The Norwegian version of the Scale To Assess the therapeutic Relationship (N-STAR) in community mental health care: Development and pilot study

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Abstract

Background: Psychotherapy research has emphasized the role of the therapeutic relationship. Current mental health care, however, is often carried out in other contexts and with a variety of health professionals involved. Measures for assessing the therapeutic relationship in community mental health settings is therefore required.

Aims: To describe the development of the Norwegian version of the Scale To Assess the therapeutic Relationship (N-STAR), and to examine its reliability.

Methods: A pilot study was performed with 29 mental health clients and 29 therapists. Participants completed the N-STAR, and *t*-tests, Cronbach's alpha, Pearson's *r*, and intraclass coefficient (ICC) were used in the analysis.

Findings: The internal consistency of the N-STAR total scale was good, whereas the subscales showed acceptable to questionable internal consistencies. There was a significant association between the total scores of clients and therapists ($r = 0.42$, $p = 0.02$), and the consistency in agreement between the clients' and the therapists' scores was good (ICC = 0.57, $p = 0.02$).

Conclusion: The N-STAR total scales showed promising results in terms of their internal consistency and level of client-therapist agreement.

Keywords: therapeutic relationship, instrument development, measurement, psychometrics, community mental health care

Key points: The N-STAR is a promising instrument for use in research and practice in Norwegian community mental health care. The total scales demonstrated good reliability.

Introduction

There is a large body of evidence speaking to the importance of the therapeutic relationship for a range of different outcomes of psychotherapeutic treatment (Falkenström, Granström, & Holmqvist, 2013; Hill & Knox, 2009; Horvath, 2005; Jaeger, Weißhaupt, Flammer, & Steinert, 2014; Norcross, 2011; Norcross & Lambert, 2011; Owen, Duncan, Reese, Anker, & Sparks, 2013). In a recent review article on therapeutic relationships, Gelso (2014) presented three key components: 1) The Real Relationship, 2) The Working Alliance, and 3) Transference and Countertransference. He further suggested that this tripartite model can be used to describe relational components in all therapeutic relationships, independent of their theoretical underpinnings. It is important to note that he separates the working alliance from the two other key components, thus clarifying a common misunderstanding in clinical work and research, where the working alliance often are being presented as *the* concept for describing the therapeutic relationship.

Recent research, summarized by Norcross and Lambert (2011), concluded that the therapeutic relationship explains about 20 % of the variance in therapy outcome, and Bathia and Gelso (2013) suggested from data from that the relationship accounts for about 27 % of the variance in session outcomes. In two large meta-analyses, the therapeutic alliance component was shown to account for about 5 % of the variance of the therapy outcome (Horvath, Del Re, Flückinger, & Symonds, 2011; Martin, Garske, & Davis, 2000). In 2011, by using several measurement times during therapy, Crits-Cristoph and colleagues found that the therapeutic alliance explained 14.7 % of the variance in therapy outcome (Crits-Christoph, Gibbons, Hamilton, Ring-Kurtz, & Gallop, 2011). One important question has also been concerned with the extent to which clients' and therapists' views of the therapeutic relationship have been similar. A meta-analysis of 53 studies, comprising 52 separate data sets from 2.331 client-therapist dyads (Tryon, Blackwell, & Hammel, 2007), reported a mean

correlation between client ratings and therapists ratings of $r = .36$. The researchers concluded that clients' and therapists' alliance ratings both converge and diverge.

A large part of the knowledge we have today about effects of the alliance in psychotherapy have been established by means of developing measures of alliance and ascertaining their validity and reliability. However, community mental health care is largely carried out in contexts that differ from the traditional psychotherapy context, but the therapeutic relationship is considered to be of no less importance in these settings (Wright, 2011). The recent developments include a greater variety of arenas for meeting with clients (e.g., day centers, activity centers, clients' homes) and a greater variety in therapists' professional background (e.g., nursing, occupational therapy, physiotherapy, social work). The increasing interest in the therapeutic relationship in a broader professional context has been evidenced by a range of studies, spanning from supported employment (Waghorn, De Souza, Rampton, & Lloyd, 2009) and day care (Eklund, 1996) for persons with severe mental health problems, to rehabilitation in physical therapy (Hall, Ferreira, Maher, Latimer, & Ferreira, 2010) and in occupational therapy contexts (Morrison & Smith, 2013). According to our experience, similar studies have not been conducted in social work.

Given the variety of contexts included in contemporary research on the therapeutic relationship, one should not automatically adopt existing measures of the therapeutic relationship, developed within a psychotherapy frame, into community mental health care and assume it will function in the same way. Some work has been done, however, by exploring the psychometric properties of one of the most frequently used psychotherapy alliance measures, the Working Alliance Inventory – Short Revised (WAI-SR), in both outpatients (Hatcher & Gillaspy, 2006) and inpatients (Munder, Wilmers, Leonhart, Linster, & Barth, 2010). Hatcher and Gillaspy (2006) concluded positively with regard to its psychometric

properties in the group of outpatients, while Munder and colleagues (2010) concluded that the WAI-SR could be recommended for alliance assessment in both outpatients and inpatients.

Based on a similar line of reasoning, the Scale To Assess the therapeutic Relationship (STAR; McGuire-Snieckus, McCabe, Catty, Hansson, & Priebe, 2007) was developed in the UK in 2007. The specific purpose of the instrument is to measure the therapeutic relationship in community mental health settings. Subsequently, the scale has been translated into other European languages, including Swedish (c.f., McGuire-Snieckus et al., 2007) and German (Gairing, Jäger, Ketteler, Rössler, & Theodoriou, 2011; Loos et al., 2012). Presently, however, measures of the therapeutic relationship are not commonly used in Norwegian community mental health research or practice. Thus, we decided to perform a formal translation of the STAR and to conduct a pilot study to examine its reliability when used with a sample of Norwegian therapists and mental health clients.

Methods

The instrument

The STAR comes in two versions: one for therapists and one for clients. Based on qualitative semi-structured interviews with clinicians and patients, 119 selected items from nine established scales were assessed for applicability in community mental health research or practice. Two scales, one for patients and one for clinicians, were developed. Each scale consists of 12 items, some of which were collected from the nine previously developed measures of the therapeutic relationship. New items (not covered by any of the established scales) were developed from the interviews (McGuire-Snieckus et al, 2007). One example item (#2) from the client version is: “My clinician and I are open with one another”, and one example item (#2) from the therapist version is: “My patient and I share a good rapport”. All items are rated as following: 0 = never, 1 = rarely, 2 = sometimes, 3 = often, 4 = always. In

addition to the total score, representing an overall measure of the quality of the therapeutic relationship, three subscales are constructed from the STAR. In the client version, these subscales are 1) positive collaboration (six items), 2) positive clinician input (three items), and 3) non-supportive clinician input (three items). In the therapist version, the subscales are 1) positive collaboration (six items), 2) positive clinician input (three items), and 3) emotional difficulties (three items). Positive collaboration reflects a good rapport, shared understanding of goals, and openness and trust in the relationship. Positive clinician input reflects the therapist (being perceived) as encouraging, supportive, attentive, and understanding. Non-supportive clinician input (in the client version) and emotional difficulties (in the therapist version) reflect problems in the therapeutic relationship, as perceived by either the client or the therapist. Scores on items belonging to the non-supportive clinician input scale and the emotional difficulties scale are reversed when calculating the total STAR score. Resultantly, the total score ranges 0-48, whereas subscale scores are calculated by adding the scores of the items belonging to the subscale. In the original study reporting on the development of the STAR in the UK, all measures of internal scale consistency (Cronbach's α) were satisfactory, and the three-factor structure was confirmed with a Swedish sample (McGuire-Snieckus et al., 2007).

Instrument translation

During the translation process, we followed the principles as reported by the ISPOR Task Force for Translation and Cultural Adaptation (Wild et al., 2005). The principles describe a sequence of ten steps. Labels for the ten steps are provided in Table 1, along with summarized descriptions of how we proceeded during each of them. This article represents the final step in this process, and it launches the Norwegian version of the instrument (N-STAR) for the assessment and monitoring of the therapeutic relationship in community mental health work in Norway.

[Table 1 about here]

Recruitment

Twenty-nine mental health practitioners, currently enrolled in the university's graduate program in mental health care, were recruited to constitute the therapist sample in the present pilot study. In turn, these practitioners recruited mental health clients with whom they had regular contact to constitute the client sample. In total, 29 persons became part of the client sample.

Statistical analysis

We used *t*-tests to compare our sample with the results from previous results from using the STAR (McGuire-Snieckus et al., 2007). Effect sizes were calculated as Cohen's coefficient d, and $d > 0.40$ were considered large and clinically relevant (Cohen, 1988, 1992). Cronbach's α was calculated in order to investigate the internal consistencies of the total scales and the subscales of the N-STAR. Pearson's r was used to assess the bivariate associations between relevant scales, and the intraclass correlation coefficient (ICC) were used to assess the consistency in agreement between clients and therapists in their views of their therapeutic relationship.

Ethics

Prior to conducting the study, we contacted the appropriate Committee for Medical Research Ethics. In view of the way the data was collected, the study did not require formal ethical approval. All the participants were informed in an information letter. Response was considered as informed content, and all participants volunteered to take part in the study.

Results

Sample

The patient sample consisted of 20 persons (69 %) receiving outpatient care and eight persons (28 %) receiving inpatient care. For one person, the level of care was not reported. Eleven clients (38 %) reported that they had met with their therapist 20 times or less, whereas 18 clients (62 %) reported they had met with their therapist more than 20 times.

The therapist sample consisted of six nurses (21 %), seven physiotherapists (24 %), four social workers (14 %), four social educators (14 %), one physician, one child-welfare worker, one occupational therapist (10 % each). Five of the therapists did not report their profession (17 %). Nine therapists (31 %) reported having met with their client 20 times or less, whereas 20 of the therapists (69 %) reported having met the client more than 20 times.

Comparisons with the original study

Compared with the results from the sample in which the scale was developed (McGuire-Snieckus et al. 2007), the therapists in our sample had higher scores with large effect sizes on each of the STAR subscales and on the total score (all $p < 0.001$, Cohen's d ranging 0.99-1.58). Comparing our client sample with the McGuire-Snieckus et al (2007) client sample, on the other hand, our sample had higher scores on the non-supportive clinician input subscale ($p < 0.01$, Cohen's $d = 0.37$), and on the total score ($p = 0.01$, Cohen's $d =$ 0.27). Otherwise, no statistically significant differences were detected. Table 2 and Table 3 provide a more detailed overview of these comparisons.

[Table 2 and Table 3 about here]

Internal consistencies

The internal consistencies of the N-STAR scales are provided in Table 4. Summarizing, the Cronbach's α values for the two total score scales were very good, according to standard guidelines for interpretation (Streiner & Norman, 2008). Two of the

subscales in the therapist version (positive collaboration and positive clinician input), and similarly two subscales in the client version (positive clinician input and non-supportive clinician input), yielded Cronbach's α values lower than the recommended 0.70 (Streiner & Norman, 2008).

[Table 4 about here]

Scale associations and client-therapist agreement

An overview of the scale correlations are provided in Table 5. In the therapist version, higher scores on the positive collaboration subscale was significantly associated with higher N-STAR total scores. In the client version, higher scores on positive collaboration and lower scores on non-supportive clinician input were both associated with higher N-STAR total scores. There was a high level of inter-correlations between the three subscales in both the client and the therapist versions.

[Table 5 about here]

In addition, there was a positive and statistically significant relationship between the total N-STAR scores among pairs of clients and the therapists – clients who rated the relationship with their therapist as good had therapists who in a similar way rated their relationship with the client as good ($r = 0.42$, $p = 0.02$). Similarly, there was a borderline significant trend that clients who rated positive collaboration with the therapist as high had therapists who rated positive collaboration with the client as high ($r = 0.36$, $p = 0.06$). There was no association between the clients' and the therapists' views of positive clinician input ($r = 0.13$, *ns.*).

In addition to the correlation analysis, we calculated intraclass correlation coefficients (ICC) to assess the consistency in agreement between the clients' and the therapists' scores on the three relevant scales. The results showed that the ICC was satisfying and significant for the N-STAR total scales (ICC = 0.57, $p = 0.02$) and for the positive collaboration subscales (ICC = 0.51, $p = 0.03$). For positive clinician input, the results were not statistically significant (ICC = 0.21, $p = 0.27$).

Discussion

This study has described the development of a Norwegian version of the Scale To Assess the therapeutic Relationship (N-STAR), and we aimed to examine the reliability of the new instrument. The pilot study utilized the N-STAR with 29 clients and their 29 respective therapists. Compared to the therapists the original STAR study (McGuire-Snieckus et al., 2007), the Norwegian therapists perceived all aspects of their therapeutic relationship with their clients as better. Similarly, our clients perceived the overall therapeutic relationship as better compared to the clients in the original study. The reliability of the N-STAR subscales were lower than recommended, but the total scales showed high reliability for both clients and therapists. There was a positive association between the clients' and the therapists' scores on the total scales, and a similarly satisfying level of agreement on their respective total scale scores. This in in line it the meta-analytic findings on the degree of convergence between therapists' and clients' views on the working alliance (Tryon et al., 2007).

In comparison with the sample used in the original study (McGuire-Snieckus et al., 2007), our clients and therapists perceived the therapeutic relationship as better. Differences between samples in terms of their characteristics are often used when attempting to explain such clinically important differences, but unfortunately, we do not have access to the sociodemographic characteristics of our sample beyond what is reported. However, our client

sample consisted of mostly outpatients, indicating that they possessed a certain level of daily living skills as well as relational skills – such skills are generally lower in inpatient samples with more severe symptomatology (McCabe & Priebe, 2004; McCabe, Saidi, & Priebe, 2007; Priebe & McCabe, 2006). The sample in the McGuire-Snieckus et al study (2007) consisted of a majority of patients with schizophrenia who had a long history of mental illness and who had experienced, on average, five hospital admissions during the course of their illness. This may speak to a higher symptom level among the participants in the UK sample, a factor that has been associated with a more difficult therapeutic relationship (McGuire-Snieckus et al., 2007; Waghorn et al., 2009).

The relationships assessed in this study were relatively established ones. A majority (62 %) of the client sample had more than 20 sessions with their therapist, and it has been suggested that longer lasting therapeutic relationships generally adds to their quality (R. McCabe & Priebe, 2004). However, a relationship that lasts for a long time, but without much improvement taking place or with many unresolved problems, may turn into a burden to both parties. In such relationships, the therapist may find it hard to feel and express empathy, which can easily undermine the therapeutic relationship and subsequent treatment outcomes. We do not know about the duration of the relationships assessed in the UK study (McGuire-Snieckus et al., 2007). However, it may be that the lower scores in that sample, particularly among the therapists, may be partially explained by recently established and therefore immature relationships, or by less feelings and expression of empathy on the part of the therapist.

There appear to be two independently translated German versions of the STAR. In the first, the total scales showed high reliability whereas the subscales showed more psychometric problems. Specifically, the subscales were not extracted in principal component analyses, and there were high inter-correlations between them (Gairing et al., 2011). In the second, similar

problems were experienced with some of the subscales, particularly with the non-supportive clinician input, and fit indices of a three-factor model were only moderate. The reliability coefficients for the total scales, however, were 0.83 (client version) and 0.87 (therapist version) (Loos et al., 2012), quite similar to our results. Our study had a too small sample size to be appropriate for a factor analysis. The coefficient alphas for several of the subscales, however, were lower than the usual recommendations for scale reliability (Streiner & Norman, 2008). Nonetheless, the challenge of measuring scale consistency with only three items is considerable, as scales with few items tend to show lower internal consistency between items, compared to longer scales (Streiner & Norman, 2008). We discovered also a pattern of inter-correlations between the subscales, similar to Gairing and coworkers (2011; see Tables 4 and 5). The total N-STAR scales, on the other hand, appeared to have high reliability in both the client and the therapist versions. This is in agreement with the previous studies (Gairing et al., 2011; Loos et al., 2012), and the evidence for the reliability of the total scales is therefore further supported by our study.

In the correlation analysis, we found a relatively strong association between the clients' and the therapists' views of the therapeutic relationship – clients who rated the relationship as good had therapists who felt the same way about their relationship. Moreover, as shown with the ICC analysis, there was a relatively high level of consistency in agreement between the clients and the therapists, and the N-STAR (total scale) mean scores were quite similar between the clients and the therapists in the sample (Tables 2 and 3). Higher ratings of the therapeutic relationship among therapists compared to clients occur frequently, as for example seen in the study by Loos and coworkers (2012). Opposing results, however, have also been reported (Waghorn et al., 2009). We may assume that the high level of agreement on scores, as shown in our study, is a positive characteristic of a therapeutic relationship – clients and therapists who are much united in how they perceive their mutual relationship may

have a more solid base from which to resolve potential problems, than will for example satisfied therapists and dissatisfied clients.

Study strengths and limitations

The study utilized a rigid procedure for translation and adaptation of the STAR, and this is a valuable aspect of the present study. We employed a small sample, which limits our ability to generalize the results and to compare subgroups in the sample. Little sociodemographic data was available for our study. This limits our ability to describe the sample characteristics more fully.

Conclusion

The results indicate that the N-STAR is a promising instrument by which to measure the quality of the therapeutic relationship between clients and therapists in a Norwegian community mental health setting. Some of the subscales showed reliability coefficients in the lower range, whereas the total scales showed high reliability. Associations between pairs of variables for clients and therapists, and the level of consistency in agreement between them, were satisfactory. We interpret the results as initial support for the quality of the N-STAR total scales, but more research is needed to evaluate its measurement properties in larger samples. More research utilizing the instrument is also needed to establish it as a way of assessing and monitoring the therapeutic relationship in community mental health settings in Norway. Future research in such settings may utilize specific outcome measures, in addition to the N-STAR, to examine the extent to which the N-STAR measure of the therapeutic relationship is associated with outcome. In addition, we suggest that future research compare the N-STAR with other therapeutic relationship measures.

Conflicts of interest

No conflict of interest among the authors.

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Table 1

Summary of the translation process

STEP #	LABEL	PROCEDURE
1	Preparation	PN contacted the developer of the original instrument, discussed the contents of some of the items, and obtained permission to translate and adapt it to Norwegian.
2	Forward translation	AØG, PN and TB each independently developed a Norwegian translation. The three translations were compared and scrutinized for differences. The items originating from the WAI had been previously translated into Norwegian, and we adopted the previous translation of these items.
3	Reconciliation	The whole research group reconciled the differences and agreed on one Norwegian version.
4	Back translation	Two persons, both native English-speakers and independent of the research group, back translated the Norwegian version into English.
5	Review of the back translation	The two back translations were compared with the original instrument, and with existing German and Swedish translations.
6	Harmonization	In cases of discrepancies between the back translations and the original instrument, the wording of the Norwegian version was modified.
7	Cognitive debriefing	A pilot study was conducted with a total of 58 participants (29 clients and 29 therapists).
8	Review of cognitive debriefing results and finalization	The results from the pilot study indicated that the instrument was well received and understood in both samples. The instrument scales showed good internal consistencies.

9	Proof-reading	A person outside the research group performed a final proof-reading of the instrument. Only few and minor modifications were made in this step of the process.
10	Final report	The present article represents the research group's final report, and launches the N-STAR as an instrument for assessing and monitoring the therapeutic relationship in community mental health practice in Norway (Appendix 1 and 2).

Table 2

Comparison of our therapist sample with the McGuire-Snieckus et al (2007) sample

Scales	**Norwegian sample (N = 29)**	**McGuire-Snieckus et al (N = 120)**	***ES***	***p***
STAR total score (0-48)	40.2 (6.9)	31.5 (6.9)	1.26	<0.001
Positive collaboration (0-24)	19.9 (2.7)	15.3 (4.0)	1.34	<0.001
Positive clinician input (0-12)	10.5 (1.2)	8.9 (1.6)	0.99	<0.001
Emotional difficulties (0-12)	10.8 (1.4)	7.4 (2.7)	1.58	<0.001

Note. Table content is mean scores (*SD*), effect sizes (Cohen’s *d*) and *p*-values.

Table 3

Comparison of our client sample with the McGuire-Snieckus et al (2007) sample

Scales	**Norwegian sample (*N* = 29)**	**McGuire-Snieckus et al (*N* =266)**	***ES***	***p***
STAR total score (0-48)	40.9 (4.8)	38.4 (12.0)	0.27	0.01
Positive collaboration (0-24)	20.3 (3.9)	19.9 (6.7)	0.07	0.60
Positive clinician input (0-12)	9.6 (1.9)	9.3 (3.0)	0.08	0.49
Non-supportive clinician input (0-12)	10.3 (1.9)	9.3 (3.3)	0.37	<0.01

Note. Table content is mean scores (*SD*), effect sizes (Cohen’s *d*) and *p*-values.

Table 4

Internal consistencies of the N-STAR scales

Scale	Items #	Cronbach's α
Client version		
Positive collaboration	2, 3, 5, 6, 8, 11	0.77
Positive clinician input	1, 10, 12	0.66
Non-supportive clinician input	4, 7, 9	0.68
Total scale	1-12	0.88
Therapist version		
Positive collaboration	1, 2, 5, 7, 10, 12	0.56
Positive clinician input	3, 8, 11	0.55
Emotional difficulties	4, 6, 9	0.70
Total scale	1-12	0.89

Table 5

Bivariate associations between the N-STAR scales

Client version			
Subscales	2.	3.	4.
1. Positive collaboration	0.67**	0.73**	0.42*
2. Positive clinician input	1	0.66**	0.29
3. Non-supportive clinician input		1	0.39*
4. N-STAR total scale			1
Therapist version			
Subscales	2.	3.	4.
1. Positive collaboration	0.46*	0.73**	0.38*
2. Positive clinician input	1	0.37	0.23
3. Emotional difficulties		1	0.28
4. N-STAR total scale			1

Note. Table content is Pearson's correlation coefficients.

*$p < 0.05$

**$p < 0.01$

Appendix 1. The Norwegian version of the Scale To Assess the therapeutic Relationship (N-STAR), client version

	Aldri	Sjelden	Av og til	Ofte	Alltid
Min behandler snakker med meg om mine personlige mål og tanker om behandling					
Min behandler og jeg er åpne med hverandre					
Min behandler og jeg har et tillitsfullt forhold					
Jeg tror at min behandler holder tilbake sannheten for meg					
Min behandler og jeg har en ærlig relasjon					
Min behandler og jeg arbeider mot mål som vi er blitt enige om					
Min behandler er lite forståelsesfull når jeg snakker om ting som er viktig for meg og min situasjon					
Min behandler og jeg har kommet frem til en forståelse av hva slags endringer som vil være bra for meg					
Min behandler er utålmodig med meg					
Min behandler ser ut til å like meg uansett hva jeg gjør og sier					
Vi er enige om hva som er viktig for meg å arbeide med					
Jeg tror at min behandler forstår hva mine erfaringer har betydd for meg					

Appendix 2. The Norwegian version of the Scale To Assess the therapeutic Relationship (N-STAR), therapist version

	Aldri	Sjelden	Av og til	Ofte	Alltid
Jeg kommer godt overens med min pasient					
Min pasient og jeg har god kontakt					
Jeg lytter til min pasient					
Jeg føler at pasienten avviser meg som behandler					
Jeg tror at min pasient og jeg har en god relasjon					
Jeg føler meg underlegen i forhold til min pasient					
Min pasient og jeg har lignende forventninger til hans/hennes fremgang i behandlingen					
Jeg føler at jeg er støttende overfor min pasient					
Det er vanskelig for meg å føle empati med eller å forholde meg til min pasients problemer					
Min pasient og jeg er åpne med hverandre					
Jeg er i stand til å ta min pasients perspektiv når jeg arbeider med ham/henne					
Min pasient og jeg har et tillitsfullt forhold					