

Coercion and the inpatient treatment alliance: Supplemental Material**Method supplement**

Table: Consolidated criteria for reporting qualitative studies (COREQ) 32 item checklist		
Item	Guide questions / descriptions	Comment
1 Interviewer/facilitator	Which authors conducted the interviews?	Ryan Lawrence and Jennifer Bailey conducted the interviews.
2 Credentials	What were the researcher's credentials?	Four researchers had MD's, and one was in medical school.
3 Occupation	What was their occupation at the time of the study?	Four researchers were psychiatrists, and one was in medical school.
4 Gender	Was the researcher male or female?	Three authors are female, two are male.
5 Experience and training	What experience or training did the researcher have?	The principal investigator has attended classes on qualitative methods, has done independent reading on qualitative methods (books and articles), and has prior experience designing and conducting multiple qualitative research studies.
6 Relationship established	Was a relationship established prior to study commencement?	The interviewer was not part of the participant's treatment team. No relationship existed between the interviewer and the participant prior to the interview.
7 Participant knowledge of the interviewer	What did the participants know about the researcher? (e.g. personal goals, reasons for doing the research)	The interviewer did not disclose any personal goals or reasons for doing the research. An introductory script was read at the beginning of the interview to orient the participant to the research (see the interview script and questions at the end of this document).
8 Interviewer characteristic	What characteristics were reported about the interviewer? (e.g. bias, assumptions, reasons and interests in the research topic)	As mentioned above, a brief narrative was read at the start of the interview (see interview script). This did not disclose biases, assumptions, or reasons for being interested in the research topic.
9 Methodological orientation and theory	What methodological orientation was stated to underpin the study? (e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis)	Grounded theory was the methodological orientation. Researchers allowed content and themes to emerge from the data participants provided.
10 Sampling	How were participants selected?	Eligibility criteria are described in the paper. An effort was made to enroll all inpatients who were eligible and willing to participate.
11 Method of	How were participants	The treating psychiatrist introduced the research

approach	approached? (e.g. face-to-face, telephone, mail, email)	during a face-to-face conversation. Those willing to be interviewed were approached face-to-face by an interviewer.
12 Sample size	How many participants were in the study?	N=50
13 Non-participation	How many people refused to participate or dropped out? Reasons?	N=10 people refused, N=0 dropped out. Data were not collected on non-participants or reasons for refusal.
14 Setting of data collection	Where was the data collected?	Interviews were done on the inpatient psychiatry units.
15 Presence of non-participants	Was anyone else present besides the participants and researchers?	There were no non-participants present for the interviews.
16 Description of sample	What are the important characteristics of the sample?	The sample is described in Table 1.
17 Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	The interview script is provided at the end of this document. The script was critically reviewed by co-authors prior to starting the interviews. The script was not pilot tested on the target population prior to enrollment. After the first 5 interviews the interviewers discussed the script and the questions, whether participants were understanding and interpreting the questions as intended, and whether any changes were needed. No concerns were identified, so no changes were made to the interview script or study questions.
18 Repeat interviews	Were repeat interviews carried out? If yes, how many?	There were no repeat interviews.
19 Audio/visual recording	Did the research use audio or visual recording to collect the data?	Interviews were audio recorded.
20 Field notes	Were field notes made during and/or after the interview or focus group?	There were no field notes written.
21 Duration	What was the duration of the interviews?	Interviews lasted approximately 20 minutes.
22 Data saturation	Was data saturation discussed?	Data saturation was not formally defined prior to beginning the study. However, after 50 interviews there were not new themes emerging.
23 Transcripts returned	Were transcripts returned to participants for comment and/or correction?	Transcripts were not returned to participants.
24 Number of data coders	How many data coders coded the data?	Ryan Lawrence and Maria Perez-Coste coded the data separately, and discussed discrepancies until

		consensus was reached.
25 Description of the coding tree	Did authors provide a description of the coding tree?	Interview questions and the corresponding content codes are both described in the next table in this document.
26 Derivation of themes	Were themes identified in advance or derived from the data?	Themes were not identified in advance but were derived from the data.
27 Software	What software was used to manage the data?	NVivo 12 and Excel 2013
28 Participant checking	Did participants provide feedback on the findings?	The study design did not allow participants to provide feedback on the findings, since participants did not provide their names or contact information.
29 Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? (e.g. participant number)	See the Results section for quotations. Earlier drafts included participant numbers with each quotation, but these were removed by the journal editor.
30 Data and findings consistent	Was there consistency between the data presented and the findings?	See the Results and Discussion sections.
31 Clarity of major themes	Were major themes clearly presented in the findings?	See the Results and Discussion sections.
32 Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	See the Results and Discussion sections.

Table: Interview Questions and the content codes used in the qualitative analysis		
Open-ended questions	Content Codes	Frequency*
If I use the phrase "treatment alliance," what does that mean to you? I'm looking for a definition.	Working Together	35
	Don't Know	10
Have you ever had an experience where you had a good treatment alliance with your psychiatrist? Can you tell me about that experience? Have you ever had an experience where you did NOT have a good treatment alliance with you psychiatrist? Can you tell me about that experience? What made the difference between those experiences? How come one relationship had a good alliance, and one relationship did not?	Stories about having an alliance	46
	Stories about not having an alliance	34

Have you ever gone to mental health court? Did going to court affect your alliance with your psychiatrist? (Invite the person to elaborate on how. If needed, explain that some patients go to court because they do not want to be in the hospital, or do not want to take medication.)	Never went to court	44
	Went to court, alliance was unaffected	1
	Went to court, alliance was harmed	2
	Went to court, alliance remained	2
Have you ever submitted a signout letter? (Sometimes called a 72 hour letter) Did submitting a signout letter affect your alliance with your psychiatrist? (Invite the person to elaborate on how.)	Never submitted a signout letter	37
	Submitted a signout letter, alliance was unaffected	9
	Submitted a signout letter, alliance was harmed	0
	Submitted a signout letter, alliance remained	3
Have you ever been involuntarily hospitalized? Did that experience affect your alliance with your psychiatrist? (Invite the person to elaborate on how.)	Never involuntarily hospitalized	30
	Involuntarily hospitalized, alliance was unaffected	7
	Involuntarily hospitalized, alliance was harmed	6
	Involuntarily hospitalized, alliance remained	6
Right now, you are on a locked psychiatry unit. Do the locked doors affect your alliance with your psychiatrist? (Invite the person to elaborate on how.)	Alliance was unaffected	37
	Alliance was harmed	6
	Alliance was stronger	4
Were there any experiences in the hospital, good or bad, that affected your willingness to adhere to your outpatient treatment plan?	Experiences had no effect on willingness to adhere	27
	Experiences	5

	decreased willingness to adhere	
	Experiences increased willingness to adhere	8

*Frequency is the number of interviews containing each content code. Frequencies may not sum to 50 because some responses were uncodeable (e.g. off-topic responses).

Results Supplement

Definitions of treatment alliance - After completing The Inpatient – Treatment Alliance Scale, participants were asked what the term “treatment alliance” means to them (to provide a definition). Most (35 participants) gave a description of people working together: “The teaming up between the doctors and myself” (interview 45). Ten said they did not know what it meant. Interviewers offered a definition of “the doctor and patient working together.” Most participants had stories of times when they experienced a strong treatment alliance, as well as times when the treatment relationship was more difficult. Themes from these stories are described in the table below.

Themes describing patients’ experiences of the treatment relationship with psychiatrists (past or present experiences)			
Experiences with a strong treatment alliance	Frequency*	Experiences with a difficult treatment relationship	Frequency*
Patients thought communication was good (Patients felt able to express themselves, Patients felt psychiatrists listened well, Patients felt psychiatrists explained things well, Patients felt treatment team members communicated among themselves)	19	Patients thought communication was difficult (Patients felt unable to express themselves, Patients felt psychiatrists were not listening, Patients felt psychiatrists did not explain things, Patients did not feel understood, Patients felt psychiatrist did not communicate empathy)	10
Patients felt like active participants in treatment planning and the treatment experience	5	Patients did not feel like active participants in treatment planning	4
Patients felt treated with respect	4	Patients did not feel treated with respected	2
Patients felt psychiatrists cared about them as persons and wanted them to succeed	7	Patients did not feel the psychiatrist cared about them as individual persons	2
Patients felt psychiatrists were readily available	5	Patients felt psychiatrists did not spend enough time with them	5
Patients appreciated the psychiatrist’s	17	Patients thought the	12

clinical skill and/or the treatment plan		psychiatrist was not skillful, was not professional, or patients disagreed with the treatment plan	
Patients had a long history with their psychiatrist	4		
		Treatments had unpleasant adverse effects	3

*Frequency is the number of interviews containing each theme

Inpatient Experiences Interview Script

Thank you for taking part in this interview. All of the information you provide here is strictly confidential within the parameters laid out in the consent form. If for any reason you would like to stop the interview, please let me know and we will end immediately.

My name is _____. I work here at New York Presbyterian Hospital. We are studying the relationships that develop between patients and their doctors. We are interested in your experiences with psychiatrists here during this hospitalization, as well as at other times in your life.

We are inviting all of the patients here to participate in this interview. Please feel free to speak your mind here. Your comments will not affect your treatment or your discharge plans. I will not discuss our conversation with your treatment team until after you leave the hospital.

We plan to use information from this interview, and from other interviews, to write up a summary of the information we receive. Your name, and what you say here, will NOT be revealed in any way that identifies you. Only information that cannot possibly be connected to you will be provided to anyone outside of the study. Once we are done with the study, the interview documents will be destroyed. In a moment, I will be asking questions about your treatment experiences. If there are questions you do not want to talk about, it is OK to skip those questions. Do you have any questions so far?

Before we talk about your experiences, may I ask you some background questions?

1. How old are you?
2. What is your race or ethnicity?
 - American Indian/Alaska Native
 - Asian, Hawaiian/Pacific Islander
 - Black or African American
 - White
 - More than one race
 - Other: _____

3. How far did you go in school?
4. Are you currently homeless or living in a shelter?
5. Please take a few minutes and answer the questions on this paper about treatment alliance. There is no time limit, so go at your own pace. You can do it by yourself, or we can do it together. (Give participant a copy of The Inpatient – Treatment Alliance Scale)
6. If I use the phrase “treatment alliance,” what does that mean to you? (I’m looking for a definition.)
7. Have you ever had an experience where you had a good treatment alliance with your psychiatrist? Can you tell me about that experience?
8. Have you ever had an experience where you did NOT have a good treatment alliance with you psychiatrist? Can you tell me about that experience?
9. What made the difference between those experiences? How come one relationship had a good alliance, and one relationship did not?
10. Have you ever gone to mental health court? Did going to court affect your alliance with your psychiatrist? (Invite the person to elaborate on how.)
11. Have you ever submitted a signout letter? (Sometimes called a 72 hour letter) Did submitting a signout letter affect your alliance with your psychiatrist? (Invite the person to elaborate on how.)
12. Have you ever been involuntarily hospitalized? Did that experience affect your alliance with your psychiatrist? (Invite the person to elaborate on how.)
13. Right now, you are on a locked psychiatry unit. Do the locked doors affect your alliance with your psychiatrist? (Invite the person to elaborate on how.)
14. How would you describe the alliance you have with your psychiatrist here in the hospital right now? Does that experience affect your willingness to take medications outside the hospital? Does that experience affect your willingness to go to outpatient appointments?
15. Who chose the medications that you are on? How do you feel about those medications?
16. What is your plan for outpatient treatment when you are discharged? How do you feel about that plan?
17. Were there any experiences in the hospital, good or bad, that affected your willingness to adhere to that treatment plan?
18. So far, we have been focusing on the alliance between you and your doctor. However, many people are involved in the mental healthcare system. There are doctors, nurses, social workers, therapists, counselors, care coordinators, clinics, hospitals, and more. Here is my question. Of all the people involved in your mental healthcare, who is the most important person you want to have a strong

alliance with? What does it mean to have a strong alliance with that person?

19. Is there anything else that you would like to share about your treatment experience?

Thank you very much for participating.