

# Ward climate in forensic psychiatry: meaning of the concept and psychometric properties of two assessment tools (WAS and EssenCES)

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## **CIES**

**Correctional Institutions Environment Scale**

## **COPES**

**Community Oriented Programs Environment Scale**

## **WAS**

**Ward Atmosphere Scale (Moos & Houts 1968)**

**and others**

**“The social climate is the personality of a programme and gives the environment unity and coherence.”**

(Timko & Moos 2004)

Is that a definition?

→ Wright & Boudouris (1982): “Moos never directly defines social climate”

Alternative proposal

**Ward climate:**

**the experienced concurrence 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.**

# Ward Atmosphere Scale

by Rudolph Moos (Moos & Houts 1968)

# Ward Atmosphere Scale

## *Relationship Dimensions*

**30 items**

**Involvement**

**Support**

**Spontaneity**

## *Personal Growth Dimensions*

**40 items**

**Autonomy**

**Practical Orientation**

**Personal Problems Orientation**

**Anger & Aggression**

## *System Maintenance Dimensions*

**30 items**

**Order and Organization**

**Program Clarity**

**Staff Control**



*Europas Machtpaar: Sarkozy und Frau Merkel*

Foto dapd

## Size matters!\*

\* Stéphane A. de Brito et al. (2009)  
**Size matters:** Increased grey matter in boys with conduct problems and callous-unemotional traits. **Brain**, 132, 843-852.

# Ward Atmosphere Scale

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## *Personal Growth Dimensions*

**Autonomy**

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**Personal Problems Orientation**

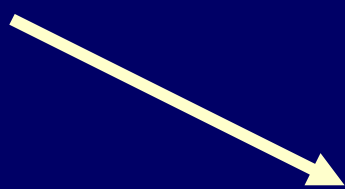
**Anger & Aggression**

## *System Maintenance Dimensions*

**Order and Organization**

**Program Clarity**

**Staff Control**





## WAS **Anger & Aggression**

Some items of the subscale:

**Staff sometimes argue openly with each other.**

**Patients sometimes play practical jokes on each other.**

**In this program, staff think it is a healthy thing to argue.**

**First Version of a short „Ward Climate Questionnaire“**  
(Schalast 1995)

Climate traits:

**Experienced Safety** (vs. threat of violence)

**Feeling of success in therapeutic work**

**Atmosphere of the living environment**

⇒ **focus of project: Staff, job stress and job satisfaction**

## ***Essen Climate Evaluation Schema*** (EssenCES)

Schalast N, Redies M, Collins M, Stacey J, Howells K (2008)

Climate traits:

**Experienced Safety** (vs. threat of violence)

**Therapeutic Hold**

**Patients' Cohesion and mutual Support**

see [www.forensik-essen.de](http://www.forensik-essen.de)

## *Examples of questionnaire Items*

Experienced Safety (vs. threat of violence)

- ▣ **Really threatening situations can occur here**

Therapeutic Hold

- ▣ **Staff take a personal interest in the progress of patients**

Patients' Cohesion and mutual Support

- ▣ **There is good peer support among patients**

I agree

		not at all	little	moderately	quite a lot	very much
1	This ward has a homely atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The patients care for each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Really threatening situations can occur here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	On this ward, patients can openly talk to staff about all their problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Even the weakest patient finds support from his fellow patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	There are some really aggressive patients on this ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Staff take a personal interest in the progress of patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Patients care about their fellow patients' problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Some patients are afraid of other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Staff members take a lot of time to deal with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	When a patient has a genuine concern, he finds support from his fellow patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	At times, members of staff are afraid of some of the patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Often, staff seem not to care if patients succeed or fail in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	There is good peer support among patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Some patients are so excitable that one deals very cautiously with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Staff know patients and their personal histories very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Both patients and staff are comfortable on this ward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Experienced Safety** (vs. threat of violence)

**Therapeutic Hold**

**Patients' Cohesion and mutual Support**

## Proposals to shorten the WAS

Denny et al. (1984) - 41 items

Røssberg & Friis (2003) - 31 items

Pedersen & Karterud (2007) - 32 items

Sørli et al. (2010) - 52 items

Tu vesson et al. (2010, p.303)

... more studies are needed in order to further test the psychometric properties of the WAS.

42 years after the first publication of the WAS ?





## Outcome of a Factor Analysis of EssenCES – Scores

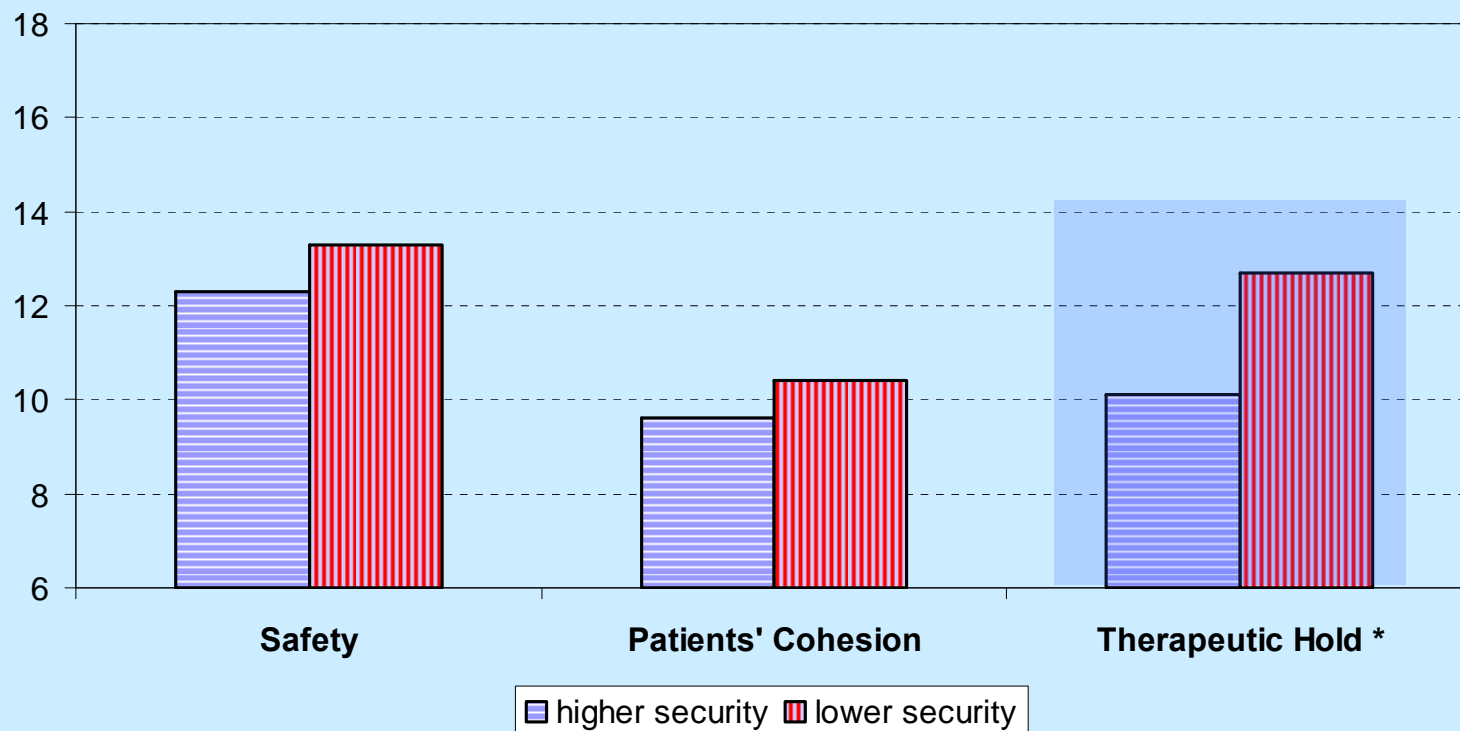
46 wards; left figures: **staff** (n = 333), right figures: patients (n = 327)

Subscale and Item number	Therapeutic Hold	Safety	Patients' Cohesion
Therapeutic Hold 1	<b>.66</b> • .80	•	•
Therapeutic Hold 2	<b>.68</b> • .86	•	•
Therapeutic Hold 3	<b>.76</b> • .82	•	•
Therapeutic Hold 4	<b>.63</b> • .75	•	•
Therapeutic Hold 5	<b>.71</b> • .68	•	•
Safety 1	•	<b>.77</b> • .69	•
Safety 2	•	<b>.84</b> • .75	•
Safety 3	•	<b>.63</b> • .72	•
Safety 4	•	<b>.67</b> • .61	•
Safety 5	•	<b>.75</b> • .72	•
Patients' Cohesion 1	•	•	<b>.80</b> • .79
Patients' Cohesion 2	•	•	<b>.61</b> • .52
Patients' Cohesion 3	•	•	<b>.69</b> • .69
Patients' Cohesion 4	•	•	<b>.64</b> • .76
Patients' Cohesion 5	•	•	<b>.79</b> • .80

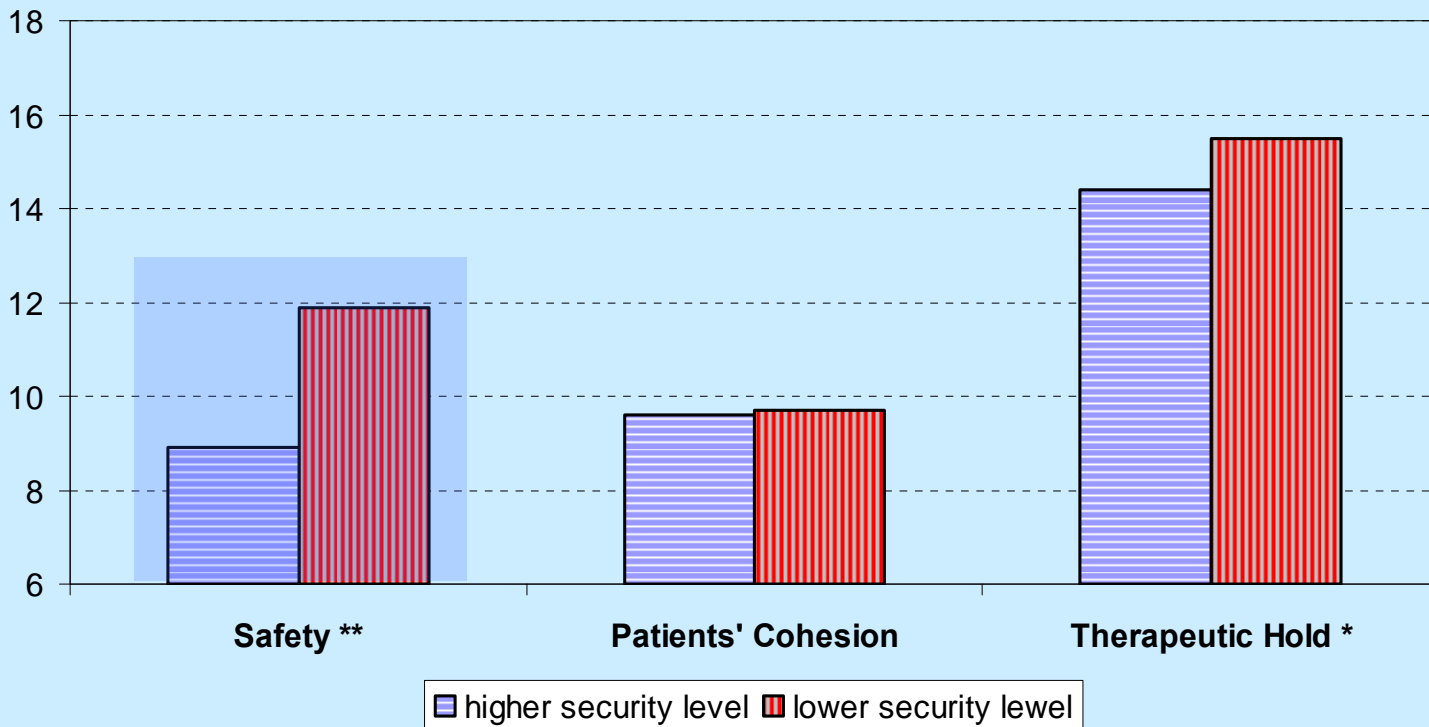
Table from Schalast et al. (2008), CBMH

For clarity of presentation, loadings below 0.40 are omitted

## High and medium security wards Patients' assessments



## High vs. medium security wards Staff's assessments



## Two good reasons to measure the ward climate:

- to have the variable “ward climate” included in the research design of an evaluation study

- to initiate and evaluate ongoing activities to foster the ward climate of a specific ward

e.g. a recurrent ‘ward climate week’

‘Change oriented evaluation’ (see Moos 1997, p.66)

# Benefits of ward climate research

**Which fundamental insights do we owe to the research on ward climate?**

**“... results suggest that better functioning patients may benefit more from programmes with greater demands, whereas poorly functioning patients should be matched to programmes with more support and structure in order to promote positive adaption.”**

**Timko & Moos (2004, p. 150)**

## Some critical aspects

**Most research has been merely correlative by nature.**

**Often, only subjective data from the same source were correlated** (e.g. patients' 'motivation' and climate assessments)

**Not rarely, data from a single ward are presented** (e.g. Denny et al. 1984, Eklund & Hansson 2002, Johansson & Eklund 2004, Middelboe et al. 2001)

**Few studies sampled data on a large number of wards and used the ward means as the unit of analysis** (Moos 1974, Friis 1986, Rossberg & Friis 2004, Schalast et al. 2008).

## Some reliable findings

**Ward size (-) and staffing (+) affect the ward climate (Moos 1972)**

**Security level is relevant with regard to the ward climate (Schalast & Redies 2005, Long CG, Anagnostiakis K, Fox E et al. 2010, CBMH E-pub)**

**Staff tend to see the ward climate more positive than patients (Moos 1974, Schojdt et al. 2003, Long et al. 2010 ...)**

**Younger patients experience the ward climate more negatively than older patients (Moos 1996, p. 169).**

**Schizophrenic patients tend to benefit from a low level of expressed emotion / aggression on a ward, whereas PD-patients seem to prefer medium levels (Vaglum et al. 1985, Friis 1986).**

# Progress

**Conditions of wards have generally improved, in the sense that the most abysmal conditions have been overcome.**

**Moos et al. (1972) reported findings from 144 wards.**

**Range of ward size: 25 – 130 patients**

**Range of staff-patient-ratio: 1:2 to 1:10**

**Snake pit conditions have been overcome**

– or they look different from what they were like 40 years ago: more high tech, more cameras, more biometrics, more assessments! More total?



## Conclusion 1

**It is within the dynamics of secure and total institutions that they are constantly at risk to become toxic \* – harmful, detrimental. Patients are inclined to re-establish their destructive habits and staff are tempted to use power and exert authority in an inappropriate way.**

**To defend the ward climate against these threats is a constant challenge and is an essential part of the therapeutic job.**

\* Campling, Davies, Farquharson (eds., 2004) From toxic institutions to therapeutic environments.

## Conclusion 2

**The issue of ward climate deserves constant awareness and care. This applies in a special way to closed institutions which attend severely disturbed patients.**

**To assess or measure the ward climate is not an end in itself. It is especially useful within projects to evaluate treatment programs or to improve the conditions of wards.**

## What do we owe to Rudolph Moos ?

Through his work, he stimulated the debate on institutional climate and has caused thousands of staff to discuss the state of their wards and ways to improve their social climate.

Special thanks to: Prof. Kevin Howells - Matt Tonkin - Mirja Redies  
- Mick Collins PhD - Isabell Groenewald - Dr. Steffan Davies -  
Jacquie Stacey

and many thanks for your attention!

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