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ORIGINAL PAPER

Self-Care and Personal Therapy in the Development of Clinical Psychologists' Self-Efficacy

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Abstract
Implementing self-care practices has shown to enhance professional confidence among therapists. Research and theoretical frameworks indicate that self-care and professional confidence are critical constructs in psychological therapies. This study examines the impact of self-care on self-efficacy and identifies variables that may influence these constructs. 207 clinical psychologists were invited to complete a self-report questionnaire assessing self-care practices, personal therapy, and professional self-efficacy. The results showed that professional development and cognitive strategies (in self-care) are correlated with psychologists' self-efficacy. Both professional support and work-life balance showed moderate correlations with self-efficacy. Clinical experience and personal therapy were not significantly correlated with self-efficacy, whereas older age and psychotherapy training were associated with higher self-efficacy. The study highlights the importance of self-care practices in enhancing self-efficacy and the need for further research into the factors that influence self-care among clinical psychologists.

Keywords Self-efficacy · Self-care · Personal therapy · Clinical psychologist · Therapist

Introduction

Uncertainty in clinicians' professional practice is common and may involve questioning the appropriateness of an intervention for a particular client (Brown, 2023). Nonetheless, some degree of professional confidence is important, if not for the success of clients' treatment, then for their own sense of achievement and a healthy relationship with their profession. So, what makes some clinical psychologists more confident in their professional abilities than others?

Bandura (2023) described self-efficacy and the importance of studying the variables that influence it. Bandura's Social Learning Theory posits that self-efficacy is associated with resilience and optimism toward the task at hand. In contrast, low self-efficacy is associated with avoidance and feelings of helplessness (Bandura, 2023). This term was later applied to the perception of self-efficacy of psychologists, which relates to specific tasks of a psychologist's role (Lent et al., 2006), such as conflict with their clients, skills in insight, action and exploration, dealing with their clients' moments of distress and managing the session (Lent et al., 2003). Several studies indicate that greater self-efficacy among therapists is fundamental to the success of the therapeutic process, benefiting not only therapists (Lent et al., 2009) but also clients in terms of symptom improvement (Li et al., 2022).

Various studies have been conducted on identifying variables that correlate with therapists' self-efficacy. Three determinants appear particularly relevant in the literature: supervision, training programs, and clinical experience. Regarding the first, the results indicate that supervision quality is associated with increased self-efficacy (Morrison & Lent, 2018; Šefarová & Šlepecký, 2017). Secondly, self-efficacy levels appear to be correlated with participation in training programs (Rodante et al., 2025). Finally, clinical experience has been poorly explored, the samples being mostly composed of psychology students (Li et al., 2022; Tang et al., 2004) or health professionals in general (Gori et al., 2022). Nevertheless, the results indicate that experience

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is correlated with increased self-efficacy, although supervision (Gori et al., 2022) and training (Becker-Haimes et al., 2021) show larger and more significant correlations.

The increase in self-efficacy is not solely attributable to training or supervision. Other processes may be relevant in explaining this occurrence throughout professional development. Self-care is a promising variable given its correlation with personal and professional well-being (Dorociak et al., 2017) and its benefits for mental and physical health and stress mitigation (Daly & Gardner, 2022). In a study with 678 therapists from the UK, 62.7% mentioned at least one psychological problem in their lives. Anxiety and depression were the most common problems (Tay et al., 2018). Consequently, self-care practices have been studied as a means of attenuating stress and burnout in the lives of mental health professionals (Rupert & Dorociak, 2019) and of reducing potential risks for their clients (Di Benedetto & Swadling, 2014). This concept has been studied primarily from the perspective of its impact on reducing negative outcomes for therapists, rather than on increasing positive ones, namely self-efficacy.

The exception to this absence of research is the study of personal therapy for therapists. Personal therapy is considered integrated into the general concept of self-care (Miller et al., 2023), and it has been shown to correlate with self-efficacy (Li et al., 2022). Despite ongoing debate within therapist communities, research on this topic remains largely qualitative and presents mixed results (Grimmer, 2015). The study by Gold and Hilsenroth (2009) was one of the few quasi-experimental studies conducted. The results indicated that, although clients' perception of session quality was unaffected by their therapists' self-efficacy, therapists' perception of self-efficacy was significantly higher among those in personal therapy. Other studies have reported negative experiences among psychology students who attended personal therapy, including emotional costs and impacts on academic life, clinical work, and other responsibilities (Edwards, 2018), as well as causing doubt and uncertainty regarding therapists' professional identities (Noble & Rizq, 2019).

Finally, it is important to understand the factors that determine the levels of these constructs across individuals. The present study sought to contribute to the existing literature on these two problems by examining practising clinical psychologists and their interactions. Therefore, this study proposes to investigate two main questions: (a) what demographic characteristics correlate with clinical psychologists' self-efficacy and self-care? (b) Do different dimensions of self-care (professional development, professional support, life balance, daily balance and cognitive strategies) correlate with the development of professional self-efficacy in clinical psychologists?

Method

Participants

In Portugal, in order to be a certified psychologist, an individual must complete a degree in Psychology, a master's degree in a specific area of Psychology (such as Clinical Psychology, Organisational Psychology, Educational Psychology, etc.), as well as a year of paid professional internship to belong to the Portuguese order of psychologists - *Ordem dos Psicólogos Portugueses*. Therefore, participants in this study are certified Portuguese clinical psychologists with a master's degree in clinical psychology, working in clinical settings. This is a convenience sample. The average age of the participants is 35.36 years ($SD = 10.33$), with most of the sample being women (81.2%), single people (52.7%), and independent practice workers (46.4%). The majority are non-psychotherapists (67.1%) and those who work only in clinical psychology (52.7%).

More than half of the participants are in supervision (61.4%) and, on average, devote 28.8 h to clinical practice per week ($SD = 13.48$). Most participants are not currently in therapy (56.5%) but have been in therapy in the past (72.0%). The mean years of clinical practice experience were 8.46 years (SD = 8.50). However, a large proportion of the sample (37.2%) has between 0 and 2 years of experience.

Instruments

Counselor Activity Self-Efficacy Scales (CASES)

The Counselor Activity Self-Efficacy Scales (CASES) (Lent et al., 2003) is conceptually divided into three parts: Helping Skill, Session Management and Counselling Challenges. Within the Helping Skill subscale, the authors identified three factors: Insight Skills (6 items), Exploration Skills (5 items), and Action Skills (4 items). Session Management is considered a factor in itself (10 items), and, regarding Counselling Challenges, the existing factors are: Relationship Conflict (10 items) and Client Distress (6 items). Comprising 41 items, organised on a Likert scale from 0 to 9 (0 = no confidence; 9 = a lot of confidence), this self-report scale measures clinical psychologists' perceptions of their professional self-efficacy. In this study, the Portuguese version of Lamares and Conceição (2012) was used. In the present application, Cronbach's alpha for the total scale is 0.95, for the Exploration Skills subscale 0.89, for the Insight Skills subscale 0.80, for the Action Skills subscale 0.76, for the Session Management subscale 0.93, for the Client Distress subscale 0.92. For the Relationship Conflict subscale 0.89. Therefore, the scale and subscales have good reliability.

Self-Care Assessment for Psychologists Scale (SCAP)

The Self-Care Assessment for Psychologists Scale (SCAP) (Dorociak et al., 2017) was made to evaluate the self-care of clinical psychologists. In this study, the adapted version for the Portuguese population (*Escala de Avaliação de Autocuidado para Psicólogos* - EAAP) (Reis, 2020) was used. This scale is a self-report questionnaire comprising 21 items rated on a 7-point Likert scale (1 - Never; 7 - Always), on which participants indicate how often they perform the behaviour described in each item. Five factors make up the scale: Professional Support (5 items), Professional Development (5 items), Life Balance (4 items), Cognitive Strategies (4 items), and Daily Balance (3 items). In the present investigation, the alpha values were 0.85 for the Professional Support subscale, 0.81 for the Professional Development subscale, 0.87 for the Life Balance subscale, 0.78 for the Cognitive Strategies subscale, and 0.83 for the Daily Balance subscale.

Procedure and Analysis

The instruments were distributed via an online questionnaire on the Google Forms platform, which was disseminated through social networks (e.g., LinkedIn, WhatsApp). The questionnaire includes an informed consent form that provides all necessary information about the study, including the general objective, the instruments used, the inclusion criteria, and key contacts.

The present study has a cross-sectional correlational design (Barker et al., 2002). The statistical package used was SPSS v. 29.0, and the significance level was set at ≤ 0.05. Descriptive statistics were used to characterise the study sample. The ANOVAS' and ANCOVA's assumptions of homogeneity of variances are met. For both regression models, the assumptions of normality, zero mean, and homogeneity of errors were met. The assumption of non-multicollinearity is also met. To test the independence of residues, the Durbin-Watson test was used, which showed values close to 2 (Maroco, 2006).

Results

Predictors of Self-Care

To predict self-care, we assessed the influence of sociodemographic variables, including age, gender, and marital status. Variables related to clinical experience and training in psychology were also assessed, including participants' years of clinical experience, hours of clinical work per week, whether they practice only clinical psychology or other types of psychology, and whether they have training in psychotherapy. Lastly, past and present personal therapy were also analysed.

Regarding the participants' ages, the only significant correlation, albeit weak, was with the Professional Development factor (Table 1). Regarding gender, there are no significant differences in average self-care between men and women. Regarding participants' marital status, differences were found between groups in the level of Professional Support ($F(2,204)=4.996$, $p=.008$, $\eta_p^2 = 0.047$). The size of the effect is, however, small (Maroco, 2006). Using Tukey's test (95% CI: [0.415, 4.067], $p = .012$), we found significant differences between married or cohabiting psychologists ($M=29.617$) and single psychologists ($M=27.376$). However, married people are more likely to be older than single people. Thus, when age is added as a covariate, the differences between groups remain significant ($F(2,203) = 4.197$, $p = .016$, $\eta_p^2 = 0.040$).

Clinical hours per week showed a moderate negative correlation with the Daily Balance factor, indicating that the more hours spent practising clinical psychology, the lower participants' balance in their day-to-day lives. Years of experience in clinical practice were positively, albeit weakly, correlated with the professional support factor ($r(202)=0.16$, $p=.026$) and the professional development factor ($r(202)=0.20$, $p=.004$). However, age may be influencing these results, as older individuals tend to have more years of experience. Thus, two partial correlations were examined: one between professional development and years of experience, and another between professional support and years of experience. None of the correlations were significant, indicating that age influenced the results (Table 1).

Training in psychotherapy did not reveal significant differences between groups for any of the EAAP subscales.

Table 1 Correlations between EAAP subscales (professional support, professional development and daily balance) and relevant variables (years of experience, age and clinical hours per week)

Variables	*n*	*M*	*SD*	Professional Support	Professional Development	Daily Balance
Years of experience (control for age)	204	8.463	8.510	0.131	0.108	−0.162
Age	207	35.362	10.324	0.092	0.165*	−0.046
Clinic hours per week	206	28.803	13.476	0.010	0.081	−0.337*

*Statistically significant at the 0.05 level

Table 2 Association of the EAAP subscales (professional support and professional development) with the variable clinical only or other

Variables	Clinical Only M (SD)	Other M (SD)	*t*	*p*	*d*
Professional support	27,47(6,09)	29,00 (4,32)	2,101	0.037*	0.287
Professional development	27,28 (5,22)	29,53 (4,24)	3,428	<0.001*	0.472

*Statistically significant at the 0.05 level

As shown in Table 2, differences were observed in the Professional Support and Professional Development factors when working exclusively in clinical psychology or across other areas of psychology. Thus, participants who work in contexts other than clinical psychology have better professional support (M=29.000) than those who work only in clinical practice (M=27.468). Additionally, participants who engage in activities beyond clinical psychology report greater professional development (M=29.531) than those who practice only clinical psychology (M=27.275).

Predictors of Self-Efficacy

We found a moderate positive correlation between age and self-efficacy (r(205)=0.32, p<.001), indicating that older psychologists have higher self-efficacy. These results were controlled for years of experience using a partial correlation, which demonstrated that the significant positive correlation remained, albeit weak (r(205)=0.14, p=.040). Regarding gender, there are no significant differences in average self-efficacy between men and women (Table 3).

Additionally, a weak positive correlation was observed between years of clinical practice experience and self-efficacy (r(202)=0.29, p<.001). A partial correlation was conducted, controlling for age, because older individuals tend to have more years of experience. After this adjustment, years of experience in clinical practice (r(201)=0.05, p=.514) was not significantly correlated with self-efficacy. The number of hours dedicated to clinical psychology per week was not significantly correlated with self-efficacy.

Psychologists, with or without supervision, did not show significant differences in self-efficacy levels. Having personal therapy, either present or past, was also insignificant. However, training in psychotherapy was associated with significant differences in participants' self-efficacy, with a medium effect size (Maroco, 2006). Thus, psychotherapists have higher self-efficacy (M=286.265) than non-psychotherapists (M=273.309) (Table 3).

Focusing on each EAAP subscale (Table 4), all correlations with the CASES total score were positive, with moderate correlations in Professional Development, Life Balance and Cognitive Strategies. The correlation with the Professional Support subscale was weak, and the correlation with Daily Balance was not statistically significant.

Table 4 Correlations between the EAAP subscales (professional development, life balance, cognitive strategies, professional support, daily balance) and the total CASES score

Total Cases Score			
Variables	*r*	*p*	Classification
Professional development	0.37	<0.001*	Moderate
Life balance	0.32	<0.001*	Moderate
Cognitive strategies	0.49	<0.001*	Moderate
Professional support	0.27	<0.001*	Weak
Daily balance	0.09	0.200	—

*Statistically significant at the 0.05 level

Explanatory Model of Self-Efficacy

Initially, a multiple linear regression was conducted with the five EAAP subscales as predictors and the total CASES score as the dependent variable, using the enter method, to provide an initial assessment of the results. The model (Model 1) is statistically significant (F(2,205)=15.888, p<.001, R_a^2 = 0.265) and explains 26.5% of the variance in self-efficacy. Additionally, the Professional Development factor (β=0.206, t(201) = 2.726, p = .007) and the Cognitive Strategies factor (β=0.388, t(201) = 5.635, p < .001) were statistically significant, with the latter being the strongest predictor. These results are consistent with the previously observed Pearson correlations.

However, age showed a moderate correlation with self-efficacy, as previously observed. Thus, the stepwise method of variable selection was used to determine whether, by retaining only the significant variables and adding age as a

Table 3 Association of sociodemographic variables (gender, supervision, present personal therapy, past personal therapy, psychotherapist) with the total CASES score

Variables	Group 1 M (SD)	Group 2 M (SD)	N	*t*	*p*	d
Gender (Male/Female)	287,56 (35,81)	275,24 (44,21)	207	1,620	0.107	0.288
Supervision (Yes/No)	274,46 (40,70)	282,50 (46,12)	207	1,314	0.190	0.188
Present personal therapy (Yes/No)	272,21 (46,14)	281,68 (40,03)	207	1,579	0.116	0.221
Past personal therapy (Yes/No)	277,58 (43,61)	277,51 (41,57)	207	0.010	0.992	0.002
Psychotherapist (Yes/No)	286,26 (33,26)	273,31 (46,48)	207	2,054	0.023*	0.304

*Statistically significant at the 0.05 level

predictor, the value of R_a^2 would increase and improve the quality of the model. However, this model, despite being statistically significant ($F(3,200) = 34.805$, $p < .001$, $R_a^2 = 0.333$), did not present a major improvement in quality.

Discussion

This study sought to understand the role of self-care and personal therapy in the development of clinical psychologists' self-efficacy. When examining the relationship between self-care factors and self-efficacy, the regression model indicated that these factors accounted for a portion of the variance in self-efficacy. Although this value may appear modest, it is crucial to contextualise it within the discipline of psychology, where lower adjusted R-squared values are common (Ozili, 2023). Hence, one can conclude that engaging in self-care practices, both personally (e.g., cognitive strategies) and professionally (e.g., professional development), can increase confidence in professional abilities as a clinical psychologist.

The Cognitive Strategies component of self-care, which encompasses the ability to read and monitor personal feelings, thoughts, and needs and to take appropriate actions in response, demonstrated the highest predictive value regarding self-efficacy. This prompts an inquiry into whether psychologists believe that proficiency in applying these skills in their personal circumstances is linked to proficiency in applying them to their clients. Cognitive strategies were also not correlated with any of the variables tested in the analysis, which could influence self-care. Given the importance of self-efficacy as a predictor, future research should investigate factors that influence psychologists' use of cognitive strategies in self-care.

Consistent with Li et al. (2022), age was a significant factor in the development of self-efficacy among clinical psychologists. Because this study controlled for experience and age, which remained relevant, this indicates that even a psychologist who trains in clinical psychology later in life will, in principle, have greater self-efficacy than their younger peers. It is possible to ask whether this is related to greater life experience in general, or to societal beliefs that younger people are less competent. Future studies could examine the underlying factor associated with age that makes older psychologists perceive themselves as more efficacious.

Experience, one of the ways of promoting self-efficacy described by Bandura (2023), was measured in this study through years of practice and weekly hours of clinical practice. Contrary to theory, but according to existing research (Gori et al., 2022), none of these variables proved to be relevant to the participants' levels of self-efficacy. Furthermore, training in psychotherapy has been shown to increase psychologists' self-efficacy, consistent with the study by Ahn and collaborators (2022). Lent et al. (2003, 2006, 2009) propose that overall clinical experience does not influence self-efficacy because self-efficacy varies for the same therapist across clients, depending on each client's specific problems and traits. The idea is that clients present themselves as so unique that prior experience with other clients is irrelevant to this specific client. In this study, we measured general self-efficacy, and, as presented, it does not appear to vary with experience.

Regarding present and past personal therapy, the results challenge the assumption that psychologists' self-efficacy is closely linked to their personal therapeutic experiences as clients (Bennett-Levy, 2019). Contrary to some studies (Gold & Hilsenroth, 2009; Li et al., 2022), none of the variables had a significant effect on self-efficacy, either increasing or decreasing it. Although personal therapy is often recommended for managing stress and preventing burnout, its role may be more aligned with psychologists' personal well-being than their perception of professional effectiveness. In terms of self-care, although some authors consider personal therapy an integral part of self-care practices (Miller et al., 2023), the results reveal a non-significant correlation between personal therapy and psychologists' self-care across its various domains. Given the idea that personal therapy serves psychologists at a personal level but not at a professional one, it is understandable that personal therapy has little influence on the professional support and professional development domains. However, even in the more personal aspects of self-care, personal therapy was not correlated with them. This raises important questions about the assumptions underlying the promotion of personal therapy as inherently enhancing self-care. Other factors, such as inherent personality traits or external support systems, may play a more crucial role in determining self-care practices and, consequently, warrant greater investigation.

Additionally, supervision showed no significant correlation with self-efficacy, contrary to both theory and previous studies (Lohani & Sharma, 2023; Šefarová & Šlepecký, 2017). The results support the notion that the critical factor in supervision in developing the supervisee's self-efficacy is the quality of rapport established between the supervisee and their supervisor, as articulated by Morrison and Lent (2018). Nonetheless, this study underscores the importance of maintaining a consistent understanding to improve training systems for future therapists further.

Findings on self-care suggest that people who work exclusively in clinical psychology engage in fewer professional support and Professional Development activities. The variety of tasks and interactions encountered in non-clinical roles may provide a broader range of coping mechanisms, networking opportunities, and social abilities, reducing

isolation and enabling more self-care strategies to be practised in the workplace.

One of the limitations of this study refers to the impossibility of generalising this data due to the sampling method used in this study (convenience). A large number of participants were white women from Lisbon, predominantly oriented towards a cognitive-behavioural approach. Thus, this sampling bias can yield different results when applied to a more rural, culturally diverse, and with diferent theorietical orientations. Another concern is that both self-efficacy and self-care are measured through self-report, which means the results are always subjective to individuals' perceptions and provide no way to determine whether these perceptions align with reality.

Professional Implications

In general terms, this study provides important information on improving psychologists' well-being and job performance. Taking this into account, it is in the best interest of entities that provide training for these professionals to promote self-care practices among students/trainees, helping them integrate these into their daily routines to increase the likelihood of maintenance throughout their careers.

Additionally, therapists and the mental health community should strive to foster greater connection and the sharing of information and experiences among professionals. Reducing the isolation sometimes associated with this profession, especially in private-office clinical practice, is essential to the development of competent psychologists, as this study suggests, and may be associated with better self-care among professionals in other areas of psychology, not only clinical psychology. Moreover, the results suggest that psychologists with additional, ongoing training, such as psychotherapy training, exhibit higher self-efficacy, which should be encouraged at all stages of one's career.

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Declarations

Conflict of interest The authors declare no competing interests.

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