Development and Validation of Therapist Compassion Towards Clients (TCTC) Scale

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Background

Therapist compassion is central to building strong therapeutic alliances, preventing burnout, and enhancing professional self-reflection.

The *Therapeutic Compassion Towards Clients (TCTC) Scale* was developed to measure therapists' compassion toward their clients; conceptualized as the ability to resonate emotionally, maintain professional boundaries, and normalize the shared human experience of suffering.

The scale is grounded in prior research, including Neff's Self-Compassion Short Form (SC-SF; Neff, 2020), and literature that highlights compassion's role in therapeutic effectiveness (Gilbert, 2010; Goetz et al., 2010).

The resulting instrument aims to provide a multidimensional, reliable, and valid measure that therapists can use for self-reflection, supervision, and research. Targeted for therapists: psychologists, social workers, family & marriage therapists.

Test Specifications

The development process included:

Content domain: Compassion within therapeutic practice, encompassing empathy, non-judgment, normalization of struggle, and emotional regulation support.

Theoretical grounding: Built on Neff's compassion framework and literature noting compassion as "the feeling that arises in witnessing another's suffering and motivates a subsequent desire to help" (Goetz et al., 2010).

Expert consultation: Focus group of psychologists and therapy trainers, including Dr. Cindy Turk (social anxiety expert), identified and refined core items.

Pilot pool: 25 initially developed items reflecting concrete therapeutic behaviors.

Response format: 5-point Likert scale (1 = Almost Never; 5 = Almost Always).

Methods

Focus group process:
Five expert participants reviewed and revised the original items.
Used "Dotmocracy," a participatory voting method, to prioritize the most relevant factors.
Created 16 new variable factors, complementing adapted items from Neff's SC-SF.
Removed items with low consensus to refine focus.

Pilot administration:
N=24 Doctoral and Master's-level counseling psychology students from the Counseling Psychology Student Organization (CPSO).

Both the TCTC scale and Neff's SC-SF were administered for criterion-related validity testing. No demographics were obtained.

Analysis focused on internal consistency, item performance, and scale refinement.

Final Instrument

- 16 items.
- 5-point Likert scale from "Almost Never" (1) to "Almost Always" (5).
- Items focus on:
- Helping clients regulate emotions.
- Normalizing feelings of inadequacy and struggle.
- Encouraging perspective-taking and shared human experience.
- Intended as a self-report tool for therapists, useful in training, supervision, and research.

Compassion Definition

Compassion is *"the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help."* (Goetz et al., 2010)

Sample Items

- When my client is going through a hard time, I provide the care and support they need.
- When my client feels they've failed at something important, I ensure they don't feel isolates in their experience.
- I encourage my client to recognize that difficulties are a normal part of the human experience.

Psychometrics

Step	Process	Result
Original 25 – Item scale	Chronbach's α	α = .93
Iterative item removal (low contribution)	Shortened to 16 – Items	Final α = .939
Criterion Validity	Correlation with SC-SF	r =.489, p < .015
SC-SF internal consistency in sample	Chronbach's α	α = .338

Validity & Reliability

Content validity: Strong, based on expert-driven development and clear definition of compassion constructs.

Criterion validity: Moderate positive correlation with SC-SF supports alignment yet demonstrates distinctiveness (TCTC measures outward therapist compassion rather than self-compassion).

Reliability: Final Cronbach's α = .939 shows high internal consistency.
Lower SC-SF α (.338) in the same sample may reflect differences in item relevance for therapists in training or familiarity effects.

Future Directions

Broader validation samples: Administer the finalized TCTC scale to licensed therapists across disciplines and settings (e.g., hospitals, private practice, community mental health) to enhance generalizability.

Test–retest reliability: Examine temporal stability by assessing consistency of scores over time.

Factor structure analysis: Conduct exploratory and confirmatory factor analyses to formally test and refine the underlying dimensions of therapeutic compassion.

Cross-cultural adaptation: Adapt and validate the scale in diverse cultural contexts to assess its relevance and cultural sensitivity.

Outcome research: Explore how therapists' compassion scores relate to therapeutic outcomes such as client satisfaction, dropout rates, or symptom change.

Limitations

Small and specialized sample: Pilot testing was conducted on a limited group of Master's-level counseling psychology students, which may not fully represent practicing therapists in diverse settings.

Expert focus group size: While expert-driven, the Dotmocracy process involved only five participants, and one participant withdrew from final voting, potentially narrowing the breadth of perspectives.

Item labeling and pilot coding issues: The pilot phase included procedural challenges (e.g., mislabeling items in Qualtrics, skipped numbers), which may have influenced item tracking and initial analysis.

Criterion comparison tool reliability: The SC-SF had low internal consistency (α = .338) in this pilot context, limiting its strength as a benchmark for criterion validity.

References

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