

## Summary

# Comparison of Clients and Therapists in Terms of Session Impact in Psychotherapy Processes

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Psychotherapy research has a highly controversial literature, beginning from the outcome-research that seeks answers to the question of whether the therapy is effective, to the process research that is focused on the question of how therapy is effective. Although most clinicians and researchers agree that psychotherapy is working, the question of process research that with which mechanism of psychotherapy works is still an unclear question. Moments in which therapeutic decisions are made, that is, immediate changes of the therapist and the client, are considered one of the important variable that determine the results of the therapy (Stiles, 1980). The main focus of psychotherapy process research has been this in-session indicators that could provide information about the change. Another approach, which is an additional and/or alternative to the evaluation of cumulative effect at the end of therapy; or to the comprehensive analysis of the in-session behaviors, is evaluating the effects of a particular session (session impact), in the short term (Orlinsky & Howard, 1967; Stiles, 1980, Mallinckrodt, 1994). Following systematically the impact of psychotherapy sessions can help clients and therapists to discover whether therapy sessions are beneficial, effective, or detrimental (Hafkenscheid, 2009). The session impact means the subjective interpretations, evaluations and post-session mood changes of the therapist and the client about the session that observed immediately after the interview (Stiles, 1980). According to Stiles, Reynolds, Hardy, Shapiro (1994), the subjective response of the client to the session (session impact) is the bridge between the in-session experiences and the change at the end of the therapy (Stiles & Snow, 1984a, 1984b). Therefore, the session impact has great importance in terms of creating the mediator effect that is needed between process and outcome research (Mallinckrodt, 1993). In other words, this perspective, which examines the momentary effect of the session rather than the long-term cumulative effect of psychotherapy sessions, provides

a micro-level examination of the process-outcome context in psychotherapy (Friedlander, Thibodeau & Ward, 1985). The Session Evaluation Questionnaire developed by Stiles (1980) is the most commonly used measurement tool in studies focusing on the session impact. Factor analysis studies carried out with both the United States (Stiles & Snow, 1984) and England (Stiles et al., 1994) samples have supported the two-factor structure of the scale (depth and smoothness). Depth can be considered a more task-oriented dimension in which the value and strength of the session are evaluated. Smoothness reflects of confidence, satisfaction and comfort that the client or therapist feels subjectively. Therefore, the depth and smoothness dimensions express different types of positive assessment for the session. For example, good sessions are deeper for therapists, while smooth sessions for clients; bad sessions are defined as shallow and rough (Friedlander et al., 1985). In another study, it was concluded that when the clients found the first session smooth, the likelihood drop-out from therapy was increased (Nash ve Garske, 1988, as cited in Tryon, 1990). Consistent with these findings, as the depth scores reported by the clients increased, the likelihood of getting positive results from the therapy increased and the likelihood of drop-out rates as depth scores decreased. However, it was found that the smoothness factor did not differentiate between individuals who drop-out or who had good outcomes from therapy. However, for the therapists, the smoothness factor was the predictor of psychotherapy outcome (Samstag, Battchelder, Muran, Safran & Winston, 1998). All these findings draw attention to the importance of evaluating the impacts and mediating role of therapy sessions both at the beginning of and within the psychotherapy process, as well as on the therapy outcomes. The relationships between session impact and the psychotherapy outcomes (Mallinckrodt, 1993; Stiles, Shapiro, & Firth-Cozens, 1990), the personality traits of client (Kivlighan & Angelone,

1991), the training of the therapist (Kivlighan, 1989), the approach and tendency of the therapist (Hill, Helms, Spiegel, & Tichenor, 1988; Hill et al., 1988) was studied. The common result pointed out by the studies is that the impact of the session is an important variable to be considered in psychotherapy studies. The main purpose of this study is examining the impact of the session in the context of the therapist-client dyad. For this purpose, firstly the factor structure and psychometric properties of the Session Evaluation Questionnaire were examined in terms of the client-therapist duo. In the second stage, the differentiation and agreement levels of the client and therapists on the quality of the session were analyzed and the extent to which the client-therapist patterns differed was analyzed through multiple group analysis. In the final stage, the relationship between the combination of depth and smoothness at different levels and the quality of the general session perceived by the therapist or client was evaluated.

## Method

### Participants

The therapist sample of the study consists of graduate students who continue their master's and doctoral studies at Hacettepe University Clinical Psychology Programme and perform the psychotherapy applications under supervision after theoretical training. Approximate average duration of working time of therapists in the study area is 2 years (Min: 1 year; Max: 8 years, Range: 7 years;  $M = 1,8$  years;  $SD = 1,3$  years). Each therapist followed 1,6 clients on average. All therapists received supervision by professional psychotherapists at the end of each session. Psychotherapies were continued in Hacettepe University Psychotherapy Research Laboratory (HÜPAL) with Cognitive-Behavioral Therapy and Schema Therapy. In this study, there were 69 therapists including 6 male and 63 female. The average age of therapists is 25.29 years.

A client sample of this study consists of 112 participants, 75% of whom were women and 25% of them were men who applied to HÜPAL for psychotherapy. The average age of the clients is 24.72. The existence of psychotic symptoms in this study was determined as exclusion criteria. Participants in the study generally applied to psychotherapy process due to anxiety, depression, personality disorders symptoms and interpersonal problems.

### Materials

**Session Evaluation Questionnaire-Adjective Scale (SEQ-AS).** SEQ-AS is a self-report scale consisting of 12 items, developed by Stiles (1980), which is

intended to be completed by the therapist and the client to evaluate the impact of the session. Studies show that Cronbach's alpha of internal consistency of the scale varies from .78 to .93 for the sub-dimensions (Stiles & Snow, 1984a) and that the two-factor structure (depth and smoothness) was supported.

### Procedure

Therapists and clients have signed informed consent forms prepared by the researchers in accordance with the principle of confidentiality, volunteering and anonymity. The participants were then given the demographic information form and questionnaires, as well as the SEQ-AS after each session from the 3rd session. The questionnaires, which were scored after each session, were given to the research team in closed envelopes in order to keep the participants blind to each other's responses.

## Results

In the scope of this study, the mean score of the 10 sessions between the 3rd and 12th sessions of the participants were used. The data on 810 sessions were included in the analysis because of the missing data due to some problems in the application of the questionnaire or transferring to the database. The average number of sessions for each therapist-client pair is 7.2. Within the scope of the study, the mean scores of the therapists and clients for each item were analyzed and exploratory factor analysis was carried out separately for two samples based on these mean scores. The findings indicate that both the client and the therapist samples were sufficient (KMO (Client) = 0.872, KMO (Therapist) = 0.866) and the hypothesis of sphericity ( $X^2(66) = 1108,928, p < 0.001$ ;  $X^2(66) = 1113.380, p < 0.001$ ) was met. According to the findings, the client sample explained 72.62% of the variance while the therapist sample similarly explained 72.94%. The results were consistent with the Stiles' 1980, 1984 and 1994 studies and supported the two-factor structure of the scale and found that the psychometric properties of the scale were good in terms of factor loadings, explained variance and reliability coefficients (Table 2). One way MANOVA was applied to determine whether there were significant differences between the therapist and client groups in terms of item scores (Wilks'  $\lambda = 0.824, F_{(12,211)} = 3,764, p < .000$ ) (Table 3). The results of the analysis indicated that both the therapist and the client groups had a tendency to evaluate the session impact positively. It was observed that the clients had tendency to perceive the sessions more full, valuable, powerful, and deeper compared to therapists. In addition, it was determined that the client group gen-

erally perceived the sessions as better, pleasant and comfortable. As the process of psychotherapy progressed, the changes in the items were also examined within the scope of this study (Table 4). The results showed that the lowest average scores were obtained from the 'difficult-easy' and 'rough-smooth' items from the smoothness sub-dimension. On the other hand, it can be observed that the item scores of both the therapist and the client sample had a generally stable pattern between the beginning-mid-to-last sessions.

The session impact level of the therapists and clients was calculated using the Intraclass Correlation Coefficient (ICC) technique for each item and sub-dimension (depth and smoothness). Analysis results indicate that there is a significant agreement between therapists and clients for all items and dimensions. Average ICC values of session impact items ranged from 0.28 to 0.70 ( $M = 0,45$ ). In addition, it was seen that the scoring tendency in the same direction and severity for the smoothness ( $ICC = ,696$ ) was more than the depth dimension ( $ICC = ,391$ ). Before comparing the model fit of the therapist and clients, measurement models were tested to determine the extent to which the indicators represented latent variables. The results of the analysis showed that the measurement models have a good fit for both therapists ( $\chi^2 = 41,29$ ,  $sd = 24$ ,  $\chi^2/sd = 1,72$ ;  $RMSEA = 0,08$ ;  $CFI = 0,98$ ;  $GFI = 0,94$ ) and clients ( $\chi^2 = 47,41$ ,  $sd = 25$ ,  $\chi^2/sd = 1,89$ ;  $RMSEA = 0,09$ ;  $CFI = 0,97$ ;  $GFI = 0,92$ ). In the model comparisons, three hierarchical models were compared: (1) Configural Invariance, (2) Weak Invariance and (3) Strong Invariance Models. When the model fit indices were examined, it is seen that configural invariance model was significant. In other words, the number of factors and loading patterns were not different for the groups. It can also be said that the relationship between depth and smoothness dimensions did not show any difference between the models considering that weak invariance model is not significant. However, it was observed that the strong invariance model significantly differentiated and the model fit significantly decreased (Figure 1).

For the main purpose of this study, the relationship between the combination of depth and smoothness at different levels and the quality of the general session perceived by the therapist or the client. Based on the dimensions of depth and smoothness, the session impact model allows for a theoretical classification. Group 1 represented the high score sessions on both depth and smoothness; Group 2 represented the depth but rough sessions; Group 3 represented the shallow and smooth sessions and Group 4 represented shallow and rough sessions. The results of the analysis showed that there were significant differences between the clients ( $F(3-105) = 27,66$ ,  $p < 0,000$ ) and therapists ( $F(3-105) = 36,47$ ,  $p <$

$0,000$ ). As expected, for clients, it was seen that in Group 4 (shallow/rough) sessions were perceived significantly worse than all groups. Although Group 1 was perceived significantly better than the shallow (Group 4 and Group 3) sessions, it was perceived better than Group 2, but this difference did not reach a statistically significant level. No significant difference was observed between Group 2 and Group 3. The same patterns were observed for the therapists (Table 6).

## Discussion

The results of the exploratory factor analysis showed that both the therapist and the client session evaluations emerged in two related but independent dimensions. It was seen that the factorization of the questionnaire was consistent with the original study of Stiles (1980) and the factor loadings were similar. It was observed again that the depth dimension reflects the task aspect of the session and the smoothness was related to the emotions in the session. In this study, the observation of similar patterns with the original study of Stiles was interpreted as an indicator that the impact of the session may have a universal character. In this regard, cross-cultural comparisons and meta-analysis studies are thought to make significant contribution to the literature in terms of therapeutic process research.

The second aim of the study was to compare the unique patterns of therapists and clients in terms of the session impact. When the variance and ICC analyzes are considered together, it can be seen that the therapists and the clients tend to perceive the session impact in the same direction and with similar intensity. However, it is understood that the clients tend to have relatively more positive evaluations for all items that have significant differences. This situation is not specific to the session impact; a similar trend in terms of therapist and client evaluations was observed for different psychotherapy variables such as psychotherapeutic alliance (Soygüt, Uluç & Tüzün, 2006; Gülüm, Uluç & Soygüt, in press).

The extent to that the therapist and client models overlap in terms of dual factor structure was evaluated through multiple group analysis. The significance of Model 1 and Model 2 and finding no difference between them clearly show that the therapist and client models fit to a common session impact model in terms of factor structures, factor loadings and inter-factor relationships. It is also very important whether the client-therapist couple has agreement on the session impact, even though the impact of the session on the client is more emphasized.

Within the framework of the results obtained from group comparisons, it is not wrong to accept that the main indicator of the overall session impact for both the

clients and therapists is the depth of the session. However, despite Friedlander et al. (1985) found that main indicators of good sessions were depth for therapists, smoothness for clients, this study's results are consistent with Tryon's (1990) study; depth is seen as the best indicator for both therapists and clients in Turkey sample. Smooth sessions, on the other hand, were thought to be an indication of the defense of client (Nash & Garske, 1988, as cited in Tryon, 1990). From this point, it can be said that the depth dimension is the primary indicator of the session impact for both clients and therapists. An important variable provides depth is based on the relationship between the therapist and the client. However, in order to understand the dynamics in the session, modeling studies should be carried out with larger sample groups, which include the personality traits of therapists and clients. Another limitation of the study is that the therapeutic alliance variable, which is another important in-session indicator, is not included in the model. In further studies, it is recommended to test more comprehensive models, including the therapeutic alliance scores which is an important variable in psychotherapy process research. In addition, although the data obtained by quantitative methods are quite important and they provide valuable contributions, the results of qualitative researches are needed for the in-depth analysis of the in-session indicators. In subsequent studies, examining which subtype of SEQ-AF is the predictor of drop-out from therapy will provide important findings for psychotherapy research. In addition, another limitation of this study is that the scores obtained from a specific part of the processes were analyzed. Examining session impact of whole process with larger therapist-client samples, analyzing comprehensively the effects of psychotherapy sessions and investigating the predictors of how this change occurred will make a significant contribution. On the other hand, process studies draw attention to the similarities and differences in cultural context. It is open to questioning that whether different psychotherapy approaches are culturally appropriate or effective in Turkey. Process studies point out the similarities and differences in the cultural context. It is believed that examining the subjective experiences of therapists' and clients' to sessions and the power and structure of the working alliance will provide better understanding about the difficulties adapting psychotherapies to Turkey's culture.