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# Dual Diagnosis Education within a VLE

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## Abstract

In September 2007 Middlesex University launched the UK's first Dual Diagnosis (co-morbidity of substance misuse and mental ill health) distance learning course using the University's VLE (OASISplus) as its delivery platform. A year later the first cohort of students had completed the course and offered evidence that this approach was one that was favoured not just by students but also by the tutor involved in its delivery. What follows is a discussion on why a distance learning module was developed using a VLE, what was initially developed, and whether a VLE can be used to teach Dual Diagnosis education. The article concludes with recommendations for those who are considering taking such an approach with other courses.

**Keywords:** Dual diagnosis, education, distance learning, e-learning, VLE

## Introduction

Middlesex University launched the UK's first academic course in Dual Diagnosis (co-morbidity of substance misuse and mental ill health) in September 2001 in response to growing demand for dual diagnosis education. This demand arose from increasing concern with the high prevalence rates (typically 30% and higher) and poor outcomes (e.g. homelessness, incarceration) (Department of Health, 2002), the latter being undoubtedly linked to the concurrent lack of evidence-based practice that was typically being employed to 'treat' someone with these co-occurring disorders. The Dual Diagnosis programme of courses (stand alone modules, an Advanced Certificate, a Postgraduate Certificate, and an MSc) thus aimed to address these concerns by offering education that provided students with the necessary knowledge and skills required to effectively care for those with a dual diagnosis.

Advanced Diploma in Dual Diagnosis				
MHR3620/3 Foundations in Working with Dual Diagnosis 30 credits @ level 3	+	MHR3622/4 Assessment & Treatment in Dual Diagnosis 30 credits @ level 3	----->	Exit with Advanced Diploma in Dual Diagnosis Award

Postgraduate Certificate in Dual Diagnosis				
MHR4620/3 Foundations in Working with Dual Diagnosis 30 credits @ level 4	+	MHR4622/4 Assessment & Treatment in Dual Diagnosis 30 credits @ level 4	----->	Exit with Postgraduate Certificate in Dual Diagnosis Award & eligible to progress to MSc

  

MSc				
MHR4629 Treatment Systems & Models of Management in Dual Diagnosis 30 credits @ level 4	+	HSS4001 Social Research Methods or WBS4835 Work Based Learning Research Methods 30 credits @ level 4	----->	IPH4095 MSc Dissertation or WBS4861 Work Based Learning Project 60 credits @ level 4

Figure 1: Course structure and pathways

Since then the University has enrolled more than 250 students on its Dual Diagnosis programme, with students attending from many disciplines (e.g. nursing, medicine, social work, housing). As more students graduate, the demand for places continues to increase and now there is even a waiting list for the courses. Not only has there been high demand for the courses within the catchment area of the University (which is almost the whole of England and Wales as many students have travelled from as far afield as Newcastle and the Isle of Wight) the University was increasingly receiving enquiries from overseas. It was clear that a review of the courses was needed to meet these demands both in terms of increasing capacity (which was limited due to accommodation) and in terms of access (for those who lived at a distance from the campus that was too far to travel).

In September 2005 the course team had begun to make some changes to how the courses were delivered by introducing the use of the University's Virtual Learning Environment (VLE) to supplement classroom teaching. Initially this was being used as a repository for students to access lecture notes, but due to demand from students the VLE's capabilities were utilised further and communication tools, such as discussion boards and electronic submission of coursework, were introduced. This change was particularly driven by those students who lived a long way from campus who, for example preferred not having to post assignments. However, the opportunity for a usually disparate group of students to be able to communicate 24/7

and not just on the day they attended campus was welcomed by all. It was decided that the VLE could offer a solution to both the problem of delivering the course to those who could not travel to campus (one day a week) and to increasing capacity and so it was decided to develop a course that would be available only on the VLE.

In September 2007 Middlesex University launched its first Dual Diagnosis distance learning module called 'Foundations in Working with Dual Diagnosis'. All module content was delivered online using the VLE. The University's pedagogic model for Distance Education (SCATE: Scope, Content, Activity, Thinking, Extra) was used to develop the course and as such the module offered Content such as text and video, Activities that include reflective exercises and discussions and Testing of learning through self-assessment (quizzes, crosswords etc) (Anagnostopoulou & Haynes, 2005). Extra content was also available such as web links and further reading. The module is made up of eighteen units that are completed over twenty-four weeks. Most units required the student to study for ten hours with some being double units taken over two weeks. Units were released at a rate of approximately one per week so that students study the same unit at the same time and thus interact in the same discussions each week. This was integral to the design of the course as discussion was believed to be paramount to much of the learning that students experienced in the classroom based courses. Student interaction is encouraged throughout the distance learning module, with many activities requiring students to discuss topics on discussion boards which are facilitated and monitored by the students and the module leader. Discussion boards were chosen over chat rooms as chat rooms require synchronous chat, i.e. in real time, which reduces the flexibility that a distance learning course offers students to study when it suits them (most of the students accessing the Dual Diagnosis programme are mature students who work full time and have family commitments). Chat rooms also require slightly more technical skill and the course did not want to exclude students with lesser technical ability, who could be referred to as 'digital immigrants' and as such may have more limited technical ability, (Prensky 2001).

In spite of developing the module based on sound educational principles the module leader/developer did harbour some anxieties that while having a course on a VLE may increase numbers and make Dual Diagnosis education available to a wider population, it may be at a cost. For example, there were concerns that potential students may be 'put off' by the mode of study, particularly those who may have lower IT skills. Conversely there were concerns about how to assess technical competence, what entry criteria to have to access the course, whether computer systems would fail and students would be unable to access the course.

In addition, there were concerns that while every effort had been made to incorporate student interaction into the course, this may still not be 'good enough'. In addition, the module leader/developer had concerns that either students or employers might view the course as an 'easy option', either by employers not giving study leave or by students who would not engage and thus impact on the learning of other students in the group. There were also concerns that students could become isolated and/or may not access the same level of tutor support as would a student in the classroom-based courses which in turn may be reflected in the grades.

Interestingly many of the course leader's anxieties matched those of the students. Figure 2 shows a sample response to a pre-course questionnaire for the 2007 intake.

**What do you anticipate to be the limitations of studying a distance learning course that is delivered via the internet?**

*Not meeting face to face – harder to communicate with someone you have never met.*

*Problems with technology*

*If students are not working at the same pace*

Figure 2

So were these anxieties realised? In terms of students being put off by the mode of study it appears not. Fifteen students registered on the course in September 2007 (numbers were capped for the first run). When they were asked why they had applied for the course and what they perceived the benefits of studying by this mode were, they cited flexibility and lack of travel as their reasons (see figure 3 and 4 for sample responses) although potential technical problems were cited as an anxiety (see figure 1) and may have put off some potential students.

**Can you please explain in your own words, why you chose to do this course and in particular why you chose a distance learning course that is delivered via the internet?**

*I chose the distance learning course as I live long way from Middlesex and this way I can study without the pressures of making long journeys*

*I chose distant learning as working shifts on the ward it is easier to manage my studying times and seemed a new challenge*

*As I also work full time this course offers me the flexibility that I need to incorporate study into my current work load commitments.*

Figure 3

**What do you anticipate to be the benefits of studying a distance learning course that is delivered via the internet?**

*Studying at my pace and being able to work at my own time without going away from work.*

*Convenience of working from home at a pace that is both self regulated and also fits in with my other commitments.*

*Managing own studying time and working at my own pace*

Figure 4

With regard to the concerns relating to the technical competence of students and potential failure of the University's IT systems, the measures taken in anticipation of this proved effective as anecdotally no students experienced particularly significant IT problems. Measures taken included citing 'basic IT skills, access to internet, access to Microsoft Office' as entry requirements on marketing materials. (Note that this has since changed to 'advanced IT skills'). In addition, the course leader conducted a short telephone interview with each potential applicant to assess/discuss their technical skills. This included asking them to send an email with a particular attachment and the answer to a question they must find by searching on the internet. Students were also advised of the student IT helpdesk contact details should they have any technical problems and the University's IT departments were also briefed on this course and the potential needs of this student group. As a result there were only a few days when the VLE was unavailable and as these were planned sufficient notice was given.

Anxieties concerning student engagement and interaction were also not borne out. The students appeared to love the discussion boards with one discussion topic receiving 100 postings, which is very good given that the module has a total of fifty-four discussion topics. The number of postings did however tail off as the course progressed which may be the result of the deliberate non-interventionist approach taken by the course leader. The course leader kept a low profile on discussion boards so as not to inhibit student content, however, if a student did not log on for a period the course leader would telephone the student to enquire whether they were having problems. On reflection, however, the module leader plans to take a more interventionist approach on future runs of this course. Overall, excluding those students with personal issues, most of them did keep up with the pace of the course and neither fell behind or 'fast-forwarded' without really engaging.

It is difficult to assess whether the anxiety that the course may be viewed as an 'easy option' was realised, however, the student engagement and interaction does suggest that this anxiety was unfounded. Also the course leader's telephone interviews with potential applicants did make it very clear what the study hours were and that they need to negotiate study leave with their employer (study hours are actually the same as the classroom course as classroom courses will always include self directed learning time within them).

Overall, of the fifteen students who registered on the course, two withdrew due to changes in their personal circumstances and two deferred submission of coursework due to health issues, with the eleven remaining students completing the course and attaining a pass grade. So if grades are to be seen as an outcome of whether the tutorial support (offered by phone, email and face to face) was sufficient it would appear as though it was.

Ultimately, however, it is the feedback from students that matters most when determining whether anxieties were realised and the success of the course. To capture this feedback, students were given an anonymous discussion board to post their opinions to and were asked to complete a 'pre- and post-course questionnaire'. Clearly some of the anxieties were realised as students' responses to 'What were the limitations of studying a distance learning course that is delivered via the internet?' included:

*'You don't get to meet people and discuss the topics. Sometimes things are made more clearer when you have someone to speak to you and explain things for you.'*

*'Difficulty in communicating with tutor and course mates especially when a response is needed urgently/quickly.'*

*'If anything goes wrong with the university programs or if one cannot assess a computer for whatever reason.'*

*'The other thing is also getting study days this at times can be difficult'*

*'Lack of face to face contact with fellow students and course lecturers. I really missed having that at times. Would be good if there were some possibility of occasional face to face contact. I was lucky as there were people who were on the course I knew so could talk about any difficulties and make sure we were on the right track with things.'*

However, on balance most of the feedback was positive. Postings to the discussion boards made within the first few weeks of the course included feedback such as:

*'I love the discussion boards and have found them really helpful and a great place to air views and to get feedback.'*

*'Takes a bit of getting used to, but i think it's going to be good - plenty of opportunity to link up with each other and not feel too isolated.'*

And at the end of the course the feedback remained positive (see figures 5 and 6).

**Did this course meet your expectations in terms of why you chose it?**

*'Yes, as it gave me a greater understanding of dual diagnosis and made me become more aware of the issues surrounding it.'*

*'Yes and more.'*

*'More than did. Also ended up more hectic than I imagined but that was a positive.'*

*'Yes, I found it very informative, it challenged my thinking and I definitely feel more confident and competent working with dual diagnosis clients. I also think it has enabled me to develop professionally, especially thinking of career development.'*

*'This is my first distance learning experience and it's an option I would still consider for future studies.'*

Figure 5

**What were the benefits of studying a distance learning course that is delivered via the internet?**

*'You can do it at your own pace and when the time is convenient for you.'*

*'It was convenient and accessible at anytime of the day making it easier to fit around work and family time. It was also great for reflective study as the material remained easily accessible.'*

*'Flexibility for me was the main benefit.'*

*'Course can be done when it is convenient for you, and also internet can be accessed either at work or home.'*

Figure 6

Following this success, this course has since been validated at level 4 (it was initially only available at level 3) with both levels of students studying together and taking different assessments, and there have been a further two intakes in September 2008 and 2009. In addition, a new distance learning Dual Diagnosis module has been developed, Assessment and Treatment of Dual Diagnosis, which had its first intake in September 2009 so students are now able to complete the Advanced Diploma and Postgraduate Certificate as distance learners.

The development of this second module has very much benefited from the 'lessons learned' from the development and delivery of the first module. This has included;

- Having early application deadlines to ensure enough time for students to register otherwise students miss the beginning of the course (access to the VLE is not possible if a student is not correctly registered).
- Considering the technical competence of staff as much as the competence of students. This was highlighted when a Board of Studies was held in a chat room and some of the staff were unfamiliar with using chat rooms.
- Giving distance learners double the time to complete each module (24 weeks) compared with campus based modules (12 weeks). This gives time to students to familiarise themselves with the VLE and allows additional time for those not being supported by employers in terms of being given study time (which is a more typical student profile than those who take the campus based modules).
- Monitoring engagement as opposed to 'attendance' (i.e. logging in). Student may be downloading all the materials to read offline or be logging on and not be engaged with the materials. Student engagement can be better monitored in other ways, for example through their contributions to discussion boards.
- Carefully considering the needs of international students in terms of content, time differences and fees. In particular students outside of the UK will not be able to access the electronic articles/books purchased by the University library as the licence is for UK use only. Also some web pages are not accessible outside the UK.

- Promoting development of the module across the University so that decisions at higher levels are made with your project in mind. For example, decisions to make changes in Learning Resources can have a huge impact.
- Spending a lot of time identifying accessible resources and spending as much of the budget as possible on learning resources. Using 'free' links is a false economy as they continually break and take hours to fix. Hosts of websites can withdraw their service at any time. Even where a resource may be available via Athens there is no guarantee that it will continue to be available in years to come. Using scanned articles supplied by the British Library requires that a copyright licence be sought each year so this is resource intensive. Identifying the learning resources available to you before you start the authoring will ensure that access can be confirmed before authoring commences, and thus reducing the likelihood of having to re-author because resources are not accessible electronically. While you do not have to supply all learning materials, if you do, it will no doubt increase the attraction of the course. Otherwise every student will have to order articles and books via their local library which would cost them money and there would be no assurances that they would have the articles in time for the units beginning. The use of 'course readers' would be in conflict with the electronic nature of the course.
- Deciding whose responsibility it is to update content at the start. While multiple authors allow for each area to be authored by the person with the best knowledge of the subject and also spreads the burden of authoring this, however, will not work unless there is an editor ensuring consistency, flow and no overlap in content. It is also unlikely that the responsibility will rest with the original author, rather it will rest with the module leader. The problem with this arrangement is that the module leader, not being the subject expert may not know that certain information needs updating and/or not have the resources to update it.
- Considering the format content will take as each option has their own advantages and disadvantages. For example, video requires a lot of storage space and large bandwidth to view, PDFs of articles reduce the need for authoring, but may require copyright clearance. Authoring takes a lot of time, it is possible to reuse and rewrite material as and when needed. It is about getting a balance between these options rather than choosing one over another.
- Not involving 'external others' as only students and employees of the University can get access to the University's computer systems (OASISplus, Athens etc.). The result is that using external peer assessors and external authors is very difficult as they are unable to check what resources someone with a University Athens account can access before they author. While it is good practice to involve people from outside of the University in a project such as this, it may be 'easier' if this is kept to a minimum given the these systems.
- Developing a 'dummy' course for interested parties to view. It is not possible to allow interested parties to view the real course once it is in progress as students can see visitors 'enter' the course as they would if they walked into a classroom. In addition, student identities cannot be obscured so confidentiality becomes an issue.
- Using assessments that considered the issue of author authenticity. It is more difficult to authenticate students' work that is done online. It could be anybody at the other end of the computer. This is why the multiple-choice quiz in the

Foundations in Working with Dual Diagnosis is formative as opposed to summative.

- Having a system to report broken links. Links break and there is little that can be done to stop this so plan a system for monitoring and replacing them in advance. Develop a system so that the module leader has only one place to check rather than having to read lots of emails.
- Being prepared for the unexpected. The previous project had faced: staffing changes, having to unexpectedly procure computer hardware, the VLE being upgraded at a time that did not dovetail with the project schedule and the University introducing a new learning framework. Allocate a lot of time and more. It is not possible to estimate the hours that this project has taken but it is possible to state that it takes a lot more than was ever anticipated.

While there are no plans at present to make the MSc module available at a distance the programmes are constantly embracing technology in management and delivery with the most recent developments being the introduction of wikis to support MSc students who are writing their dissertations and as a repository of information for potential applicants. The programme also makes use of a Facebook group hosted by the programme leader for ex students to keep in contact and offer professional support.

## Implications for Practice

Delivering education using a VLE offers a greater capacity on otherwise limited course places and thus increases opportunities to those wishing to gain a qualification and progress in their career and may offer a solution to 'skilling up' greater numbers of the mental health and substance misuse workforce to the levels prescribed by the Dual Diagnosis competencies (Hughes 2006). In addition, it offers global access to courses that would otherwise only be available to those who could travel to campus which offers both enhanced learning and networking opportunities. Finally, it provides greater flexibility of learning for those who are not granted study leave by their employers

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