SOCRaTEs: A measure of the social climate in therapeutic environments

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The SOCRATEs Project - Aims

“[T]o derive a brief, internally reliable measure of social climate unique to therapeutic communities and other therapeutic treatment environments, using existing data derived from the application of an existing measure of social climate within therapeutic communities (and therefore tailored specifically to them)”
Measures of the TE

1. Ward Atmosphere Scale - WAS (Moos 1974, 1996) – reworded for TCs as the Community Oriented Programme Environment Scale (COPES)
2. Group Environment Scale (GES) (Moos, 1997)
   1. Physical and Architectural (PACI)
   2. Programme and Service (PASCI)
   3. Resident Characteristics (RESCI)
   4. Community Oriented Programme Environment Scale (COPES)
   5. Rating Scale for Observers (RSO)
4. Good Milieu Index (Friis, 1996)
5. EssenCES (Schalast, 2008)

1. Involvement
2. Support
3. Spontaneous Behaviour
4. Autonomy
5. Practical Orientation
6. Personal Problem Orientation
7. Anger and Aggression
8. Order and Organisation
9. Clarity
10. Staff Control

COPES is a 100 True/False question measure.
EssenCES

Schalast (2006) identified 3 ‘underlying’ factors for the EssenCES:
1. Therapeutic Hold/Support
2. Experienced Safety
3. Patients Cohesion and Mutual Support

EssenCES is a very short (17 question) scale set across these items with excellent validity and wide usage.
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<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>This unit has a liveable atmosphere</td>
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<td>2</td>
<td>The inmates care for each other</td>
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<td>3</td>
<td>Really threatening situations can occur here</td>
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<td>4</td>
<td>In this unit, inmates can openly talk to staff about all their problems</td>
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<td>5</td>
<td>Even the weakest inmate finds support from his/her fellow inmates</td>
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<td>6</td>
<td>There are some really aggressive inmates in this unit</td>
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<td>7</td>
<td>Staff take a personal interest in the progress of inmates</td>
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<td>8</td>
<td>Inmates care about their fellow inmates’ problems</td>
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<td>9</td>
<td>Some inmates are afraid of other inmates</td>
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<td>10</td>
<td>Staff members take a lot of time to deal with inmates</td>
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<td>11</td>
<td>When inmates have a genuine concern, they find support from their fellow inmates</td>
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<td>12</td>
<td>At times, members of staff feel threatened by some of the inmates</td>
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<td>13</td>
<td>Often, staff seem not to care if inmates succeed or fail in the daily routine / program</td>
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EssenCES – problems

However:
1. It is only for use in forensic settings and some items are not suitable for other settings (e.g. “I am scared of some people”)
2. It is unidirectional, i.e. it tells us whether an environment is ‘good’ or ‘bad’ according to these scales rather than describing it
3. No special relevance to TCs/Enabling Environments

Therefore:
- We need a measure that is sensitive to the unique environmental situations of TCs
- It needs to be both statistically viable as well as theoretically consistent
The NLCB/ATC Project

Association of Therapeutic Communities (ATC) together with the University of Nottingham, funded by the then National Lottery Charities Board, completed:

- A naturalistic, comparative, cross-institutional study ‘in the field’ to evaluate the effectiveness of therapeutic community treatment for people with personality disorders.
- This study looked at 21 therapeutic communities overall in England and Scotland which claimed to treat people with personality disorders, over the period 1999 – 2002.
- Was preceded by a systematic literature review + meta-analysis, and followed with 3 publications.
Factor analysis of the NLCB/ATC data

1. We used the data from the NLCB/ATC project to perform factor analysis to develop measure
2. 905 complete cases were selected from the original dataset in the analysis
3. Polychoric correlations were used with direct oblimin rotation
4. Item selection determinant on (in order):
   1. redundancy (i.e. the item did not duplicate existing items within the scale);
   2. high factor loading;
   3. low cross-factor loading;
   4. high item-total-correlation within the factor scale.

The scale was also updated to reflect more modern language used in therapeutic environments
Polychoric Factor Analysis

A *polychoric* correlation is an estimate of the relationship between dichotomous (or binary) variables. It works by assuming that the relationship between the variables is really *continuous* and therefore that a certain point a high enough score on one variable would ‘push’ the other from one condition into another (e.g. From ‘low’ to ‘high’):
Results of a Polychoric Factor Analysis of ATC/NLCB COPES data – 41% variance

Factor 1: Investment
31 items, 18% variance

Factor 2: Structure
25 items, 14% variance

Factor 3: Expression
15 items, 14% variance

Factor 4: Staff Input
20 items, 9% variance
Factor Structure of the SOCRaTEs

1. **Member Investment** - members’ sense of investment in, and trust of, the therapeutic environment – i.e. Haigh’s “Attachment” and Rapaport’s “Involvement”

2. **Structure** - aspects of the environment relating to “Containment”, which is related to safety, and does not have a direct parallel in the work of Rapoport except as the antithesis of “Permissiveness”

3. **Expression** - this scale was seen to relate to Rapoport’s concept of “Therapeutic Permissiveness” and Haigh’s comparable theme of “Communication”

4. **Staff input** - this factor is related to Rapoport’s notion of “Democratisation” and also – albeit inversely – to Haigh’s “Agency”
## SOCRaTEs: Initial Version

(Please tick one box for each question)

<table>
<thead>
<tr>
<th></th>
<th>Mostly True</th>
<th>Partly True</th>
<th>Neither true nor untrue</th>
<th>Partly untrue</th>
<th>Mostly false</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff and client member members have equal say in the running of the programme.</td>
<td>NA</td>
<td></td>
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<td>2</td>
<td>Client members here follow a regular schedule every day</td>
<td>MI</td>
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<td>3</td>
<td>Client members are expected to share their personal problems with each other</td>
<td>MI</td>
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<tr>
<td>4</td>
<td>Very few client members have any responsibility around here</td>
<td>MI</td>
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<tr>
<td>5</td>
<td>Client members often help each other</td>
<td>MI</td>
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<tr>
<td>6</td>
<td>Client members put a lot of energy into what they do around here</td>
<td>MI</td>
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<td>7</td>
<td>Client members are strongly encouraged to be neat and orderly here</td>
<td>ST</td>
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<td>8</td>
<td>Client members here are expected to demonstrate continued progress towards their goals</td>
<td>ST</td>
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<td>9</td>
<td>Client members are rarely punished by taking away their privileges</td>
<td>ST</td>
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<td>10</td>
<td>This place usually looks a little messy</td>
<td>ST</td>
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<td>11</td>
<td>Client members who break the rules are punished for it</td>
<td>ST</td>
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<td>12</td>
<td>People feel free to express disagreement here</td>
<td>EX</td>
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<tr>
<td>13</td>
<td>Client members here rarely argue with one another</td>
<td>EX</td>
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<tr>
<td>14</td>
<td>Staff members never start arguments here</td>
<td>EX</td>
<td></td>
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<td>15</td>
<td>Sometimes people here play practical jokes on each other</td>
<td>EX</td>
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<tr>
<td>16</td>
<td>Client members often complain about this programme</td>
<td>EX</td>
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<td>17</td>
<td>Staff rarely give client members a detailed explanation of what the program is about</td>
<td>SI</td>
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<td>18</td>
<td>Staff always compliment a client member who does something well</td>
<td>SI</td>
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<td>19</td>
<td>There is little discussion about exactly what client members will do when they leave</td>
<td>SI</td>
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<td>20</td>
<td>If a client member member’s programme is changed, staff always explain why</td>
<td>SI</td>
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<td>21</td>
<td>The staff go out of their way to help new members get acquainted here</td>
<td>SI</td>
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<td>22</td>
<td>I feel this programme is the right place for me</td>
<td>NA</td>
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</table>
So what happens now....

- These results are only preliminary, we need to do more analysis, for example:
  - Differences within the dataset between staff / patients and different types of TCs
  - Further analysis on the factor structure of the measure
  - Further refinement of the individual items
- We also need to further validate the measure by trialling the measure in TCs
- More specifically, we need to collect data across TCs at three different time points: at 1, 6 and 12 month intervals
- Timescales to be determined (pending NHS ethical approval)
So what happens now…
References


