

Are there statistical norms to interpret EssenCES[©] - scores?

Only for the German version norms have been published which may help to appraise and interpret EssenCES[©] -scores. The broad evaluation study conducted by Kewin Howells, Matt Tonkin and colleagues will deliver comparable norms for British institutions.

The translations of the questionnaire (first from German to English, later from English to other languages) have been conducted thoroughly, but the equivalence of different versions of the tool is not guaranteed and has to be empirically proven. Thus, norms gained with one version of the questionnaire are hardly transferable to a different-language version.

It should be noted that it needs large samples and a large range of wards to constitute useful statistical norms. Not the number of subjects who fill in the questionnaire is essential but the number of wards. 7 – 10 assessments per ward – by patients and by staff separately – are a good basis to assess the climate of a specific ward. But norms for the appraisal and interpretation of average scores of a ward can only be obtained by research involving a large number of wards, preferably 50 and more.

The following tables summarize findings with the German version of EssenCES[©] on 46 forensic wards. The ‘quintile-classification’ is just one way among others to present norms. As noted before, these norms are not a reliable frame of reference to interpret findings with other versions of the instrument. Equally, one should be cautious when appraising findings in different kinds of institutions – like general psychiatric wards or prisons. But researchers or practitioners might find it interesting to compare their findings with these norms.

Quintile values divide a distribution of scores into classes of 20 % of the data. The findings reveal that the score distributions are different for staff and for patients, most clearly for “Therapeutic Hold”. The latter subscale has a somewhat restricted variance among staff. Staff tend to appraise “Therapeutic Hold” more favourably than patients.

Norms from a German sample – 46 forensic wards – 333 staff – 327 patients

Table I and II: distributions of staff and of patients’ single assessments

Use these tables for the appraisal of single assessments of a ward

Table I: **staff** – score sums per subscale grouped into quintiles*

	1 st quintile clearly below average	2 nd quintile somewhat below average	3 rd quintile average	4 th quintile somewhat above average	5 th quintile clearly above average
Patients’ Cohesion	0 - 6	7 - 8	9 - 10	11 - 12	13 - 20
Therapeutic Hold	0 - 13	14	15	16	17 - 20
Experienced Safety	0 - 7	8 - 10	11 - 12	13	14 - 20

Table II: **patients** – score sums per subscale grouped into quintiles*

	1 st quintile clearly below average	2 nd quintile somewhat be- low average	3 rd quintile average	4 th quintile somewhat above average	5 th quintile clearly above average
Patients’ Cohesion	0 - 6	7 - 8	9 - 11	12 - 13	14 - 20
Therapeutic Hold	0 - 6	7 - 10	11 - 13	14 - 15	16 - 20
Experienced Safety	0 - 8	9 - 11	12 - 13	14 - 16	17 - 20

Table III and IV: quintile* limits for means of assessments

Use these tables for the appraisal of average scores of groups of subjects

Table III: **staff** – quintile limits* for average scores (several assessments)

Patients’ Cohesion	Q 1	8,00	Q 2	9,32	Q 3	10,42	Q 4	11,72	Q 5
Therapeutic Hold		14,49		15,36		15,88		16,49	
Experienced Safety		8,59		10,88		12,34		13,58	

Table IV: **patients** – quintile limits for average scores (several assessments)

Patients’ Cohesion	Q 1	8,11	Q 2	9,72	Q 3	11,13	Q 4	12,70	Q 5
Therapeutic Hold		9,50		11,98		13,40		14,34	
Experienced Safety		10,84		12,00		13,63		15,83	

*: Quintile limits: values which divide a distribution in 5 classes with equal number of cases.

Again: The values in the tables above were derived from a German sample of forensic psychiatric wards. These tables show how rather broad norms for appraising EssenCES[©] scores might be presented.

It has not been demonstrated that the German norms are adequate for interpreting findings with non-German versions of the instrument.

The tables may be helpful to check for the equivalence of different versions of the questionnaire. Further statistical data for that purpose may be provided. Please request for them.