Therapeutic Culture and Climate: Using the EssenCES and the RSA-R in a Canadian Mental Health Care Setting

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RSA-R - Laura Ball, Elke Ham, Jennifer Roters & Nick West
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Waypoint Centre for Mental Health Care
Overview

• Introduction to therapeutic culture and climate, and the recovery philosophy
• Introduction to the Therapeutic Climate Study (TCS)
  – How it started?
  – Why was it done?
  – What did it entail?
• Essen Climate Evaluation Schema (EssenCES) and the Recovery Self-Assessment – Revised (RSA-R)
  – What are they?
  – Are they valid for use?
  – What did we find?
Therapeutic Culture and Climate; Recovery Philosophy
Recovery-oriented services are what mental health providers offer in support of the person’s recovery (Chen et al, 2013; Tondora & Davidson, 2006)

The recovery philosophy has increasingly gained acceptance among policy-makers and consumer advocacy groups in Canada, but faces significant barriers to buy in and implementation among providers (Battersby & Morrow, 2012; Piat & Lal, 2012; Piat & Sabetti, 2012)
Waypoint has recently completed a Clinical Services Plan (CSP) calling for the implementation of a number of high priority initiatives designed to improve the quality of care.

These four pillars are:

- Adoption of the Recovery Philosophy
- Trauma-Informed Care
- Least Restraint
- Cultural Competency

All of these are intended to create a significant impact on therapeutic culture, climate, and outcomes.
Social climate is...

“...the interaction of aspects of the material, social and emotional conditions of a ward, which may – over time – influence the mood, behaviour and self-concept of the persons involved.”

Schalast & Redies (2005); translation available in Milsom, et al (2014, p. 2)
Therapeutic Culture & Climate

- Significant correlation between climate and several indices for staff and patients
- Relationships between social climate and clinical and organizational outcomes
  - Patient and staff satisfaction (e.g., Rossberg & Friis, 2004)
  - Staff performance and morale (e.g., Moos & Schaefer, 1987)
  - Motivation to engage in treatment (e.g., Long, 2010)
  - Treatment outcomes (e.g., Bressington, et al, 2011)
  - Attachment style (e.g., Campbell, et al, 2014)
  - Seclusion (e.g., Ching, et al, 2010)
• How do we operationalize and measure initiatives as they roll out?
Therapeutic Climate Study
• Purpose
  – To track change of the therapeutic climate over time in light of several high-level initiatives implemented across the organization
    • Implementation of recovery philosophy
    • Restraint and seclusion minimization
    • Moving the forensic program into a new building
  – To use data from validated, psychometrically-sound instruments to inform decision-making and CQI
Therapeutic Climate Study

- Method
  - Survey staff, leadership, and patients annually for 5 years

Staff & Leadership
- EssenCES
- RSA-R
- RSR-OQ

Patients & Clients
- EssenCES
- RSA-R
- RAS-R
Essen Climate Evaluation Schema
(EessenCES)
Essen Climate Evaluation Schema (EssenCES) was developed in German by Schalast et al (2008)

Features
- Short (17 questions, only 15 are scored)
- Staff and patient version
- Psychometrically sound (internal consistency = .73-.87, solid 3 factor structure and construct validity)
- Norms for comparison
- Free for use
EssenCES

- Experienced Safety (ES)
- Therapeutic Hold (TH)
- Patient Cohesion (PC)

EssenCES Full Scale Score
Recovery Self-Assessment - Revised (RSA-R)
The RSA-R was developed in the US to measure the perceived degree to which clinical programs follow recovery-oriented principles and implement recovery-oriented practices.

Features:
- Has several versions
  - Person in Recovery, and Provider versions (32 Qs each), Administrator/CEO version (36 Qs) and Family/Significant Other version (40 Qs)
  - Psychometrically sound (internal consistency = .76-.89 for dimensions, .84 for full scale, good convergent validity)
- Norms for comparison
- Free for use
RSA-R

Diversity of Treatment Options
Choice
Individually-Tailored Services
Inviting
Life Goals
Involvement

RSA-R Full Scale Score
Therapeutic Climate Study
Demographics
Study Design

• Time Period
  – 1st annual: February/March 2014
  – 4 more years to go!
• Population
  – Staff and leaders (referred to as “staff” for presentation)
  – Patients
• Setting
  – Provincial Forensics Division
    • 4 programs
  – Regional Division
    • 7 programs, including Regional Forensics Program
  – Clinical Support Services
    • Central Recreation, Security, etc.
Staff Demographics

### Age

- **18 to 24 years**: 6%
- **25 to 44 years**: 22%
- **45 years or over**: 47%
- **prefer not to answer**: 25%

### Gender

- **Male**: 26%
- **Female**: 59%
- **prefer not to answer**: 15%
Staff Demographics

Role

- prefer not to answer
- other
- Physician
- Nurse
- Manager
- Allied Health

Years Worked in Mental Health

- 5 years and under
- over 5 years
- prefer not to answer or unknown
Staff Demographics

Security Level

- Other: 20%
- Non forensic: 40%
- Medium secure forensic: 10%
- High secure forensic: 30%
Patient Demographics

Age

- under 25 years
- 25 to 44 years
- 45 years and over
- prefer not to answer

Gender

- male 76%
- female 19%
- prefer not to answer 5%
Therapeutic Climate Study
EssenCES Results
## EssenCES Results

- **Reliability**

<table>
<thead>
<tr>
<th>EssenCES Factors</th>
<th>Staff</th>
<th>Patients</th>
<th>Total Sample</th>
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<tbody>
<tr>
<td>Therapeutic Hold</td>
<td>.76</td>
<td>.73</td>
<td>.75</td>
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<tr>
<td>Experienced Safety</td>
<td>.85</td>
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<td>.87</td>
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<td>Patient Cohesion</td>
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<td>Full Scale</td>
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</table>
EssenCES Results

*Therapeutic Hold
**Patient Cohesion
**Experienced safety

*p<0.05, **p<0.001
Hospital-wide, staff reported greater “therapeutic hold” than patients

<table>
<thead>
<tr>
<th>Therapeutic Hold</th>
<th>Staff</th>
<th>Patient</th>
<th>Sig.</th>
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<tbody>
<tr>
<td>Mean</td>
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<td>Hospital-Wide</td>
<td>14.1</td>
<td>12.68</td>
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</tbody>
</table>

Staff in the non-forensic programs reported greater “therapeutic hold” than their counterparts in the forensic programs

Staff in forensic programs reported greater “therapeutic hold” than their patients did

<table>
<thead>
<tr>
<th>Therapeutic Hold</th>
<th>Non-Forensic</th>
<th>Forensic</th>
<th>Sig.</th>
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<tbody>
<tr>
<td>Mean</td>
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<tr>
<td>Staff</td>
<td>14.84</td>
<td>13.97</td>
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<tr>
<td>Patient</td>
<td>13.77</td>
<td>12.08</td>
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<tr>
<td>Sig.</td>
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<td>&lt;0.05</td>
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EssenCES Results

• Other notable findings…
  – Staff group differences
    • “Therapeutic Hold” and “Experienced Safety” with Role
      – Allied Health staff reported feeling more safe and having better therapeutic relationships than Nursing staff
  – Patient group differences
    • “Experienced Safety” with Age
      – The older patients are, the less safe they reported feeling
Therapeutic Climate Study
RSA-R Results
RSA-R Results

- Reliability

<table>
<thead>
<tr>
<th>RSA-R Factors</th>
<th>Staff</th>
<th>Patients</th>
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<tr>
<td>Life Goals</td>
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<td>.93</td>
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<tr>
<td>Involvement</td>
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<td>Diversity of Treatment Options</td>
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<td>.88</td>
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<tr>
<td>Choice</td>
<td>.73</td>
<td>.77</td>
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<td>Individually-Tailored Services</td>
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<td>Inviting</td>
<td>.60</td>
<td>.58</td>
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**Internal Consistency (Chronbach’s \( \alpha \))**
RSA-R Results

- Life Goals
- Involvement
- Diversity of Treatment Options
- Choice
- Individually Tailored Services
- Inviting

*p<0.05, **p<0.001
### RSA-R Results

#### Life Goals

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<tr>
<td>Staff</td>
<td>3.56</td>
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<tr>
<td>Patient</td>
<td>3.93</td>
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#### Involvement

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<tr>
<td>Staff</td>
<td>3.10</td>
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<tr>
<td>Patient</td>
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### Diversity of Treatment Options

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<tbody>
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</tr>
<tr>
<td>Staff</td>
<td>3.51</td>
<td>2.95</td>
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<tr>
<td>Patient</td>
<td>3.73</td>
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### Individually-Tailored Services

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<tbody>
<tr>
<td>Mean</td>
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<tr>
<td>Staff</td>
<td>3.73</td>
<td>3.25</td>
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<tr>
<td>Patient</td>
<td>3.87</td>
<td>3.02</td>
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<td>Sig.</td>
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</tbody>
</table>
• Other notable findings…
  – Staff group differences
    • “Involvement” and “Individually-Tailored Services” with Age
      – Younger staff are more likely to endorse involving patients in decisions, and believing in the value of individually-tailored services
    • “Involvement” and “Choice” with Role
      – Allied Health are more likely to endorse involving patients in decisions, and providing choices in treatment options
Therapeutic Climate Study
Convergent Validity
• Patient responses on “therapeutic hold” on the EssenCES were predicted by their responses to “reliance on others” in the RAS-R, and all dimensions of the RSA-R, especially “diversity of treatment options”
  – The more a patient was willing to ask for and receive help from others, the more dignity in their environment, and choice and diversity in treatment options, the greater their perceived therapeutic relationship with staff

• Staff responses on “therapeutic hold” on the EssenCES were predicted by their responses on “individually-tailored services” on the RSA-R
  – The more staff believe in the benefits of individually-tailored services, the greater their perceived therapeutic relationship with patients
Discussion
Discussion

• Measurement for decision-making and CQI
  – Useful to be able to evaluate current therapeutic culture and climate, and recovery-orientation
• Quality improvement
  – Improve indices of organizational and clinical success for staff and patients based on continuous measurement of recovery-orientation, and therapeutic culture and climate
• Tools
  – The EssenCES is a reliable, valid and useful tool for assessing general therapeutic climate and culture
    • Particularly useful on forensic programs, but shows promise for non-forensic programs as well
  – The RSA-R is a reliable, valid, and useful tool for assessing general recovery-orientation
    • Shows promise on forensic and non-forensic programs
Thank you!


Selected References


