Experienced Coercion Scale (ECS) – instructions for use

ECS is funded by the Norwegian Directorate of Health
and developed at the R & D Department, Mental Health Services, Akershus University Hospital
Printable scale-form and this document is available at http://www.tvangsforskning.no/forskningsverktoey/cms/39

Experienced Coercion Scale (ECS) measures perceived coercion in mental health services. The scale is easy to use, easy to interpret, and shows promising psychometric properties. It can be used during admissions and in diverse forms of outpatient care.

To use Experienced Coercion Scale (ECS)

The scale is easy to answer.

- 15 short and simple items with ticked answers
- Patients/users can answer in a few minutes
- Most patients can fill in the form without supervision or assistance

Patients or care providers did not report negative reactions from patients that participated in our validation study. The scale can be answered in interview form, should low reading ability or cognitive capacity hinder the response

Preparations for the use of ECS

Think carefully of what other variables you want to examine, and what other information than perceived coercion is needed to reach your aims. Remember that perceived coercion can be connected to different variables, such as use of compulsion, general conditions at wards or patient variables. Make sure that you have necessary permissions from the relevant approval boards.

Make a local procedure where the patients are free to consent, and their anonymity is assured. The most likely reporting bias is usually under-reporting of perceived coercion. A clear and real anonymity, and explicit plans to use results to improve care for future patients, can contribute to valid responses.

Instructions for use of ECS

When you give the patient the ECS-form and envelope, you should read out the instruction on the form to the patient. State that: "The questionnaire is about your current or recent treatment and offers of support, and not what you had previously. The answers should reflect your overall experience or judgement on the matter". If the patient feels humiliated by some staff and acknowledged by others, the answer should rest on feeling and judgement of the sum of the relevant experiences.

State that you are interested in the honest answers to how the patient experiences the service or care. If you have coded or marked the form, explain what it means and how it will be used. In our validation study, the patient could close the envelope himself. If reading problems occur, make sure that patients are not assisted by staff involved in their care.

Scoring of the scale

All ticks shall be scored from 0-4 from left to right, except for item 5 and 6, which are reverse scored. We can provide a simple scoring tool, an excel-file, which will reverse these items for you, and give you the correct sum. We recommend using the average sumscore, which will range from zero to four. If a patient only answers 12 items, the interpretation of the average sumscore of these 12 items will be similar to that of a fully completed form. The scale has high internal consistency, and can still yield a valid result even if the patient missed 5 of the ticks.

Based on our validation study, we suggest interpreting the average sumscores like this:

0-1 no perceived coercion
1-2 low perceived coercion
2-3 noteworthy perceived coercion
3-4 high perceived coercion

In our validation study, the distribution of average sumscores approached the normal curve, and can in many cases be treated as a continuous variable. According to the figure reproduced below, increasing degrees and forms of pressure or formal coercion (going from left towards right on the x axis) gives fewer responses below 2 (lighter bars), but more responses above 2 (darker bars). , This indicates that an average sumscore of 2.0 is indeed denoting a midpoint in Experienced Coercion Scale (ECS).

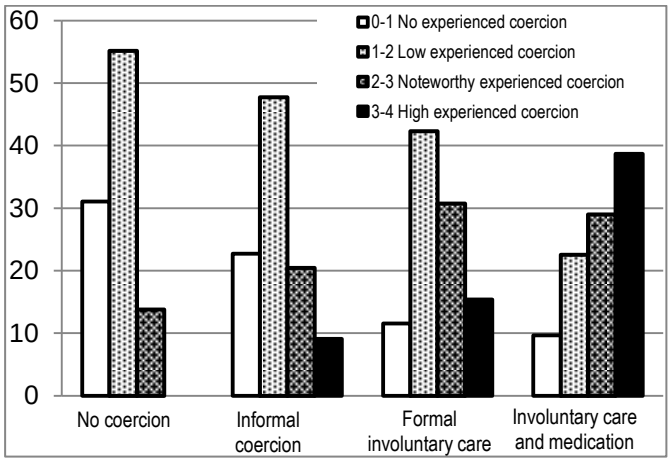

Fig. 3: Perceived Coercion by rank-ordered degree and forms of pressure. Patients are divided into four groups of rank-ordered degree and forms of pressure, as reported by staff. Black bars shows patients with a combination of involuntary care and an involuntary medication order. For each of these groups, bars show percentage of patients with different sum-scores.

For more information on the validation study and a source for the scale, see Nyttingnes, Rugkåsa, Holmén, Ruud. The development, validation, and feasibility of the Experienced Coercion Scale (ECS) (2016). *Psychological assessment.* Advance online publication.

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