

## PSYCHOSOCIAL CONDITION OF PSYCHOLOGISTS, PSYCHOTHERAPISTS IN TRAINING AND CERTIFIED PSYCHOTHERAPISTS WORKING IN COUNSELING

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### Abstract

Providing psychological help or support to other people means being exposed to suffering and all sorts of difficulties on a regular basis. Being an empathetic listener who stays attentive and responsive to other people's needs in such situations can result in emotional exhaustion of a professional. Taken together with no regular self-care and self-help it can lead to compassion fatigue or work burnout. A study was conducted in which the differences between the mean levels of psychological hardiness, perceived social support, and levels of secondary traumatic stress were assessed in groups of psychologists, psychotherapists in training and certified psychotherapists. Also measured was the mean level of early maladaptive schemas in each of the analyzed groups. The study involved a group of 180 respondents aged 24-76 ( $M=41.20$ ;  $SD=9.66$ ), including 162 women and 18 men who offer psychological help and psychotherapy to children, adolescents and adults. Among all respondents there were 59 psychologists, 38 psychotherapists in training and 83 certified psychotherapists. All of the respondents filled in sets of questionnaires that included Psychological Hardiness Scale, Multidimensional Scale of Perceived Social Support, Secondary Traumatic Stress Scale, and Young's Schema Questionnaire. It was discovered that among people who do not supervise their work there are psychologists, while most psychotherapists in training and certified psychotherapists regularly supervise their work. Based on the gathered results it was discovered that there are statistically significant differences in the mean levels of early maladaptive schemas (namely: self-sacrifice, entitlement/ grandiosity, and negativity/ pessimism) between groups of psychologists, psychotherapists in training and certified psychotherapists. There was also a statistically significant difference between the mean levels of self-sacrifice schema between respondents who regularly supervise their work and those who do not attend supervision. The results obtained in the study can serve as a starting point for future research concerning risk factors and preventive factors observed in psychologists and psychotherapists working in counseling. It can also be useful while planning preventive programs aimed at maintaining high levels of well-being of mental health specialists.

**Keywords:** *Psychologist and psychotherapist well-being, psychological hardiness, secondary traumatic stress, maladaptive schemas, prevention.*

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### 1. Introduction

Psychologists offering counseling services are responsible for studying, diagnosing and promoting change in persons complaining about their mental condition or struggling with mental health problems. Diagnosing and treating people who experience different mental health problems is very complex, and requires certain skills. In order to apply relevant methodology and techniques the counselor has to be familiar with current research results on effective treatment methods. They also have to present high levels of flexibility while planning and conducting interventions. Working in agreement with specific standards requires highly developed communication and interviewing skills as well as abilities to observe and document symptoms, and responses of patients. All the work should be done with high levels of emotional stability and empathy for human suffering. Therefore, it is a challenging profession which can cause mental problems and work burnout symptoms in counselors themselves.

A lot of studies conducted until now are concentrated on burnout symptoms (e.g. McCormack, MacIntyre, O'Shea, Herring, & Campbell, 2018; Van Hoy & Rzeszutek, 2022), since data concerning other mental problems observed in psychotherapists is inconclusive. There are studies proving that in comparison to general population mental health care professionals suffer from higher levels of mental health problems (e.g. Tay, Alcock, & Scior, 2018) or experience less mental problems than the general public (e.g. Schaffler et al., 2022). There is also data proving psychotherapists suffer from high levels of

stress (e.g. Probst, Humer, Stippl, & Pieh, 2020). According to other results the mental condition of psychotherapists corresponds to other factors such as income, physical activity, type of facility they are employed in, experience in the field, a patient load, and self-care routine (e.g. Schaffler, Probst, Pieh, Haid, & Humer, 2024). All of the above-mentioned factors correspond to external conditions in which counselors conduct their professional duties. It is therefore important to verify whether there are any connections between counselors' mental condition and their internal features, namely their levels of hardiness, perceived social support, secondary traumatic stress, and early maladaptive schemas.

According to the literature, hardiness helps an individual to overcome negative effects of stressful events and deal with obstacles due to promotion of resilience (Maddi, 2002). A hardy person has a purposeful life and believes to be an efficacious individual who knows how to cope with stress in an adaptive way (Maddi, 2004). According to the research conducted until now hardiness can serve as a protective factor increasing the quality of life of counselors (Justin, Haroon, & Khan, 2023). Perceived social support understood as a feeling of connectedness corresponding to being supported by others is positively correlated with psychological well-being (Wills & Shinar, 2000). It is connected with a belief that an individual is respected, cared for, and their social needs are met. According to the data given in the literature, perceived social support from family members and friends is a strong predictor of individuals' well-being (Ateş, 2016). Secondary traumatic stress is a phenomenon observed in counselors working with trauma survivors. It includes symptoms of intrusive memories corresponding to the patient's trauma, hypervigilance, sleeping problems, feelings of sadness and grief, difficulties in concentrating, avoidance of traumatic contents, and decrease in compassion and empathy for traumatized patients (Collins & Long, 2003). Experiencing secondary traumatic stress leads to the decrease in mental well-being and job satisfaction in professionals (Collins & Long, 2003). Early maladaptive schemas are described as persistent themes developed during childhood, and elaborated on throughout the life course, based on experiences regarding oneself and one's relationships with others, especially within a hostile, critical, abusive, and neglectful environment (Young, Klosko, & Weishaar, 2003). According to the research results published in the literature, the most common early maladaptive schemas observed in counselors are unrelenting standards and self-sacrifice (Simpson et al., 2019).

## 2. Objectives

The main aim of the study was to verify the mean levels of hardiness, perceived social support, secondary traumatic stress and early maladaptive schemas in psychologists, psychotherapists in training, and certified psychotherapists working in counselling.

## 3. Methods

### 3.1. Participants

The study involved a group of 180 respondents aged 24-76 ( $M=41.20$ ;  $SD=9.66$ ), including 162 women and 18 men who offer psychological help and psychotherapy to children, adolescents and adults. Among all respondents there were 59 psychologists, 38 psychotherapists in training and 83 certified psychotherapists. Most of the respondents (77%) worked in their own counseling offices, 43% worked in mental health clinics, 15% of respondents worked in schools, 13% were hired in hospitals, 6% worked in kindergartens, 6% in different foundations, 3% in orphanages, 3% in crisis centers. In general, most of the respondents perform their work both in the private sector, in their own offices, and in some other public mental health facility. The mean number of years of work for all of the respondents was  $M=14.09$  ( $SD=9.80$ ), with time working in a profession ranging from one year to 53 years, with median  $Me=13$  years of work.

### 3.2. Procedure

At the starting point of the research potential respondents were identified. The database of professionals was created based on the two main sources of information: (1) data available in an official registry of mental health specialists, and (2) on the websites of psychotherapeutic societies where the information about certified specialists is given. Based on the above-mentioned search email addresses of specialists given to the public were collected and used in order to inform professionals about the possibility of participation in the study. People who responded to the email that was sent to them were given additional information. All potential respondents were informed that there is a chance to participate in the study concerning psychological well-being of psychologists and psychotherapists. They were informed that the research is anonymous, and voluntary, and that the results will serve as a starting point for a preventive program for development and maintenance of resilience of mental health specialists. Then all potential respondents were asked for informed consent to participate in the study. All of the

people who agreed to participate were sent sets of questionnaires consisting of Psychological Hardiness Scale, Multidimensional Scale of Perceived Social Support, Secondary Traumatic Stress Scale, and Young's Schema Questionnaire. Then they were asked to fill in the questionnaires and to send them back to the researcher. All the data was collected anonymously, so after the first e-mail contact with each participant it was not possible to identify the questionnaire set filled in by a specific respondent. Whenever respondents had any questions, they were encouraged to ask them, and they were given necessary answers and explanations. Additionally, all the respondents interested in receiving information concerning group results after finalization of the research project were contacted and given necessary explanations. The study was conducted in compliance with ethical principles.

### 3.3. Materials

Four standardized psychological tests were used in the study. Hardiness was assessed with the Psychological Hardiness Scale. Perceived social support was measured with Multidimensional Scale of Perceived Social Support. Secondary traumatic stress was assessed with Secondary Traumatic Stress Scale. Early maladaptive schemas were measured with Young's Schema Questionnaire.

Psychological Hardiness Scale (Ogińska-Bulik & Juczyński, 2008) assesses general psychological hardiness and its five components: (1) perseverance and determination in action, (2) openness to new experiences and sense of humor, (3) personal competencies to cope and tolerate negative emotions, (4) tolerance of failures and perceiving life as a challenge, (5) optimistic attitude to life and the ability to act in difficult situations. Reliability of the whole scale ( $\alpha = 0.89$ ), and of each subscales were satisfactory (perseverance and determination in action  $\alpha = 0.69$ , openness to new experiences and sense of humor  $\alpha = 0.59$ , personal competencies to cope and tolerate negative emotions  $\alpha = 0.89$ , tolerance of failures and perceiving life as a challenge  $\alpha = 0.61$ , optimistic attitude towards life and the ability to act in difficult situations  $\alpha = 0.70$ ).

Multidimensional Scale of Perceived Social Support (Buszman & Przybyła-Basista, 2017) assesses the mean level of perceived social support received from family, friends, and meaningful others. Cronbach alphas of the questionnaire are satisfactory: for the general result of the scale:  $\alpha = 0.70$ , for the family  $\alpha = 0.87$ , for friends  $\alpha = 0.85$ , and for meaningful others  $\alpha = 0.86$ .

Secondary Traumatic Stress Scale (Ogińska-Bulik, 2018) is used to assess the levels of general secondary traumatic stress, and its three subscales: intrusions, avoidance, and arousal. Cronbach alphas of the questionnaire are satisfactory: for the general result of the test:  $\alpha = 0.88$ , for the intrusion  $\alpha = 0.66$ , for avoidance  $\alpha = 0.73$ , and for arousal  $\alpha = 0.76$ .

Young's Schema Questionnaire (Oettingen, Chodkiewicz, Mącik, & Gruszczyńska, 2018) is used to assess the levels of 18 schemas: Emotional deprivation, Isolation, Mistrust, Unrelenting standards, Negativity, Subjugation, Recognition-seeking, Failure, Abandonment, Self-sacrifice, Entitlement, Punitiveness, Insufficient self-control, Defectiveness, Enmeshment, Emotional inhibition, Dependence, Vulnerability to harm or illness. All the reliability coefficient assessed with Cronbach alphas were satisfactory: Emotional deprivation  $\alpha = 0.92$ , Isolation  $\alpha = 0.87$ , Mistrust  $\alpha = 0.84$ , Unrelenting standards  $\alpha = 0.90$ , Negativity  $\alpha = 0.89$ , Subjugation  $\alpha = 0.83$ , Recognition-seeking  $\alpha = 0.86$ , Failure  $\alpha = 0.91$ , Abandonment  $\alpha = 0.85$ , Self-sacrifice  $\alpha = 0.78$ , Entitlement  $\alpha = 0.73$ , Punitiveness  $\alpha = 0.81$ , Insufficient self-control  $\alpha = 0.85$ , Defectiveness  $\alpha = 0.91$ , Enmeshment  $\alpha = 0.76$ , Emotional inhibition  $\alpha = 0.86$ , Dependence  $\alpha = 0.83$ , Vulnerability to harm or illness  $\alpha = 0.77$ .

## 4. Results

Before conducting the main analyses, the normality of the distribution of all the variables was verified with the Shapiro-Wilk test combined with an analysis of indexes for skewness and kurtosis. Gathered results met the criteria for normal distribution (e.g. Field, 2018; George & Mallery, 2019) therefore in order to analyze the differences in the mean levels of hardiness, perceived social support, secondary traumatic stress and early maladaptive schemas in groups of psychologists, psychotherapists in training and certified psychotherapists it was decided to use parametric tests (Field, 2018). Statistically significant differences between groups are given in detail in Table 1.

*Table 1. Statistically significant results of ANOVA analyses for mean levels of analyzed variables in groups of psychologists, psychotherapists in training and certified psychotherapists.*

	psychologists N=59		in training N=38		certified N=83		F	p	$\eta^2$
	M	SD	M	SD	M	SD			
self-sacrifice	19.10	5.45	15.79	4.55	16.59	4.60	6.69	.002	.070
entitlement	13.15	4.80	11.84	5.47	10.58	3.78	5.62	.004	.060
negativity	11.61	6.42	11.37	6.45	9.06	4.12	4.51	.012	.048

Based on the post hoc analyses it was discovered that there are statistically significant differences in the mean levels of self-sacrifice schemas between psychologists and therapists  $p=.009$ , and between psychologists and psychotherapists in training  $p=.004$ . There are also statistically significant differences between the mean levels of entitlement schemas in groups of psychologists and certified psychotherapists  $p=.003$ , and in the mean levels of negativity in groups of psychologists and certified psychotherapists  $p=.026$ .

It was also proved that persons supervising their work experience statistically lower levels of self-sacrifice ( $M=16.77$ ;  $SD=4.80$ ) in comparison to people who do not supervise their work ( $M=18.95$ ;  $SD=5.5$ ),  $F_{(1,178)}=5.85$ ;  $p=.017$ ;  $\eta^2=.032$ .

## 5. Discussion

The results obtained in the study prove that there are differences in functioning of psychologists, psychotherapists in training and certified psychotherapists according to the mean levels of certain early maladaptive schemas. No differences were found in the mean levels of hardiness, perceived social support or secondary stress. Additionally, it was also verified whether there are any differences in the mean levels of analyzed variables between counselors who supervise their work and those who do not work under the supervision. It was discovered that those two groups differ only in the levels of self-sacrifice schema. The above-mentioned results stay in partial congruence with previous studies. Simpson and colleagues (2019) discovered that counselors, among others, present high levels of self-sacrifice schema. In the study presented in the article it was proved that the highest levels of self-sacrifice schemas are typical for psychologists who are not certified psychotherapists and do not supervise their work. It is therefore possible that those specialists rely mostly on their own experiences and knowledge. Since they do not regularly consult their difficulties with others and do not have to meet any external requirements to participate in additional courses etc., they might be more biased in comparison to psychotherapists in training and certified psychotherapists, and therefore they can experience higher levels of self-sacrifice. This hypothesis should be empirically verified in future studies.

There are no studies in which the functioning of counselors who are recruited from the group of psychologists, psychotherapists in training and certified psychotherapists were compared. It is possible that such a research gap is a result of specific regulations available for psychotherapists in particular countries. Taking into account the results gathered in the study described in the article it can be stated that additional requirements and training can serve as protective factors for mental well-being of counselors. It seems that psychotherapists in training and certified psychotherapists in comparison to psychologists present not only lower levels of self-sacrifice schema but also lowered levels of entitlement and negativity schemas. It is therefore possible that during their training they receive additional tools to overcome their maladaptive schemas. This hypothesis should be tested in future studies.

Since there were no group differences between the mean levels of hardiness it can be hypothesized that all of the respondents present relatively high quality of their mental health and counseling services they offer to their patients (Justin et al., 2023). There were no differences between groups in the levels of perceived social support either. It is possible that all of the respondents have their meaningful others and support groups where they seek help whenever they need it. At the same time it is important to conduct further studies in order to verify the size and quality of such groups as well as the type of problems respondents from each group share with their meaningful others. It is possible that there are some differences in the above-mentioned factors among psychologists, psychotherapists in training and certified psychotherapists. It is also possible that both factors, i.e. individual levels of hardiness and perceived social support serve as protective factors for secondary traumatization (Ateş, 2016; Maddi, 2013; Zerban et al., 2023). It is possible that the similar levels of secondary traumatic stress obtained in the study result from different loads of work with traumatized patients (lowest for psychologists and highest for certified psychotherapists), and not for their similar experiences. Probably specialists with different educational backgrounds offer their services to different groups of patients and therefore they present similar levels of secondary traumatic stress levels, but this hypothesis has to be verified in future studies.

To sum up, the results obtained in the study are very interesting. They fill the research gap on the differences between mental health professionals with different educational backgrounds. They can serve as a starting point for future research concerning risk factors and preventive factors observed in counselors. Also, it can be useful while planning preventive programs aimed at maintaining high levels of well-being of mental health specialists.

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