is better understood as prompting a critical engagement with existing ideas and ways of articulating these. This mirrors the process that the training is intended to stimulate for participants, one of critical engagement with the topic. This suggests that the value of embedding co-production and co-delivery is not simply in the end product but in the process itself.

### **Parallels between the experience of co-production and training outcomes**

We have seen how the process of co-production can provoke us to reconsider our existing ways of understanding the concept of personality disorder, those with this diagnosis and how we frame this through our use of language. Such questioning is inevitably destabilising, placing us in the uncomfortable position of 'not knowing' in an arena where we might have felt assured and confident before. We suggest that whilst personally challenging this is a valuable process which enables us to refine the way we understand personality disorder and remain open to new ideas and different perspectives. There

is a clear parallel between this process as experienced by colleagues engaged in co-production and that which is being asked of trainees. We suggest that this parallel experience enables facilitators to connect with, relate to and better support training participants as they navigate through the personal challenge of examining their own views and experiences. As service user facilitators our experience is that this is very helpful in avoiding a sense of blame or feelings of attack in the invitation to training participants to consider how they think about, make sense of and talk about the issues associated with personality disorder. Instead this is a shared endeavour with both trainers and participants engaged in a process of discovery and learning.

One of the main aims of the WKUF, WKUF+ and Listener training is to challenge the stigma and negative attitudes often expressed towards people with issues and behaviour patterns associated with personality disorder. Once again a symmetry can be drawn

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between the impact of co-producing the training and its intended outcome. A staff colleague from the Institute of Mental Health discussed with us how easy it is to lose empathy and humility over time and how working collaboratively with service users was helpful to restoring or retaining this. The process of building relationships with service users as colleagues prompted her to think about collaboration as an antidote to the tendency for workers to locate 'otherness' in their client group: to, in effect, understand them as distinct or different — as the 'abnormal' to everyone else's 'normal'. Instead, by working closely together on a shared task, a range of commonalities and shared experiences can come to light, a relationship built, acting as a potent reminder of the individual behind the label. Or as an Emergence colleague commented: 'it's all about putting the person back into personality disorder'. This is far from a one way process; as a service user facilitator myself, my own preconceptions and sense of 'difference' to staff has also been challenged and I have become much better able to see beyond the job title and connect with the person.

The challenge and significance of building relationships through the process of co-production should not be underestimated in this field. Difficulties commonly associated with personality disorder are predominantly centred around relationships, which can often become fraught and problematic. As such, the opportunity afforded to both parties in a collaborative relationship to come together outside of the usual therapeutic/management frame offers a chance for growth and development to both. In addition the positive impact of working together, considering one another's view point and building empathy across identity boundaries inevitably is reflected in the training materials themselves. The collaborative relationship acts as a corrective to the natural impulse to pathologise those with personality difficulties in a prison setting. The shared humanity discovered in the collaborative relationship is reflected in the humanising of the material, such that the training materials maintain a consistent focus on the fact that we are thinking and talking about people with a complex set of problems often arising from extremely difficult early life experiences.

## Delivery Phase

The co-production of the training is maintained within the delivery phase through a model of co-facilitation; all training is delivered by a pair of trainers, one with lived experience of personality disorder and one with experience of working professionally with people with these types of difficulties. Once again responsibility is shared equally with the expectation that delivery will be shared to ensure that both have an equal role across the span of the training.

One of the benefits of this model is that for many participants the training is the first time they will have encountered someone with a diagnosis of personality disorder outside a purely offending frame of reference. Many people we have met as part of this work have been unaware that lots of people with personality disorder live in the community and that it is possible to have personality difficulties but live in a state of wellness (which some may choose to call recovery). One Emergence colleague recently said:

*I sometimes think to myself, I would love some of those prison officers to see me now.....I would love to say 'things have changed completely now. You'd be really surprised and amazed and maybe even proud with how things are in my life now'.*

Understanding that there is hope for people with personality difficulties, that lives can be transformed with the right help and support, is a key message in the training which is embodied in the service user trainer. Throughout the training participants are faced with a living example of the reality that it is possible for people with personality disorder to change, to grow and to build a functional life worth living. This new experience of people with personality difficulties is both powerful and crucial to enable staff to gain a sense of hope and to hold onto this for those experiencing difficulties — people who will struggle to keep hold of it for themselves. The value of staff providing a sense of hope to people is articulated here by a colleague from Emergence talking about his own time in prison:

*For me, I never saw any light at the end of the tunnel. I saw my life being like that for the rest*

*of it, however long it lasted. So giving hope is a big thing. Saying: 'This doesn't have to be the rest of your life. It can change. You have to put some work in. And with the right support and so forth, it can change'. So giving hope is a big one for me.*

Just as the materials themselves are enhanced by the different perspectives the collaborating organisations bring to the table, so the co-delivery of the training provides a more nuanced, complete picture by virtue of combining perspectives. There is an expectation that both trainers will to some degree share their personal experience, for staff trainers this is focused on their emotional experience of making sense of people's behaviour and confronting the painful issues of neglect, abuse, violence, self-harm and so on, on a daily basis; whereas service user trainers draw on their personal experience to help flesh out and explain the key concepts and ideas in the training. In this way the training remains balanced and firmly grounded in the reality of the work and what it means to live with personality disorder.

Furthermore, since it is delivered by two people, an opportunity is created for the facilitators to enter into dialogue, sharing differences in experience and views which can then be opened up to the group. This has been a very effective approach to

stimulating curiosity and encouraging thoughtful engagement with the issues. We believe this to be crucially important on two counts. Firstly, because the training is time limited and cannot provide answers to all the difficulties and dilemmas that staff will face. However we can model the value of thinking issues through together, prompting the group to hold an open, honest dialogue and thereby encourage staff to value their own reflective stance and one another as resources to support them in working effectively with people in distress. Secondly, because differences in perspective and experience between the trainers, alongside a willingness to explore this, brings to life the reality that to work effectively with people with personality disorder, one need not hold firm to a position of knowing or have a head full of 'facts' but instead need a particular state of mind; one of compassionate curiosity and reflection (Meeting the Challenge, Making a Difference 2014).<sup>3</sup>

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## Conclusion

The role of service user/prisoner involvement within custodial settings is often hotly contested and is without doubt fraught with challenges. Throughout this article we have focussed on the value of joining together different perspectives and the opportunities this creates for transforming the way we make sense of one another, the way we think about the issue of personality disorder and the way we facilitate learning in this area. We have explored how embedding co-production in each phase of work brings about benefits and learning opportunities for both the training team and participants alike. We have demonstrated that

often there are clear parallels between the experience of co-production and the training outcomes which enable facilitators and participants to diffuse some of the difficulty of learning about such an emotive topic. We have discussed how co-design and co-delivery enables the key messages of the training to be modelled and embodied in the relationship between service user and staff trainers and in the differences between them. Crucially we hope we have demonstrated that co-production takes us along unexpected paths of learning and development, creating a bridge for meaningful relationships to emerge which enhance our skills and affirm our humanity.

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3. Department of Health/NHS England (2014) *Meeting the Challenge, Making a Difference: Working Effectively to Support People with Personality Disorder in the Community*.