

# 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

- Ward Atmosphere Scale WAS (Moos 1974, 1996) reworded for TCs as the Community Oriented Programme Envrionment Scale (COPES)
- 2. Group Environment Scale (GES) (Moos, 1997)
- 3. Residential substance abuse and Psychiatric Programmes Inventory (RESPPI) (Timko 1994, 1995)
  - 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)



#### Community Oriented Programme Environment Scale (COPES)

- Moos (1974, 1996) identifies 10 critical factors in the 'therapeutic environment':
- 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.

MINIZEMITAT BESSEN Essen CES©   BUI 15 B, U R G ESSEN Essen Climate Evaluation Schema (rev. 2010) Version for Prisons and Correctional Settings										
					I agree					
_			1		*					
1	This unit has a liveable atmosphere	0			0	0				
2	The inmates care for each other									
3	Really threatening situations can occur here									
4	In this unit, inmates can openly talk to staff about all their problems									
5	Even the weakest inmate finds support from his/her fellow inmates				0					
6	There are some really aggressive inmates in this unit									
7	Staff take a personal interest in the progress of inmates				0					
8	Inmates care about their fellow inmates' problems									
9	Some inmates are afraid of other inmates									
10	Staff members take a lot of time to deal with inmates									
11	When inmates have a genuine concern, they find support from their fellow inmates									
12	At times, members of staff feel threatened by some of the inmates									
13	Often, staff seem not to care if inmates succeed or fail in the daily routine / program									



# **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 + metaanalysis, 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.

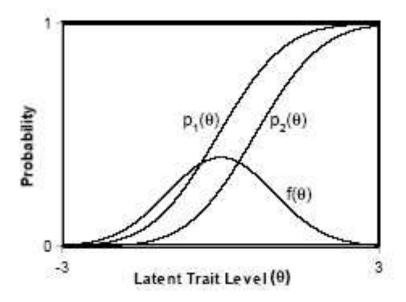
The scale was also updated to reflect more modern language used in therapeutic environments



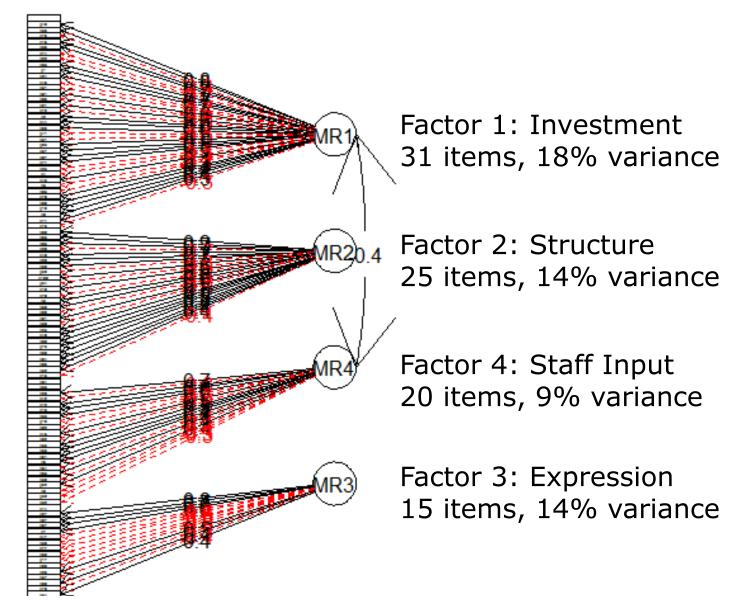
#### **Polychoric Factor Analysis**

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 Structure of the SOCRaTEs

- Member Investment members' sense of investment in, and trust of, the therapeutic environment – i.e. Haigh's "Attachment" and Rapaport's "Involvement"
- 2. <u>Structure</u> 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.** <u>**Expression**</u> this scale was seen to relate to Rapoport's concept of "Therapeutic Permissiveness" and Haigh's comparable theme of "Communication"
- 4. <u>Staff input</u> this factor is related to Rapoport's notion of "Democratisation" and also – albeit inversely – to Haigh's "Agency"

# **SOCRaTEs: Initial Version**

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

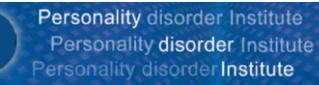


# So what happens now....

- 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)







#### References

- Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., McGrath, G., Connell, J., et al. (2000). Clinical Outomces in Routine Evaluation: The CORE-OM. *Journal of Mental Health* (9), 247-255.
- Finney (2006) Assessing Treatment and Treatment Process. Palo Alto, CA: Stanford University (http://pubs.niaaa.nih.gov/publications/Assesing%20Alcohol/assessing.htm)
- Lees, J., Evans, C., Freestone, M., & Manning, N. (2006). Who comes into therapeutic communities? *Therapeutic Communities*, 27(2).
- Lees, J., Manning, N., & Rawlings, B. (1999). *Therapeutic Community Effectiveness. A* systematic review of Therapeutic Community Treatment for People with Personality Disorders and Mentally Disordered Offenders. York: Centre for Reviews and Dissemination.
- National Institute for Clinical Excellence (NICE) (2008) *Borderline Personality Disorder: Guideline for Consultation*. London: NICE.
- Timko, C. (1995). Policies and services in residential substance abuse programs: comparisons with psychiatric programs. *Journal of Substance Abuse* (7), 43-59.
- Timko, C. (1994). *The Quality of Psychiatric Treatment Programs.* Palo Alto, CA: Centre for Healthcare Evaluation, Department of Veterans Affairs Medical Center.