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Satisfaction with Therapy and Therapist Scale-Revised: Adaptation to the Turkish Context

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ABSTRACT

Client satisfaction with their therapist/counselor and the therapy/counseling service they received is a nonspecific factor implying the effectiveness of the therapeutic process. This study aimed to conduct the adaptation of the Satisfaction with Therapy and Therapist Scale-Revised (STTS-R) to Turkish, providing cues and insight into perceptions toward psychotherapy/counseling and therapists/counselors in Türkiye. The sample of the study includes 262 participants who are currently receiving individual psychotherapy or who completed their psychological help process before the study. The convenience sampling method was used, and an online survey was sent to the participants to collect data. The findings obtained from the validity and reliability analysis support the original structure of the scale consisting of 13 items and two factors. This information confirms the validity and reliability of the Turkish version of the scale. The results have been discussed, and some implications have been drawn for future studies and therapists in Türkiye.

Keywords: Confirmatory factor analysis, satisfaction with counseling, satisfaction with therapist, satisfaction with therapy, scale adaptation.

ÖZ

Gözden Geçirilmiş Terapi ve Terapistten Memnuniyet Ölçeği (TTMÖ-G): Türkiye Bağlamına Uyarlama Çalışması

Danışanların terapist/danışmanlarından ve aldıkları terapi/psikolojik danışma hizmetinden duydukları memnuniyet, terapötik sürecin etkililiğini gösteren spesifik olmayan faktörlerdir. Bu çalışma, Gözden Geçirilmiş Terapi ve Terapistten Memnuniyeti Ölçeği'nin (STTS-R) Türkçeye uyarlanmasını sağlayarak, Türkiye'deki terapiye/psikolojik danışmaya ve terapist/danışmanlara yönelik algılara dair ipuçları ve içgörü sağlamayı amaçlamaktadır. Araştırmanın örneklemini, halihazırda bireysel psikoterapi/psikolojik danışma alan veya çalışma öncesinde psikolojik yardım sürecini tamamlamış olan 262 katılımcı içermektedir. Uygun örnekleme yöntemi kullanıldı ve veri toplamak amacıyla katılımcılara çevrim içi bir anket gönderildi. Yapılan geçerlilik ve güvenilirlik analizinden elde edilen bulgular, ölçeğin 13 maddeden ve iki faktörden oluşan orijinal yapısını desteklemektedir. Tüm bu bilgiler, ölçeğin Türkçe versiyonunun geçerliliğini ve güvenilirliğini doğrulamaktadır. Sonuçlar tartışıldı ve Türkiye'de gelecekte yapılacak araştırmalar ve terapistler için bazı çıkarımlarda bulunuldu.

Anahtar Kelimeler: Doğrulayıcı faktör analizi, psikolojik danışmadan memnuniyet, terapistten memnuniyet, terapiden memnuniyet, ölçek uyarlaması.

INTRODUCTION

Satisfaction with the therapy and the therapist has been described as a nonspecific factor indicative of therapeutic effectiveness (Oei & Shuttlewood, 1996). Satisfaction with the therapy corresponds to a client's positive approach toward the therapy as a whole and involves acceptance of the therapy's reason and the benefits expected from the therapy. Satisfaction with the therapist refers to how the client appraises the therapist (Oei & Green, 2008). Ongoing research regarding therapeutic effectiveness states that clients' satisfaction with the therapy and therapist is a crucial factor because it affects clients' therapeutic developments, treatment-seeking behaviors, and decisions regarding recommending therapy to other people (Hasler et al, 2004).

Client satisfaction can be influenced by a number of factors. A large body of research that focused on client satisfaction has stated that the therapeutic process is effective when it helps clients to cope with their problems, gain greater insight and self-awareness, alleviate symptoms, and improve interpersonal and social functioning (Hill, 1969). Therapist style, therapeutic expertise and skills, alliance, empathy, support and encouragement by therapist, and treatment effectiveness were also found to be factors influencing client satisfaction (Reed, 2000). In a review that examined the associations between client engagement as an indicator of treatment satisfaction in therapy and therapist characteristics, specifically the characteristics related to therapists' interpersonal skills and styles, such as acceptance and understanding of clients, and showing caring, compassion, and empathy toward clients, were found to be positively related to client engagement (Holdsworth et al, 2014). In addition to therapists' characteristics, other factors such as facilitative therapist style (i.e., professional, caring, in-control, and open about self) and facilitative therapist interventions (i.e., validation of feelings, clarification, and reinforcement) were found to be related to client satisfaction (Thompson & Hill, 1993). These findings suggest that clients' attitudes toward their therapists influence their therapeutic effectiveness and satisfaction with their therapy and therapist.

Therapeutic Alliance and Satisfaction with the Therapy and Therapist

According to previous research, therapeutic alliance is the most outstanding common factor responsible for the effectiveness of psychotherapy and counseling (Huibers & Cuijpers, 2015; Pearson & Bulsara, 2016); it can be defined as the cooperation and bond between the therapist and client (Safran & Muran, 2000). A number of studies have indicated a relationship between satisfaction with therapy and therapeutic alliance (Lawlor et al, 2017; Oei & Green, 2008; Viefhaus et al, 2019). In a study conducted with adolescent outpatients who had psychological difficulties and received cognitive-behavioral therapy (CBT), cooperation between the client and the therapist was found to be an important predictor of treatment satisfaction (Viefhaus et al, 2019).

Recent studies have reported comprehensive results on the relationship between alliance and treatment satisfaction (Lindhiem et al, 2014; Olsson et al, 2021). In a meta-synthesis study that examined clients' treatment satisfaction with CBT, therapeutic alliance was reported as an indicator of treatment satisfaction (Olsson et al, 2021). A meta-analysis that examined the effects of client preferences on treatment satisfaction also showed that therapeutic alliances has a positive effect on therapy satisfaction (Lindhiem et al, 2014). In other words, clients' involvement in the decision-making process regarding the various aspects of therapy, such as goal setting and treatment planning, as Bordin (1979) stated in his definition of therapeutic alliance, increased their likelihood of higher treatment satisfaction and better clinical outcomes.

Insight and Satisfaction with the Therapy and Therapist

According to Glucksman (1993), clinical change in psychotherapy can be achieved by two factors: insight and therapeutic relationship. Insight refers to "the acquisition of knowledge or some type of rationale that helps the patient explain his or her symptoms or problems" (p.163). It is a key mechanism of change, especially in dynamic psychotherapies, and it influences psychotherapy outcome (Johansson et al, 2010; Messer, 2013). Gaining insight is considered a common factor beneficial to clients in therapy and is crucial to all psychotherapy approaches (Huibers & Cujipers, 2015; Wampold et al, 2007). It can result in symptom reduction and behavioral change, an increase in clients' engagement in therapy, therapeutic alliance improvement, and an increase in clients' self-efficacy, hope, and self-acceptance (Hill et al, 2007). Therefore, insight can result in greater satisfaction with the therapy and therapist.

Current Study

Satisfaction with Therapy and Therapist Scale-Revised Form (STTS-R) (Oei & Green, 2008) is a measurement tool among the client satisfaction scales. The first version was STTS, which was first developed to measure the nonspecific factor of satisfaction with the therapy and therapist for cognitive therapy of depression in group settings. The researchers modified the "Client Satisfaction Survey" of the Behavior Research and Therapy Center and Psychology Clinic of the University of Queensland, which aimed to measure general client satisfaction in individual therapy. The STTS had sound psychometric properties, and factor analyses showed that it had two factors (satisfaction with therapy and client evaluation

of therapist) (Oei & Shuttlewood, 1999). After 9 years, the scale was modified for use with a larger sample: outpatient group therapy patients with depression and anxiety disorders. For this purpose, the wording of some items was changed to be used in mixed clinical groups. For instance, "I believe that therapy will help me with my depression problem" was revised to "I am now able to deal more effectively with my problems." Exploratory and confirmatory factor analyses were conducted to determine the factor structure of the STTS-R. It was found that STTS-R had two factors: satisfaction with therapy and satisfaction with therapist. Each factor had six items in addition to one outcome variable "How much did this treatment help with the specific problem that led you to therapy?" STTS-R was also found to discriminate between patients with depression and anxiety, with high- and low-level progress in the outpatient group psychotherapy program. Overall, STTS-R was found to be a valid and reliable tool for the proposed sample. The authors recommend adapting the scale for one-to-one therapy settings (Oei & Green, 2008).

There are several reasons for choosing STTS-R to adapt to our culture. The rationale of our choice can be explained as follows: First, as mentioned above, although there are some scales about therapy-related factors such as working alliance (Gülüm et al, 2018; Soygüt & Uluç, 2009) and client expectations from the therapy (Çetinkaya & Yavuz Güler, 2020), no tool can be used to measure satisfaction with therapy/counseling and therapist/counselor in Türkiye. Second, Miglietta et al. (2018) stated that the time a patient would spend on the scale is a pragmatic factor to look for in a scale, as shorter scales help practitioners, researchers, and respondents save time. Compared with the satisfaction scales in the literature, the STTS-R (Oei & Green, 2008) seems to be brief, easy-to-use, and comprehensive. Moreover, although it was developed for use in patients with depression and anxiety in the outpatient group psychotherapy program, items of the scale could easily be adapted for use in general individual clients. This is because satisfaction with the therapy and therapist/counselor are crucial factors in achieving positive psychotherapy outcomes regardless of the types of therapy (individual, group, etc.), therapeutic approach (cognitive, psychoanalytic, etc.), and types of problem. Furthermore, the study will contribute to cross-cultural psychotherapy research as the tool could be used by researchers aiming to focus on cross-cultural differences. Namely, because psychotherapy is primarily the product of Western culture and needs to be culturally sensitive (Mocan-Aydin, 2000; Rogers-Sirin et al, 2017; Tseng, 2004), researchers can shed light on the cultural differences between Türkiye and the West in this area using the STTS-R Turkish. Therefore, the current study is believed to provide a culturally sensitive, valid, and reliable measurement tool in the context of Türkiye.

METHOD

Participants

The participants of this study were adults who were receiving individual therapy/counseling or had completed their therapy/counseling process before this study. They received therapy/counseling in university or private counseling centers via online or face-to-face sessions.

The sample consisted of 262 participants with a mean of 26.33 years, with a standard deviation of 6.70 years. Among the participants, 76% were females (*n*=199) and 24% were males (*n*=63). Of the participants, 2.7% (*n*=7) had only graduated from middle school, 6.5% (*n*=17) only had a high school diploma, and 90.8% (*n*=238) had a university degree.

The participants of this study were composed of two groups based on their therapeutic process: participants who are currently undergoing therapy (38.2%, *n*=100) and those who have terminated their therapeutic process before the study (61.8%, *n*=162). The former group completed a minimum of three sessions and a maximum of 52 sessions.

Among the total group, 26.7% (*n*=70) of the participants had been diagnosed by their psychiatrists with a diagnosis such as anxiety disorders, mood disorders, obsessive-compulsive disorders, posttraumatic stress disorders, and attention and hyperactivity disorders. The 47.1% (*n*=33) of the participants who had a diagnosis were currently receiving psychological support via therapy or counseling.

All clients were receiving or received individual therapy, not clients from a particular therapy school, participated in this study. As a criterion, clients who have terminated an individual therapy/psychological counseling process or have completed the third session of an ongoing individual therapy/psychological counseling process were included in this study. As this study investigates clients' satisfaction with their therapist, a certain extent of therapeutic alliance should have been formed between clients and their therapists/counselors, which is the rationale for the criterion mentioned above (Horvath & Bedi, 2002).

Measures

Demographic Form

A demographic form was used to collect information from the participants regarding their age, gender, education level, and therapy processes. Participants were asked if they were currently receiving therapy/psychological counseling (if yes, how many sessions had they completed), if they have received therapy/psychological counseling before (if yes, when did it end), and if they have received a psychiatric evaluation (if yes, what the diagnosis was).

Satisfaction with the Therapy and Therapist Scale-Revised

The STTS-R is the revised form of the satisfaction with therapy and therapist scale (Oei & Shuttlewood, 1999), which was developed to evaluate clients' satisfaction level with their therapeutic process based on the group cognitive therapy program for mood disorders. The STTS-R has 13 items and is a 5-point Likert-type scale composed of two factors: satisfaction with the therapy and satisfaction with the therapist. Each factor included six items, with item 13 ("How much did this treatment help with the specific problem that led you to therapy?") measuring global improvement. The factor of satisfaction with the therapy refers to the client's overall positive attitude toward therapy, and the factor of satisfaction with the therapist refers to how the client evaluates the therapist based on the therapist–client relationship. For the original scale, Cronbach's alpha coefficients were calculated to test the internal consistency of both factors and reveal both factors ($\alpha_{\text{Satisfaction with Therapy}}$=0.90; $\alpha_{\text{Satisfaction with Therapist}}$=0.89) as well as the total scale (α=0.93) to have high reliability scores. Furthermore, the STTS-R is a valid instrument as it is able to discriminate between groups that show low and high levels of therapy improvement (Oei & Green, 2008).

Working Alliance Inventory (WAI)-Short Form

The WAI-Short Form is a self-report measure that aims to evaluate the working alliance between a therapist and client during the therapy process (Gülüm et al, 2018). The short form of the WAI (Horvath & Greenberg, 1989) is based on Horvath and Luborsky's (1993) pan-theoretical conceptualization of Bordin's therapeutic alliance. The scale is a 7-point Likert-type scale with a total of 12 items, three factors (i.e., task, goal, and bond), and two formats (i.e., therapist and patient). The Turkish version of the scale has sound reliability and validity scores, with Cronbach's alpha levels of 0.90 for the therapist form and 0.86 for the patient form. Cronbach's alpha for the current study was calculated as 0.93.

Insight Scale

The Insight Scale was developed by Akdoğan and Türküm (2018) to measure the insight levels of nonclinical university students in Türkiye; it has a total of 20 items and three subscales (i.e., holistic view, self-acceptance, and self-understanding). Respondents were asked to rate each item using a 5-point Likert scale. Cronbach's alpha values for the overall scale are 0.84, and 0.80, 0.69, and 0.78 for the respective subdimensions of holistic view, self-acceptance, and self-understanding. Cronbach's alpha for the current study was calculated as 0.86.

Procedure

The convenience sampling method was used in this study. The study was performed in line with the principles of the Declaration of Helsinki (World Medical Association, 2001); approval was granted by the Ethics Committee of a university in Istanbul (İstanbul 29 Mayıs University). An online survey via Google Forms was used to collect data from participants who were currently undergoing or had undergone therapy/counseling. An informed consent form was obtained from the participants prior to data collection. The informed consent form contained information regarding the purpose of the research and the confidentiality of the participants; it gave information to the participants about their right to withdraw at any stage without any reason and information that no payment will be made to the participants. The majority of volunteer participants were accessed through therapists and counselors; these professionals were informed about the research, and the scale was delivered to their clients. Furthermore, a university counseling center was used as a resource for accessing the participants. The scale was sent to the counseling undergraduate students, who sent this scale to the current and former clients of the counseling center of the university. Lastly, social media was also used to collect data, and the same link was also delivered to participants through social media groups (e.g., WhatsApp and Instagram).

Before starting the adaptation procedure, the required permission was obtained by e-mail from the developer of the original scale. The scale adaptation procedure was conducted in the following phases: scale translation, proving validity based on the confirmatory factor analysis (CFA) and concurrent validity, and proving reliability based on the split-half method and internal consistency. The aim in the translation phase is to translate the scale from English (source language) to Turkish (target language). Based on the guidelines of the International Test Commission (2017), the translation procedure was completed in seven phases. First, three people with degrees in psychological counseling and guidance and advanced English levels worked independently to translate the English version of the STTS-R into Turkish. After the translation process, the researchers decided on appropriate translations of the items. After that, the back translation process was initiated. The back translators were nine people with degrees in psychology, psychological counseling, and guidance who were native Turkish speakers and fluent in English. The back translators translated the Turkish items back to English without referring to the original scale. The researchers then reviewed and compared the back translation against the English version.

The original scale was developed to investigate patient satisfaction with the therapy and therapist based on group CBT treatment (Oei & Green, 2008). As this scale was

developed for the evaluation of group CBT treatment, before moving on to the pilot study, the researchers made the required modifications to make the scale appropriate for use in individual therapy/counseling in all counseling/therapy approaches as well as in CBT. The revisions were carried out in consultation with a professor who is specialized in the Guidance and Psychological Counseling Program and an individual CBT practitioner based on her expertise. The decisions regarding modifications were taken based on the expertise of this practitioner and the authors. Based on these decisions, item 3, "My needs were met by the program" was modified as "This therapy met my needs" and item 5, "I would recommend the program to a friend" was modified as "I would recommend this therapy to a friend." These items can also be used to evaluate the individual therapy process because meeting needs and recommending therapy to others are not specific to the group therapy process. Similarly, the other scale items that evaluate satisfaction with the therapy process or basic skills of therapists (such as listening to clients, being friendly and warm, and giving the client an opportunity to express) are not specific to the group therapy process; therefore, these items can also be used to evaluate the individual therapy process.

The translated and modified scale was administered to a pilot sample consisting of 10 participants. These participants graduated from counseling and therapy majors, and some of them have received therapy in the past. The purpose of the pilot study was to ensure that the item statements were well defined, comprehensible, and easily understood. Since these people were in the counseling and therapy field, and some of them have experience as clients, their opinions are important when putting the last touches on the scale. The necessary revisions were made based on feedback from 10 people. Lastly, the proofreading of the Turkish version of the scale was done by a professional editor who is a Turkish Language and Literature graduate. The Turkish version of the scale was finalized based on feedback. The Turkish version of the STTS-R is presented in the Appendix.

Statistical Analysis

Prior to conducting any analyses, the assumptions regarding multicollinearity, singularity, outliers, and normality for scale development were tested. The STTS-R, WAI, and Insight Scale all met the assumptions of normality and multicollinearity. Outliers were checked using the Mahalanobis Distance and no outliers were found.

For the scale's construct validity, CFA was conducted. The program AMOS 26 was used to conduct CFA on the STTS-R to determine the model that best confirmed the dataset. This study evaluated the model fit indices based on the chi-square statistic (χ^2), the standardized root mean square residual (SRMR), the goodness-of-fit index (GFI), the Tucker–Lewis Index (TLI), the comparative fit index (CFI), and the root mean square error of approximation (RMSEA).

To test the last dimension of validity (i.e., concurrent validity), Pearson correlations were examined among the WAI, Insight Scale, and STTS-R. Since satisfaction with therapy and therapist are both related to clients' alliance with their therapists (Eugster & Wampold, 1996) and their insights regarding themselves (Hill et al, 2007), the WAI and Insight Scale were determined to ensure concurrent validity. The STTS-R's internal consistency and split-half reliability were determined to test reliability. The alpha level was determined as 0.05 (two-sided) for all analyses. Validity and reliability analyses were conducted using SPSS 22.

RESULTS

Confimatory Factor Analysis (CFA)

The goal of CFA is to examine and validate the factor structure of the STTS-R. The two-factor model with 12 items was analyzed using CFA in the AMOS 26 program. According to the results, all items were significantly loaded on the previously hypothesized factors of satisfaction with the therapy and satisfaction with the therapist (Fig. 1).

The maximum likelihood estimation was conducted for all analyses. The model fit was evaluated using the following fit indices: values of 0.95 or higher for GFI, TLI, and CFI represent a good model fit of the data (Sümer, 2000). Perfect fit is also represented by the SRMR and RMSEA values. Less than 0.05 value for SRMR and less than or equal to 0.08 value for RMSEA indicate a good fit (Brown, 2015; Sümer, 2000). The goodness-of-fit was assessed based on these values, and the corresponding values revealed that all fit indices were found to be acceptable: $\chi^2/df=2.74$; $p<0.001$, RMSEA=0.08, SRMR=0.04, TLI=0.93, CFI=0.95, GFI=0.91 (Table 1). The χ^2/df value represents a perfect value (Sümer, 2000), and the RMSEA, SRMR, CFI, and TLI values represent good values (Brown, 2015; Sümer, 2000; Tabachnick & Fidell, 2001). Furthermore, as can be seen in Table 2, standardized factor loadings showed that these values were found to be acceptable, i.e., >0.30, (Brown, 2015). Overall, these indices and factor loadings confirmed that the two-factor model is reasonably well.

Validity

To test the concurrent validity of the STTS-R, scores from the convergent measures (i.e., WAI and Insight Scale) were correlated with those from the STTS-R using Pearson's r. Table 3 presents these convergent correlations at 95% confidence intervals. According to the results, a strong

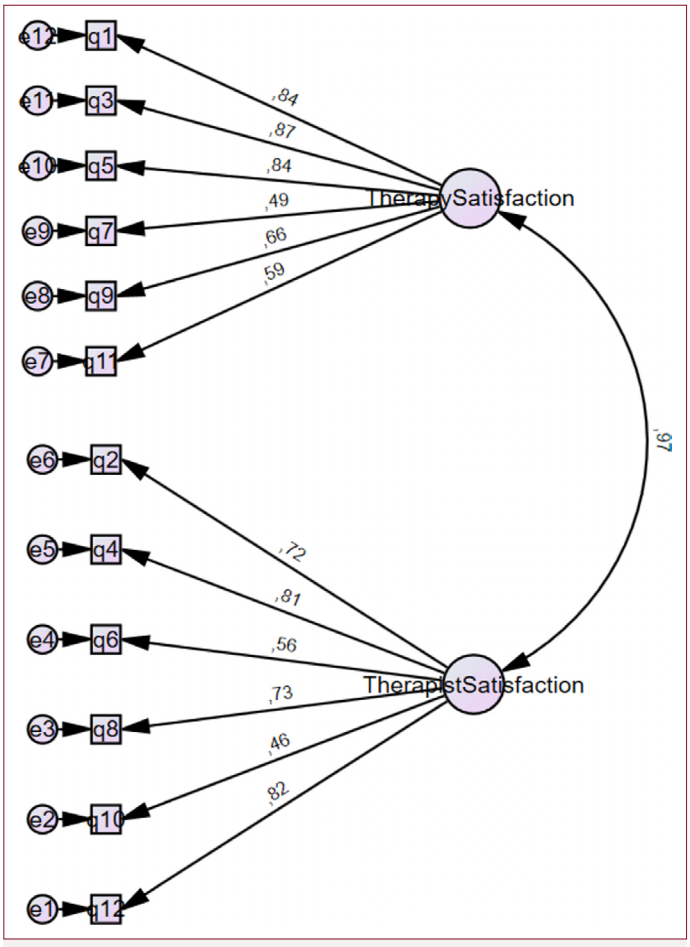

Figure 1. Path diagram with Confirmatory Factor Analysis results for the STTS-R factors.

positive correlation was found between the WAI and STTS-R with two factors and 12 items (r=0.85, p<0.05, two-tailed; Taylor, 1990). Furthermore, strong positive correlations were found between the WAI and satisfaction with therapy (r=0.79, p<0.05, two-tailed) and therapist subscales (r=0.83, p<0.05, two-tailed). The correlation between the Insight Scale and STTS-R with two factors and 12 items was found to express a weak positive relationship (r=0.26, p<0.05, two-tailed). In addition, weak but positive correlations were found between the insight and satisfaction with therapy (r=0.23, p<0.05, two-tailed) and therapist subscales (r=0.27, p<0.05, two-tailed). Finally, correlations are also computed with item 13, which evaluates global improvement. The correlations between item 13, STTS-R and its subscales, and alliance were weak but statistically significant. These results suggest that the scale has adequate concurrent validity when correlated with measures for therapeutic alliance and client insight. All validity analyses were performed with a significance level of 0.05.

Table 1. Fit Indexes from the Confirmatory Factor Analysis with STTS-R data[a]

Model	Df	χ^2/df	TLI	RMSEA	CFI	GFI	SRMR
Two-factor solution	53	2.74	0.93	0.08	0.95	0.91	0.04

a: Fit Indexes are rounded; TLI: Tucker–Lewis Index; RMSEA: Root mean square error of approximation; CFI: Comparative Fit Index; GFI: Goodness-of-Fit Index; SRMR: Standardized root mean square residual; p<0.001.

Table 2. Standardized factor loadings of the STTS-R: A Two-factor model

Two- factor model		
STTS-R items	**Satisfaction with the therapy**	**Satisfaction with the therapist**
1	0.84	
2		0.72
3	0.87	
4		0.81
5	0.84	
6		0.56
7	0.49	
8		0.73
9	0.66	
10		0.46
11	0.59	
12		0.82

STTS-R: Satisfaction with Therapy and Therapist Scale-Revised.

Reliability

The internal consistency of the STTS-R was assessed using Cronbach's alpha. Cronbach's alpha was calculated as 0.92 with 12 items (two factors), 0.86 for satisfaction with the therapy subscale, and 0.84 for satisfaction with the therapist subscale. As can be seen from this value, the overall scale and subscales have strong reliability (Taber, 2018), meaning that the total scale was created homogenously.

The item-total correlation coefficients were also computed for reliability. These values explain the relationship between the scores for the items on the scale and the total score. A high level and positive item-total correlations indicate that the items in the scale show similar and homogeneous characteristics, indicating that the internal consistency of the

Table 3. Correlations and descriptive statistics for the STTS-R, WAI, and Insight Scale (n=262)

Model	1	2	3	4	5	6	M	SD
STTS-R (12 items)	1	0.96*	0.95*	0.85*	0.26*	-0.34*	4.15	0.61
Satisfaction with the therapy		1	0.83*	0.79*	0.23*	-0.34*	4.03	0.67
Satisfaction with the therapist			1	0.83*	0.27*	-0.31*	4.28	0.60
WAI				1	0.33*	-0.30*	5.33	1.03
Insight Scale					1	-0.07	3.83	0.44
Item 13						1	1.85	0.78

SD: Standard deviation; STTS-R: Satisfaction with Therapy and Therapist Scale-Revised; WAI: Working Alliance Inventory; *p<0.05.

scale is high (Büyüköztürk, 2018). The acceptable value of item-total correlations is 0.30 and above (Büyüköztürk, 2018). In this study, the values ranged from 0.47 to 0.80. The corrected item-total correlations of the scale are presented in Table 4.

To identify the split-half reliability, the split-half value was calculated as r=0.88 (p<0.05, two-tailed) for the 12-item scale. This indicates that the two halves of the test have similar true scores and error variances. Cronbach's alpha is also presented for the WAI and Insight Scale, respectively, at 0.93 and 0.86. Therefore, the reliability scores for these scales vary from excellent to reliable (Taber, 2018).

Table 4. Item-total correlations of items in the STTS-R

Item no	Corrected item-total correlation	Cronbach's Alpha if item is deleted
1	0.768	0.905
2	0.685	0.910
3	0.799	0.904
4	0.752	0.906
5	0.792	0.904
6	0.536	0.916
7	0.487	0.918
8	0.697	0.909
9	0.630	0.912
10	0.469	0.918
11	0.586	0.913
12	0.782	0.905

STTS-R: Satisfaction with Therapy and Therapist Scale-Revised; p<0.05.

DISCUSSION

This paper presents the adaptation of STTS-R to Turkish. The results of the factor analysis support the factor structure of the original scale, which has two factors with a total of 13 items. This result is important because it points out several implications regarding the relationship between culture and psychotherapy/counseling. It has been shown that clients in Türkiye, as in Australia, distinguish between satisfaction with the therapy and satisfaction with the therapist. It can also be said that clients' understanding of satisfaction with their therapy and the therapist is similar in both cultures. For instance, feeling free to express themselves (item 10), the therapist's friendliness and warm approach to clients (item 8) and not being critical and negative to the client (item 6) were attitudes indicating satisfaction with the therapist. Thus, it can be inferred that it is common in both cultures that these behaviors are related to satisfaction with the therapist/counselor, not to the satisfaction with therapy, and that clients' expectations from the therapist/counselor are similar. Moreover, this finding is also compatible with the literature. For instance, a review study indicated that some of the personal attributes of the therapists (being warm, friendly, empathic, etc.) positively influence the relationship between therapists and their clients, thereby influencing the course of the therapy (Ackerman & Hilsenroth, 2003). However, as this is not a qualitative study, it is not known what clients mean by some of the therapist's/counselor's behaviors, such as friendliness (item 8) and criticism (item 6). Similarly, items such as believing that the program met the needs of the client (item 3), being able to focus on the real concern of the client (item 11), and being able to deal with the problems more effectively (item 9) were regarded as influential on the satisfaction with the therapy. This finding is also compatible with the literature that reports that client satisfaction is related to taking into account client preferences to meet their needs (Lindhiem, 2014) and solving the problems brought to the therapeutic process by clients (Hill, 1969).

As mentioned above, the original STTS-R was developed to evaluate client satisfaction with the therapy and therapists based on a group cognitive therapy program for mood disorders. However, the sample of this adaptation study included both clients who had a diagnosis and those who did not. Only a few participants who had a diagnosis, such

as mood disorders and anxiety disorders, etc. and who were receiving individual therapy were included in this study. The reason to involve clients who have no diagnosis is to ensure generalizability because client satisfaction with therapy and therapist/counselor is valid for diagnosed and undiagnosed clients. The items of the original scale were appropriate for use by clients without any diagnosis and those who received individual psychotherapy; therefore, no major changes were required. For instance, "The therapist provided an adequate explanation regarding my therapy (item 4)," "I am now able to deal more effectively with my problems (item 9)," "I was able to focus on what was of real concern to me (item 11)" are general statements that can be used for any client in individual therapy. Furthermore, satisfaction with the therapy and therapist is a common factor in psychotherapy (Oei & Shuttlewood, 1999); thus, it is appropriate to use the scale in various psychotherapy schools in addition to CBT.

Overall, the validity and reliability analyses show that the two-factor solution reported by Oei and Green (2008) can be replicable and that this scale has good reliability and validity as a research measure. The correlations between satisfaction with the therapy, satisfaction with the therapist/counselor, and alliance are generally high. Therefore, a positive emotional bond between clients and therapists and the direction of the therapeutic process based on agreed tasks and goals can contribute to the positive therapy outcomes (Doran, 2016). Furthermore, the correlations between satisfaction with the therapy, satisfaction with the therapist, therapeutic alliance, and item 13 that measures global improvement in therapy show that clients' improvements in therapy will increase if they are satisfied with their therapy and therapists/counselors and if they establish an alliance. This finding means that the positive appraisal of clients about their therapist/counselor, their positive attitude toward their therapeutic process, and the agreement on tasks, goals, and the formation of emotional bond will boost improvements of clients to cope with the problems handled in therapy (Baier et al, 2020; Hasler et al, 2004; Oei & Green, 2008).

The correlations between satisfaction with the therapy, satisfaction with the therapist, and insight were found to express a weak but positive relationship, which indicates that a client's engagement in therapy and therapeutic alliance increases as the client's insight increases. In addition, our results showed that satisfaction with therapy had a strong relationship with working alliance, whereas the relationship between satisfaction with the therapy and clients' insight level was weaker. This may indicate that, for clients in Türkiye, cooperation and bonding between the therapist and client are more important than gaining some type of rationale that helps explain problems. This result also implies that clients pay much more attention to having a strong therapeutic relationship with therapists/counselors than to gaining insight into their problems.

Regarding the reliability of STTS-R, Cronbach's alpha value showed that the items are highly consistent with each other and are measuring the same underlying concept (i.e., satisfaction with therapy and therapist). Furthermore, the split half value indicates that STTS-R has balanced consistency among its items. Moreover, each item of the scale contributed well to the internal consistency of the instrument, as can be inferred from the item-total correlation result, which means that the items of the scale can measure different aspects of the same construct.

Implications for Psychotherapy Practice and Research

Given the lack of culturally appropriate measures regarding satisfaction with the therapy and therapist in Türkiye, the Turkish version of the STTS-R (Gözden Geçirilmiş Terapi ve Terapistten Memnuniyet Ölçeği [STTS-R Turkish]) can fill this gap in two broad areas (i.e., research and mental health practice). Researchers can use this tool to further psychotherapy studies in Türkiye; therefore, they can contribute to the scientific literature by shedding light on the variables related to satisfaction with therapy in Türkiye. Furthermore, these studies will enhance the understanding of mental health providers in their clinical practice regarding the factors associated with satisfaction. Thus, by being informed about the factors related to satisfaction with therapy, the participants may be able to improve their clinical skills. In addition to the benefits of the results of scientific studies on psychotherapy practice, mental health providers can use the STTS-Turkish to screen their clients' satisfaction levels during their therapy process. As a culturally sensitive, valid, reliable, and brief instrument, the Turkish adaptation of the STTS-R can serve as a source of accountability for psychotherapy services.

Limitations

The sample size of this study (*N*=262) could be considered low for CFA and could be deemed as a weakness. One of the fit indices of the CFA, which is the RMSEA value, is affected by the small sample size and *df* (Kenny et al, 2015), and it was found to be 0.08 for this study. Although it is a high value, a higher number of participants would contribute to lower this value.

Second, some data were collected retrospectively, which means that some of the participants' evaluations of satisfaction with the therapy/therapist/counselor, alliance, and insight were based on their past experiences. Therefore, confounding variables may influence the participants' assessments of their satisfaction level with past therapy experiences.

Lastly, this study can be conducted with participants who receive therapy/counseling from different approaches. Therefore, additional information could be collected regarding the school of therapy that the participants received, which was missing in this study. As the school of therapy/counseling could be a confounding factor, and the groups would differ based on this factor, the missing of this information is a limitation of the study.

Ethics Committee Approval: Istanbul 29 Mayıs University Ethics Committee granted approval for this study (date: 07.12.2020, number: 2020/04-4).

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Appendix. Satisfaction with Therapy and Therapist Scale-Revised (STTS-R)

The following are some statements regarding clients' satisfaction with the therapies they receive. You are expected to circle the number that best expresses your opinion regarding your satisfaction, considering the therapy you are currently attending or have completed and the therapist who provided this therapy service.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

1. I am satisfied with the quality of the therapy I received.	1	2	3	4	5
2. The therapist listened to what I was trying to say.	1	2	3	4	5
3. This therapy met my needs.	1	2	3	4	5
4. The therapist provided an adequate explanation regarding my therapy.	1	2	3	4	5
5. I would recommend this therapy to a friend.	1	2	3	4	5
6. The therapist was not negative or critical toward me.	1	2	3	4	5
7. I would return to the clinic if I need any help.	1	2	3	4	5
8. The therapist was friendly and warm toward me.	1	2	3	4	5
9. I am now able to deal more effectively with my problems.	1	2	3	4	5
10. I felt free to express myself.	1	2	3	4	5
11. I was able to focus on what was of real concern to me.	1	2	3	4	5
12. The therapist seemed to understand what I was thinking and feeling .	1	2	3	4	5

13. How much did this treatment help with the specific problem that led you to therapy?

Made things a lot better	1
Made things somewhat better	2
Made no difference	3
Made things somewhat worse	4
Made things a lot worse	5

Ek. Gözden Geçirilmiş Terapi ve Terapistten Memnuniyet Ölçeği (TTMÖ-G)

Aşağıda danışanların aldıkları terapilerden memnuniyetleriyle ilgili bazı ifadeler yer almaktadır. Sizden şu anda devam ettiğiniz ya da tamamladığınız terapiyi ve bu terapi hizmetini veren terapisti düşünerek, memnuniyetinizle ilgili düşüncenizi en iyi ifade eden numarayı daire içine almanız beklenmektedir.

Kesinlikle katılmıyorum	Katılmıyorum	Kararsızım	Katılıyorum	Kesinlikle katılıyorum
1	2	3	4	5

1. Almış olduğum terapinin kalitesinden memnunum.	1	2	3	4	5
2. Terapist aktarmaya çalıştıklarımı dinledi.	1	2	3	4	5
3. Bu terapi ihtiyaçlarımı karşıladı.	1	2	3	4	5
4. Terapist terapimle ilgili yeterli açıklamayı sağladı.	1	2	3	4	5
5. Bu terapiyi bir arkadaşıma tavsiye ederim.	1	2	3	4	5
6. Terapist bana karşı olumsuz ve eleştirel değildi.	1	2	3	4	5
7. Yardıma ihtiyacım olsaydı kliniğe dönerdim.	1	2	3	4	5
8. Terapist bana karşı samimi ve içtendi.	1	2	3	4	5
9. Artık sorunlarımla daha etkili bir şekilde başa çıkabiliyorum.	1	2	3	4	5
10. Kendimi ifade etmekten çekinmedim.	1	2	3	4	5
11. Beni asıl ilgilendiren şeye odaklanabildim.	1	2	3	4	5
12. Terapist ne düşündüğümü ve ne hissettiğimi anlıyor gibiydi.	1	2	3	4	5

13. Bu tedavi, sizi terapiye yönlendiren soruna ne kadar yardımcı oldu?

İşleri çok daha iyi hale getirdi	1
İşleri biraz daha iyi hale getirdi	2
Hiçbir fark yaratmadı	3
İşleri biraz daha kötü hale getirdi	4
İşleri çok daha kötü hale getirdi	5