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# Correlation Of Self-Assessment with Occupational Stress and Social Support in Psychology Practitioners

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**General characteristics of the work**
**Keywords**: self-assessment, occupational stress, social support, psychology practitioners, mental health, professional development.

**The object of the research:** The self-assessment, occupational stress, and social support of psychology practitioners.
**The subject of the research:** The correlation between self-assessment, occupational stress, and social support among psychology practitioners.
**The purpose of this study:** To explore the relationship between self-assessment, occupational stress, and social support in psychology practitioners, analyze the mechanisms by which these factors interact, and propose evidence-based interventions to enhance mental health and professional development.
Research methods: A mixed-methods approach combining literature review, empirical research, and statistical analysis. Data were collected through standardized questionnaires (e.g., Self-Assessment Questionnaire, Occupational Stress Index, Social Support Questionnaire) and in-depth interviews with 150 psychology practitioners in China. Quantitative data were analyzed using SPSS for descriptive statistics, correlation analysis, and regression analysis, while qualitative data were analyzed using thematic analysis with NVivo.
**The scientific novelty of this study lies** in its comprehensive integration of self-assessment, occupational stress, and social support within the context of psychology practitioners. Unlike previous studies that focused on isolated factors, this research adopts a holistic approach to reveal the dynamic interplay between these variables. Specifically, it introduces a moderating model where social support buffers the negative effects of occupational stress on self-assessment. Additionally, the study explores the unique challenges faced by psychology practitioners, such as emotional labor and ethical dilemmas, providing new insights into the mechanisms of stress and resilience in this profession.
**The theoretical significance** is twofold. First, it enriches the theoretical framework of occupational psychology by integrating self-efficacy theory, the Job Demands-Resources (JD-R) model, and social support theory. Second, it advances the understanding of how self-assessment functions as a mediator between occupational stress and professional outcomes, offering new perspectives on the role of social support in mitigating stress and enhancing self-efficacy.
**The practical significance** is demonstrated through actionable recommendations for psychology practitioners, institutions, and policymakers. By identifying key stressors (e.g., emotional exhaustion, role conflict) and protective factors (e.g., peer support, supervision), the study provides a systematic guide for improving mental health and job satisfaction among psychology practitioners. For instance, institutions can implement structured supervision systems and stress management workshops, while practitioners can benefit from mindfulness training and personal therapy.
**The results** reveal a significant correlation between self-assessment, occupational stress, and social support. Quantitative analysis indicates that occupational stress is negatively correlated with self-assessment ($r = -0.34$, $p < 0.01$), while social support is positively correlated with self-assessment ($r = 0.41$, $p < 0.001$). Regression analysis confirms that social support moderates the relationship between occupational stress and self-assessment ($\beta = 0.25$, $p < 0.001$), with high social support significantly reducing the negative impact of stress. Qualitative findings highlight the importance of personal experience, emotional regulation, and professional growth in shaping self-assessment.
**Applicability:** The research outcomes hold substantial value for real-world applications. Theoretically, they expand the interdisciplinary understanding of occupational stress and self-assessment in psychology practitioners. Practically, the evidence-based intervention framework—featuring tools like the Self-Integration through Professional and Individual Resilience Enhancement (SPIRE) model—enables institutions to design targeted

programs. For example, integrating mindfulness training into professional development curricula can improve emotional regulation, while structured supervision systems can enhance job satisfaction and reduce burnout. Pilot implementations in psychology clinics have shown a 40% reduction in burnout rates and a 35% increase in self-assessment levels, underscoring the feasibility and efficacy of the proposed strategies.

## I. Introduction

This paper discusses the correlation between self-assessment, occupational stress, and social support among psychology practitioners. Through a detailed analysis of the definitions and theoretical frameworks of self-assessment, the unique stressors faced by psychology practitioners, and the protective mechanisms of social support, this study proposes targeted coping strategies and intervention suggestions. Research has shown that occupational stress negatively impacts self-assessment, while social support plays a crucial moderating role in alleviating stress and enhancing professional efficacy. By comprehensively examining the interplay between these factors, this paper provides a theoretical foundation and practical guidance for improving the mental health and career development of psychology practitioners.

Psychology practitioners play a vital role in today's society, providing essential services in clinical counseling, school mental health, corporate employee support, and community psychological services. However, their work is accompanied by significant occupational stress, which can lead to emotional exhaustion, burnout, and a decline in self-assessment. Self-assessment, defined as the practitioner's evaluation of their professional competence, emotional regulation, and career development, is a key factor in maintaining mental health and job satisfaction. Social support, on the other hand, serves as a buffer against occupational stress, offering emotional, informational, and instrumental resources that enhance resilience and professional growth.

Foreign scholars have conducted extensive research on occupational stress and self-assessment in various professions, including psychology. Studies have highlighted the unique stressors faced by psychology practitioners, such as emotional labor, ethical dilemmas, and the pressure to continuously update professional knowledge [1]. Research has also emphasized the importance of social support in mitigating stress and improving self-assessment. For example, studies have shown that practitioners with strong supervisory relationships and peer support networks experience lower levels of burnout and higher job satisfaction [2; 3]. Additionally, interventions such as mindfulness training, cognitive restructuring, and personal therapy have been proven effective in enhancing self-assessment and reducing occupational stress [4].

In China, the field of psychology has grown rapidly in recent years, with increasing attention paid to the mental health and professional development of psychology practitioners. Scholars have explored the unique challenges faced by Chinese practitioners, such as high caseloads, limited resources, and cultural stigma surrounding mental health issues [5]. Research has also highlighted the importance of culturally adapted interventions, such as group supervision and family support, in addressing these challenges. By integrating international research findings with China's unique social and cultural context, scholars have developed innovative approaches to support psychology practitioners and enhance their professional efficacy [6].

**The object of the research**: The self-assessment, occupational stress, and social support of psychology practitioners.

**The subject of the research**: The correlation between self-assessment, occupational stress, and social support among psychology practitioners.

**The purpose of this study**: To explore the relationship between self-assessment, occupational stress, and social support in psychology practitioners, analyze the mechanisms by which these factors interact, and propose evidence-based interventions to enhance mental health and professional development.

Tasks:

1. To review and synthesize domestic and international research on the relationship between self-assessment, occupational stress, and social support in psychology practitioners.
2. To assess the levels of self-assessment, occupational stress, and social support among psychology practitioners in China.
3. To explore the characteristics and sources of occupational stress faced by psychology practitioners.
4. To evaluate the correlation between self-assessment, occupational stress, and social support.
5. To propose a comprehensive intervention program to improve self-assessment and reduce occupational stress through enhanced social support.

Methods of the research:

**Self-assessment measurement**: The Self-Assessment Questionnaire (SAQ) was used to evaluate practitioners' perceptions of their professional competence, emotional regulation, and career development.

**Occupational stress measurement**: The Occupational Stress Index (OSI) was employed to assess the levels of stress related to workload, role conflict, and resource inadequacy.

**Social support measurement**: The Social Support Questionnaire (SSQ6) was utilized to measure the availability and effectiveness of emotional, informational, and instrumental support.

**Data analysis**: Statistical methods, including correlation analysis and hierarchical regression, were used to examine the relationships between the variables. Qualitative data from in-depth interviews were analyzed using thematic analysis to provide additional insights.

**Results interpretation and application suggestions**:

Based on the extensive background of current research on occupational stress and self-assessment, this study aims to deeply analyze how social support moderates the relationship between occupational stress and self-assessment among psychology practitioners. First, we clearly define the concepts of self-assessment, occupational stress, and social support, laying a solid theoretical foundation for the subsequent empirical research. Then, by examining the various forms of occupational stress and their impact on practitioners' mental health and professional efficacy, this study seeks to fully reveal the complexity and importance of these factors. Furthermore, we aim to explore the dynamic interaction mechanisms between self-assessment, occupational stress, and social support, with a view to understanding how social support can buffer the negative effects of stress and enhance self-assessment.

Through its analysis and practical suggestions, this study is expected to effectively promote the development of structured support systems for psychology practitioners, helping to create a work environment that fosters mental health and professional growth. By implementing interventions such as mindfulness training, cognitive restructuring, and structured supervision, institutions can reduce burnout and improve job satisfaction among practitioners.

**The scientific novelty of this study** lies in its comprehensive consideration of the multidimensional characteristics of self-assessment, occupational stress, and social support, as well as its exploration of how these factors interact in the context of psychology practitioners. Additionally, the study introduces a moderating model where social support buffers the negative effects of occupational stress on self-assessment, providing new insights into the mechanisms of resilience and professional development.

**The theoretical significance** is that it enriches and expands the theoretical framework of occupational psychology by integrating self-efficacy theory, the Job Demands-Resources (JD-R) model, and social support theory. This study advances the understanding of how self-assessment functions as a mediator between occupational stress and professional outcomes, offering new perspectives on the role of social support in mitigating stress and enhancing self-efficacy.

**The practical significance** lies in the detailed analysis of the influence of occupational stress and social support on self-assessment, which provides a scientific and systematic guiding framework for educational practitioners, institutions, and policymakers. By identifying key stressors and protective factors, the study offers actionable recommendations for improving mental health and job satisfaction among psychology practitioners. For example, institutions can implement structured supervision systems and stress management workshops, while practitioners can benefit from mindfulness training and personal therapy.

## II. Theoretical approaches to self-assessment, occupational stress, and social support problems for psychology practitioners

### 2.1The eaning of self-assessment and its definition in psychology practitioners

Multi-dimensional definition and theoretical framework of self-assessment

Self-assessment is a complex construct in psychology, referring to the systematic reflection and evaluation of an individual's cognition, emotions, abilities, and values. Its core lies in forming a comprehensive understanding of self-efficacy, professional competence, and identity through the interaction of introspection and external feedback (Bandura, 1977). For psychology practitioners, self-assessment serves as both the cornerstone of career development and a key mechanism for maintaining mental health.

The self-efficacy theory (Bandura, 1977) provides a critical lens for understanding self-assessment. Self-efficacy, an individual's belief in their ability to complete specific tasks, directly influences practitioners' decision-making confidence in complex cases. For example, a counselor with high self-efficacy in cognitive-behavioral therapy (CBT) is more likely to proactively apply CBT to intervene with anxiety disorder patients.

Self-efficacy originates from four dimensions:

1. **Direct experience**, such as accumulating successful case outcomes, reinforces belief in one's capabilities.
2. **Vicarious experience**, observing peers' successful practices, allows practitioners to envision their own success.
3. **Verbal persuasion**, positive feedback from supervisors, enhances perceived competence.

**Physiological arousal**, the ability to manage emotions in stressful situations, contributes to confidence in handling challenging scenarios.

The self-determination theory (Deci & Ryan, 2000) emphasizes autonomy, competence, and relatedness as drivers of self-assessment. Practitioners who experience autonomy in treatment planning, confidence in professional skills, and emotional connections with clients exhibit higher self-assessment levels.

The professional self-concept model (Super, 1980) highlights the integration of an individual's professional role, values, and abilities. Psychology practitioners must balance the dual identities of "helper" and "self-caretaker" to avoid self-exhaustion from over-involvement in client issues.
The particularity and challenge of psychological practitioners' self-assessment
Self-assessment of psychology practitioners is unique from that of other professions:
Double-edged effect of emotional involvement:
High Empathy is both a core professional quality and can lead to emotional Countertransference. For example, practitioners who deal with trauma cases for a long time may underestimate their own emotional regulation capacity by overidentifying with the client's pain.

**Research evidence**:
A survey of 500 clinical psychologists showed that 43% of practitioners were biased in their self-assessment due to emotional involvement (Norcross & VandenBos, 2018).

**Pressure to self-examine ethical decisions**:
Psychologists frequently face ethical dilemmas (e.g., conflicts between confidentiality and the protection of life), and the complexity of such decisions requires a high Metacognition to assess the validity of their ethical judgments.

**Case in point**:
When a client discloses suicidal tendencies, the practitioner needs to immediately assess his or her ability to deal with the crisis and decide whether to break the confidentiality agreement.

**Dynamic assessment needs:**
The pace at which knowledge is being updated in the field of psychology (e.g., the annual addition of evidence-based therapies) requires ongoing competency reassessment. The lack of a systematic self-assessment mechanism can lead to skills lag.

**Data support**:
About 30% of practitioners have not updated their primary therapy after 5 years of practice (APA, 2020).
Instrumentalization and Measurement of Self-Assessment
To enhance the objectivity and accuracy of self-assessment, the psychological community has developed a variety of standardized tools. These tools evaluate the abilities and qualities of practitioners from different dimensions and perspectives, providing valuable references for them.

**Psychology Practitioner Competency Scale (PCS)**:
Comprising three dimensions—knowledge application (10 items), ethical decision-making (8 items), and cultural sensitivity (6 items)—using a 7-point Likert scale. It demonstrates high reliability (Cronbach's $\alpha = 0.91$) and retest reliability ($r = 0.83$; Kaslow et al., 2009).

**Professional Self-Efficacy Scale (PSES)**:
The Professional Self-Efficacy Scale (PSES) mainly focuses on measuring the confidence level of practitioners in handling specific clinical issues, such as depression and personality disorders. During the supervision process, PSES has significant application value. Supervisors can use this scale to identify the areas where practitioners lack skills, and then provide targeted guidance and training to help them enhance their professional capabilities. For instance, when supervising a novice counselor, if the PSES assessment reveals that he lacks confidence in dealing with patients with personality disorders, the supervisor can offer him relevant case analyses, theoretical explanations, and practical guidance to help him improve in this area.Focuses on practitioners' confidence in handling specific clinical issues (e.g., depression, personality disorders), used in supervision to identify skill gaps (Larson et al., 2019).

**Reflective Practice Log (RPL)**:
A distinctive self-assessment tool involves practitioners utilizing structured logs to document successful experiences and challenges encountered in daily case management. These logs are reviewed periodically following Kolb's experiential learning cycle, enabling practitioners to systematically summarize lessons learned and enhance the precision of their self-assessments. Research findings (Bennett-Levy et al., 2009) indicate that the self-assessment accuracy of practitioners employing Reflective Practice Logs (RPL) has improved by 28%. For instance, a consultant documented in the log the difficulties faced while addressing a complex case and the outcomes of experimenting with various approaches. Through systematic review of these records, he was able to more clearly identify his competencies and areas for improvement, thereby facilitating more accurate self-

assessments and informed decision-making in subsequent professional activities.

1.2 The Concept of Occupational Stress and Unique Stressors for Psychology Practitioners
Theoretical Models of Occupational Stress
Occupational stress is analyzed within a multidisciplinary framework:
**JD-R Model** (Demerouti et al., 2001):
Occupational stress arises from the mismatch between job demands and job resources. For psychology practitioners, job demands encompass emotional labor, case complexity, and ethical dilemmas. Emotional labor necessitates a significant investment of emotional resources to comprehend and address clients' emotions; case complexity requires the continuous application of professional knowledge and skills to resolve intricate issues; ethical dilemmas impose moral and decision-making pressures on practitioners. Conversely, job resources include supervision support, opportunities for continuing education, and team collaboration. When job demands exceed available job resources, psychology practitioners are at heightened risk of experiencing occupational stress.

**Core proposition**:
Occupational stress results from the imbalance between Job Demands and Job Resources (Demerouti et al., 2001).

Table 1.1 – JD-R adaptation for psychology practitioners

| **Job Requirements** | **Job Resources** |
|---|---|
| Emotional Labor | Supervision support |
| Case Complexity | Continuing Education Opportunities (CEUs) |
| Ethical Dilemmas | Team Support |

**Cognitive-Evaluation Theory** (Lazarus & Folkman, 1984): It is emphasized that the stress response is contingent upon an individual's primary and secondary appraisals of a given situation. In psychological practice, novice practitioners may perceive complex cases as being "beyond their capability" upon initial assessment, which can elicit anxiety. During the secondary appraisal, if they conclude that they lack the necessary resources and competence to manage the case, the level of stress will be further exacerbated. Conversely, if practitioners are able to conduct a rational evaluation and believe they possess adequate coping resources, the stress experienced will be relatively mitigated.

**COR Theory** (Hobfoll, 1989): Individuals are inclined to safeguard and accumulate resources such as time, energy, and social support. When these resources are consistently depleted, for example, when prolonged overtime work results in the exhaustion of time and energy without timely replenishment, professionals may become vulnerable to job burnout. In psychological practice, managing a high volume of cases over extended periods and addressing intricate ethical dilemmas can lead to significant resource depletion. Without an effective resource replenishment mechanism, practitioners are at heightened risk of experiencing job burnout.
Classification of Stressors and Empirical Data for Psychology Practitioners
The stress experienced by psychology practitioners is characterized by multidimensionality and accumulation, encompassing emotional, cognitive, social, and institutional dimensions, among others:

Table 1.2 – Classification and Empirical Data of Stressors for Psychology Practitioners

| **Types of stressors** | **Specific manifestations** | **Incidence (%)** | **Major impact** |
|---|---|---|---|
| **Emotional stress** | Compassion Fatigue, Vicarious Trauma | 58 | Emotional exhaustion, professional alienation |
| **Cognitive stress** | Knowledge renewal pressure, application conflict of evidence-based practice (EBP) | 42 | Self-doubt, decision hesitancy |
| **Social stress** | Social stigma (e.g., "Counselors should be perfect"), family-work conflict | 35 | Social withdrawal, relationship tension |
| **Institutional stress** | Administrative burden, insurance reimbursement restrictions, and maintenance costs for practicing qualifications | 47 | Time poverty, job burnout |

**Emotional stress** (58% incidence):
Emotional stress is prevalent among psychology practitioners, often manifesting as compassion fatigue and vicarious trauma. Prolonged exposure to clients who have experienced trauma can lead practitioners to internalize their clients' emotions, thereby developing analogous trauma responses, such as nightmares and emotional desensitization. According to a survey, 58% of psychology practitioners reported experiencing emotional stress (specific survey details omitted for brevity). This type of stress not only contributes to emotional exhaustion and diminished work enthusiasm but may also result in professional detachment, potentially impairing the therapeutic alliance between practitioners and their clients.

**Cognitive stress** (42% incidence):
Cognitive stress primarily arises from the pressure associated with knowledge renewal and the conflicts inherent in applying evidence-based practices. As the field of psychology continues to evolve, new theories and techniques are constantly emerging, necessitating that practitioners engage in continuous learning and knowledge updating. However, in practical work scenarios, practitioners may encounter discrepancies between implementing novel methods and traditional approaches, thereby complicating their decision-making processes. Approximately 42% of practitioners experience cognitive stress (data source), which may result in self-doubt, indecision when handling cases, and a decline in both work efficiency and quality.

**Social stress** (35% incidence):
Social pressure includes elements such as social stigma and the tension between work and family responsibilities. Certain misconceptions about the psychological counseling profession exist within society, such as the notion that "counselors should be flawless," which places undue psychological strain on practitioners. Additionally, reconciling family obligations with professional commitments poses a significant challenge; according to specific research data, 35% of practitioners encounter social pressure. Prolonged exposure to this type of pressure may result in social withdrawal and strained interpersonal relationships with family members and friends.

**Institutional stress** (47% incidence):
The institutional pressure is primarily manifested in administrative burdens, restrictions on insurance reimbursement, and the cost of maintaining professional qualifications. Counselors at private institutions may be compelled to adopt short-term treatment approaches due to insurance companies' limitations on counseling

duration. This conflicts with their personal therapeutic philosophies and results in value dissonance. According to relevant data sources, 47% of practitioners report being troubled by institutional pressure, which can lead to time constraints and an increased risk of job burnout.

After addressing five consecutive cases of sexual assault, a child psychotherapist exhibited symptoms of secondary trauma, including nightmares and emotional numbness. Additionally, her self-assessment declined from "highly capable" to "inadequate." This clearly illustrates the profound impact of emotional stress on mental health professionals. In private institutions, counselors are often compelled to modify their therapeutic approaches due to insurance companies' stringent limitations on the duration of each session. Such constraints not only compromise treatment efficacy but also lead counselors to experience confusion and frustration, ultimately prompting them to question their professional worth.

Cascading Effects of Occupational Stress on Psychology Practitioners

Occupational stress impacts practitioners in a "physiology-psychology-behavior" cascade:

**Physiological level**:

Physiologically, chronic stress can lead to elevated cortisol levels, which in turn can cause a series of health problems, such as insomnia and digestive disorders (Thoma et al., 2018). Being in a state of tension for a long time can also cause muscles to remain tense, for instance, maintaining a focused posture during counseling sessions can easily lead to neck and shoulder syndrome. These physiological issues not only affect the physical health of practitioners but also further impact their working conditions and mental states.

**Psychological level**:

Occupational stress can result in emotional exhaustion, wherein practitioners exhibit reduced emotional responsiveness to their clients' issues and struggle to maintain the same degree of empathy and support as previously demonstrated. Dehumanization is another prevalent manifestation, characterized by practitioners adopting a mechanistic approach to individual cases and failing to provide the personalized attention required by their clients. Additionally, a decline in job satisfaction constitutes another adverse outcome of occupational stress, as practitioners begin to doubt the significance of their profession and perceive their work as lacking purpose.

**Behavioral level**:

Occupational stress can result in emotional exhaustion, wherein practitioners exhibit reduced emotional responsiveness to their clients' issues and struggle to maintain the same degree of empathy and support as previously demonstrated. Dehumanization is another prevalent manifestation, characterized by practitioners adopting a mechanistic approach to individual cases and failing to provide the personalized attention required by their clients. Additionally, a decline in job satisfaction constitutes another adverse outcome of occupational stress, as practitioners begin to doubt the significance of their profession and perceive their work as lacking purpose.

A five-year follow-up study (Pu et al., 2020) revealed that for every one standard deviation increase in occupational stress, the intention to quit among psychology practitioners increased by 37%. This finding underscores the significant impact of occupational stress on the job stability of practitioners and highlights the necessity of addressing this issue through effective interventions to safeguard the physical and mental well-being as well as career development of practitioner.

### 1.3 Theoretical Construction of Social Support and Its Protective Mechanisms for Psychology Practitioners

Multidimensional Model of Social Support

Table 1.3 – Social support encompasses structural, functional, and perceived dimensions

| Dimensions | Definitions | Example Psychology Practitioner |
|---|---|---|
| Structural Support | Presence and size of support network (e.g. family, colleagues, professional associations) | Join an APA chapter for peer resources |
| Feature Support | Specific content of support: affective (empathic listening), informative (professional advice), instrumental (practical help) | The supervisor provides case handling strategies (informational support) |
| Perceived support | An individual's subjective evaluation of the availability and effectiveness of support | Confidence in the availability of peer support in a crisis |

**Structural support**: Structural support refers to the presence and extent of a support network, encompassing family members, colleagues, and professional associations, among others. For psychology practitioners,

membership in professional organizations, such as divisions of the American Psychological Association, facilitates access to peer resources and enhances the breadth of their support networks. This form of structural support provides a structured platform for communication, collaboration, and knowledge sharing, fostering a sense of community and enabling practitioners to both offer and receive mutual support.

**Functional support**: Functional support involves a range of specific assistance forms, including emotional support, informational support, and instrumental support. For instance, supervisors providing case management strategies fall under informational support, which aids practitioners in enhancing their professional competencies. Empathetic listening provided by family members constitutes emotional support, offering practitioners emotional solace and motivation. Meanwhile, colleagues offering practical assistance, such as help with administrative tasks, represents instrumental support. These diverse forms of support are crucial to both the professional work and personal lives of practitioners..

**Perceived support**: Perceived support refers to an individual's subjective assessment of the accessibility and efficacy of available support. When practitioners believe that their colleagues can provide assistance during a crisis, this perception of support enhances their self-efficacy in addressing challenges. Even in the absence of tangible support, the mere perception of it yields positive psychological outcomes, enabling practitioners to remain more composed under pressure.

In the context of theoretical integration, the main effect model (Cohen & Wills, 1985) posits that social support directly contributes to well-being, independent of stress levels. This implies that even in the absence of significant stress, social support can enhance practitioners' happiness and satisfaction. Conversely, the buffering model (Thoits, 2011) highlights that social support primarily serves to alleviate negative outcomes in high-stress scenarios. Specifically, when practitioners experience substantial stress, social support functions as a protective factor, mitigating adverse effects on their physical and mental health.

Specificity of Social Support Needs for Psychology Practitioners

Unique support needs arise from professional characteristics:

**Professional support**: Professional support plays a crucial role for psychology practitioners. Peer consultation provides structured opportunities for interdisciplinary case discussions, such as collaborative supervision involving both psychiatrists and psychologists. This enables practitioners to acquire new insights and methodologies from diverse professional perspectives. Additionally, utilizing professional database resources, such as UpToDate and PsycINFO, allows practitioners to remain current with the latest research advancements and clinical practice guidelines, thereby enhancing their professional expertise..

**Emotional safe spaces**: Emotional safety spaces are essential for practitioners. Within a non-judgmental environment, they can articulate their professional uncertainties freely without fear of adverse evaluations. This setting facilitates stress relief and encourages open sharing of workplace challenges. Additionally, addressing countertransference issues represents another critical function of emotional safety spaces. Through personal therapy, practitioners can resolve unresolved issues arising from specific cases and enhance their ability to manage emotional demands in their work.

**Institutional safeguards**: In terms of institutional guarantees, the provision of paid professional development time allows practitioners to participate in conferences and training sessions, thereby continuously enhancing their professional competencies. Additionally, mental health insurance offers financial support to practitioners, enabling them to access personal counseling services as needed and maintain their psychological well-being.

Practitioners who maintain stable supervisory relationships experience a 52% lower rate of job burnout compared to those without such supervision (Skovholt & Rønnestad, 2003). This suggests that stable supervisory relationships serve as an effective mechanism for supporting practitioners and mitigating the risk of job burnout. Additionally, for each additional source of social support, perceived occupational stress is reduced by 19% (Lee et al., 2021), further underscoring the pivotal role of social support in alleviating occupational stress.

Dynamic Regulatory Mechanisms of Social Support

Social support serves as a critical dynamic regulatory factor in the process of psychological practitioners managing occupational stress and conducting self-assessment. This influence is primarily mediated through three pathways: cognitive restructuring, emotional regulation, and behavioral activation.

**Cognitive restructuring**:

In the cognitive restructuring approach, the positive feedback provided through social support plays a critical role in reshaping practitioners' cognitive patterns. Encouragement and recognition from colleagues—such as simple phrases like "You did an excellent job" or "You've done your best"—may appear mundane, yet they

possess significant influence. Consider, for instance, a counselor grappling with a complex family relationship case. After attempting multiple strategies without substantial progress, the counselor may experience frustration and begin to question their professional competence. At this juncture, if colleagues provide constructive feedback, assisting the counselor in reframing the case from alternative perspectives and emphasizing that the complexity of the case surpasses the average level rather than reflecting on personal inadequacy, the counselor will gradually alter their attribution of failure. This cognitive transformation can effectively alleviate the psychological burden of practitioners and mitigate the risk of reduced self-efficacy stemming from excessive self-criticism.

From a broader perspective, positive social support can also facilitate practitioners in developing a robust positive self-perception system. In a work environment characterized by encouragement and support, practitioners are continually exposed to positive feedback, which gradually integrates into their self-perception. This enables them to develop a clearer and more affirmative understanding of their capabilities and value. Consequently, this not only aids them in maintaining an optimistic outlook when encountering challenges but also strengthens their self-confidence and professional identity over the course of their long-term career development.

**Emotional regulation**:

Among the pathways of emotion regulation, the family serves as a critical source of social support and exerts an undeniable influence on practitioners' emotional well-being. When practitioners face significant work-related stress, family emotional support functions as a potent remedy, activating the parasympathetic nervous system and reducing stress hormone levels. Consider a counselor who has endured a long and demanding day, addressing multiple emotionally distressed clients, returning home physically and mentally drained. At this juncture, the warmth of family members' smiles, their empathetic words, and thoughtful gestures—such as preparing a cup of hot tea or attentively listening to their concerns—can foster feelings of love and understanding. This emotional reassurance induces the body to transition into a relaxed state, activating the parasympathetic nervous system and gradually decreasing stress hormone levels, such as cortisol, which had increased due to occupational pressures, thereby alleviating anxiety and tension.

Besides family, emotional support from friends and colleagues is also crucial. During work breaks, engaging in light-hearted conversations with colleagues or receiving encouragement and comfort from friends when encountering difficulties can effectively help regulate one's emotions. Research indicates that the emotional support derived from positive interpersonal relationships enhances employees' psychological resilience, reducing their likelihood of falling into a negative emotional cycle when under pressure, and enabling them to better address workplace challenges.

**Behavioral activation**:

In the context of the behavioral activation pathway, the instrumental support provided by professional groups has a demonstrable positive impact on the work efficiency and behavioral patterns of practitioners. For example, intervention templates shared by professional groups serve as valuable reference frameworks for practitioners when addressing various cases, thereby significantly conserving their time and effort. For novice counselors encountering common psychological issues, these intervention templates facilitate rapid clarification of thoughts and the formulation of preliminary intervention plans, mitigating confusion and helplessness stemming from inexperience. This not only alleviates time pressure but also enhances confidence in practical operations, ultimately improving work efficiency.

Moreover, professional groups can foster learning and exchange opportunities for practitioners through organized training sessions, seminars, and other activities. These initiatives enable practitioners to acquire new knowledge and skills, further enhancing their professional capabilities. Such behavioral activation not only aids practitioners in more effectively completing tasks but also stimulates their enthusiasm and initiative, encouraging proactive career development.

These three dynamic regulatory pathways of social support are interconnected and mutually influential. Cognitive restructuring influences practitioners' perceptions and coping strategies regarding stress, thereby affecting their emotional states; conversely, emotional regulation impacts the cognitive process. Practitioners in a positive emotional state are more receptive to positive cognitive information. Behavioral activation provides practical-level support, enabling them to better manage stress while positively influencing cognition and emotion through feedback mechanisms.

Through these three pathways, social support acts as a buffer between occupational stress and self-assessment, establishing a dynamic regulatory mechanism. It assists psychology practitioners in effectively managing occupational stress, maintaining optimal psychological well-being, and enhancing the accuracy and positivity of self-assessment, thereby promoting both career development and mental health.

Design Principles for Social Support Intervention

To develop an effective social support intervention plan grounded in theoretical models, it is essential to adhere

to a series of scientifically rigorous and targeted design principles. These principles not only facilitate the optimization of the intervention's effectiveness but also genuinely address the diverse needs of psychology practitioners, thereby enabling them to more effectively manage occupational stress and improve their self-evaluation capabilities.
Effective interventions follow:

**Hierarchical matching**:
The principle of stratified matching is established precisely due to the varying levels of pressure and demands encountered by psychology practitioners in diverse employment contexts.

**Primary support**:
Primary support serves as a fundamental guarantee for all practitioners. The mental health hotline provides immediate psychological assistance. When practitioners experience acute emotional distress or professional uncertainty, they can contact the hotline at any time to consult with qualified professionals and receive preliminary emotional guidance and advice. Additionally, the online resource library compiles a comprehensive collection of professional materials, including the latest research findings in psychology, intervention strategies for various psychological issues, interpretations of ethical guidelines, and more, thereby supporting practitioners' self-directed learning and inquiries. These primary support measures offer extensive and accessible assistance to a broad range of practitioners, fulfilling their essential needs in daily practice.

**Intermediate support**:
Intermediate support is specifically designed for high-pressure groups, with the objective of delivering more precise and targeted assistance. Group supervision establishes a structured platform that enables practitioners to exchange ideas and learn from one another. Within this framework, practitioners can articulate their experiences and uncertainties encountered during case handling, leveraging collective wisdom to address challenges. For instance, when addressing complex cases involving adolescent psychological issues, practitioners with varied backgrounds may propose diverse intervention strategies and methodologies based on their individual expertise, thereby broadening participants' perspectives and fostering innovative solutions. The stress management workshop is dedicated to enhancing practitioners' competencies in managing stress. Through the instruction of practical techniques such as relaxation training, time management, and emotional regulation, it equips them with the tools necessary to effectively manage stress in both professional and personal contexts.

**Advanced support**:
Advanced support primarily targets individuals at high risk of burnout, with an emphasis on personalized customization. Personalized psychological counseling offers these professionals one-on-one in-depth psychological support. Counselors will design a tailored counseling plan based on the specific circumstances of the practitioners, including work-related stressors, personal growth experiences, and psychological states. For a practitioner experiencing burnout due to prolonged exposure to complex trauma cases, the psychological counselor may employ cognitive behavioral therapy (CBT) to assist in restructuring negative cognitive patterns. Additionally, mindfulness training may be integrated to enhance emotional awareness and management skills, thereby gradually alleviating symptoms of burnout and restoring professional vitality.

**Cultural sensitivity**:
Cultural background exerts a profound influence on an individual's values, behavioral patterns, and expectations regarding social support. In collectivist cultures, the concept of family is deeply ingrained, and family support often functions as a robust buffer. For example, in certain Asian countries, the interdependent and supportive relationships among family members are particularly strong. When psychology practitioners encounter occupational stress, the emotional support, practical assistance, and encouragement provided by their families can instill a sense of substantial backing, thereby mitigating the adverse effects of stress.

**Technology integration**:
With the rapid advancement of technology, its application in social support interventions has become increasingly pervasive. The development of support applications, such as "Therapist Aid," equips practitioners with convenient and efficient tools for support. These applications enable real-time peer support by allowing practitioners to swiftly connect with their peers when encountering challenges, facilitating the sharing of experiences and solicitation of advice. In terms of crisis management, these applications provide crisis intervention protocols, emergency resource links, and other functionalities, thereby assisting practitioners in responding promptly during emergencies.
The integration of technology is further exemplified through the utilization of big data and artificial intelligence

technologies. By collecting and analyzing data on practitioners' usage of support tools, their needs and challenges can be systematically identified, providing a foundation for refining intervention strategies. AI-powered personalized recommendation systems can accurately deliver relevant learning resources, training programs, and support services tailored to practitioners' work profiles and preference patterns, enhancing the precision and efficacy of social support interventions.

By adhering to design principles such as hierarchical alignment, cultural sensitivity, and seamless technology integration, a more scientific and effective social support intervention framework can be established. This framework offers comprehensive and multi-tiered support for psychology practitioners, enabling them to effectively address professional challenges while achieving a harmonious balance between professional growth and personal development.

Case study: A case study of China's Therapist Support program

Background and policy context

The construction of China's mental health service system has been incorporated into the national strategy in recent years. In 2016, the Outline of the Healthy China 2030 Plan clearly proposed to "strengthen the construction and standardized management of the mental health service system". In 2018, the National Health Commission and 10 other departments jointly issued the Pilot Work Plan for the Construction of the National Social Psychological Service System, requiring all localities to establish and improve mental health service networks. And strengthen the professional support for psychological counselors. In this context, some regions and industry associations in China have begun to explore psychological counselor support programs with local characteristics.

Case in point: Shanghai's continuing Education and Supervision program for psychological counselors

Implementation measures. Mandatory supervision system: According to the Shanghai Mental Health Service Industry Association, registered psychological counselors are required to complete 30 hours of group supervision and 10 hours of individual supervision each year, which should cover ethical decision-making, case intervention and self-care.

The supervising teachers should have the title of associate senior or above or more than five years of clinical supervision experience, and be certified by the association.

Continuing education credit system: 60 continuing education credit hours per year, with at least 20 of them in "self growth and career support" classes (e.g., mindfulness-based stress reduction, crisis intervention skills).

Course providers include universities (such as the School of Psychology and Cognitive Science at East China Normal University), professional institutions (such as the Shanghai Mental Health Center) and online platforms (such as One Psychology).

Mental health insurance coverage: Shanghai has included psychological counselors in the "mental health security plan for employees", which can reimburse 10 personal experiences per year (each limit is 500 yuan), and encourages practitioners to deal with occupational stress through self-counseling.

Implementation results (based on 2022 evaluation data)

**Decreased burnout rates:**

The emotional exhaustion score (MBI subdimension) among counsellors participating in the supervision program decreased from an average of 4.2 (2019) to 2.8 (2022) (on a 7-point scale, the lower the score, the better).

**Practice stability improved:**

The average length of practice for full-time practitioners increased from 3.5 years (2019) to 5.1 years (2022), and the attrition rate decreased by 28%.

**Improved service quality:**

The client satisfaction survey showed that the "empathy ability" and "intervention effectiveness" indicators of the counsellors who participated in the supervision improved by 34% and 27%, respectively.

Cultural adaptive design

**Family-career balance support:**

In view of the cognitive bias of Chinese families towards the psychological counseling profession (such as "helping people should be selfless"), it is planned to add a "family Open Day" to invite family members to participate in mental health lectures to reduce pressure within the family.

**Group supervision mode:**

"group round table discussion" instead of "one-to-one supervision" in the West is adopted, which fits the cooperation preference of collectivist culture and enhances the perception of support.

**National policy exploration**:

the Chinese Psychological Association (CPA) Career Support Framework
In 2021, the Working Committee for the Registration of Clinical Psychology of the Chinese Psychological Association issued the Professional Development Guide for Psychological Counselors, proposing a three-level support system:

Table 1.4 – The Career Support Framework of the Chinese Psychological Association (CPA)

| **Level of support** | **Core content** | **Covering groups** |
|---|---|---|
| Base support | Free online resource libraries (ethics guides, crisis intervention templates), regional peer support groups | All registered counsellors |
| Professional Support | Low price group supervision ($100 / session), annual skills workshops (such as EMDR therapy certification) | Practitioners who have been practicing for more than 3 years |
| Deep support | Personalized career development planning, mental health insurance subsidies, academic research grants | High performing/high risk groups |

Initial results:
By 2023, 68 percent of registered counselors nationwide were involved in at least one support program, with 82 percent reporting "significant relief from work stress."
In rural areas, access to the "cloud supervision" platform has increased by 45 percent, narrowing the resource gap between urban and rural areas.
Challenges and directions for improvement
Regional imbalance: the central and western provinces lack supervision resources, and need to promote the flow of talents through the "East and West supervision pair" project.
Residual cultural stigma: some practitioners still avoid personal experience due to the concept of "seeking help = lack of ability", and anti-stigma publicity needs to be strengthened.
Insufficient data integration: Establish a national occupational health database for psychological counselors to dynamically monitor stress and support effects.
International comparison and implications
Different from the Netherlands' "high-welfare-coercion" support, the Chinese model puts more emphasis on "government-guided - industry-led - social participation" :
Policy flexibility: Allow local governments (such as Shanghai and Shenzhen) to pilot innovative support tools before gradually rolling them out across the country.
Technology empowerment: Build support communities on local platforms such as wechat and Dingding to improve accessibility.
Cultural embedment: Integrating traditional elements such as family support and a sense of collective honor into intervention design.
Through policy innovation and cultural adaptation, China is gradually building a psychological counselor support system in line with national conditions. In the future, it is necessary to further strengthen the institutional guarantee, resource balance and data-driven to achieve sustainable development of mental health service team.
Theoretical integration and future direction. Cross-theoretical model construction: Integrating the self-efficacy theory of self-assessment, the JD-R model of occupational stress and the buffering model of social support, and putting forward the dynamic system theory of "evaluation-pressure-support".
Technology-enhanced intervention: Exploring the application of virtual reality (VR) in stress exposure training and an AI-driven personalized self-assessment feedback system.
Global comparative study: Comparing differences in stress and support among psychology practitioners in different healthcare systems (e.g., universal health insurance vs commercial insurance).

**Conclusion on chapter 1**

This chapter systematically explores the theoretical foundations of self-assessment, occupational stress, and social support among psychology practitioners, revealing their complex interactions and practical implications.
Theoretical Integration and Future Directions. The chapter integrates self-efficacy theory, the JD-R model, and social support buffering mechanisms to propose a dynamic "evaluation-pressure-support" system theory. Future research should:
Leverage Technology: Develop AI-driven self-assessment tools and VR stress-training modules to enhance intervention precision.
Cross-Cultural Comparisons: Explore how healthcare systems (e.g., universal vs. commercial insurance) shape stress and support dynamics globally.
Data-Driven Policy: Establish national occupational health databases to monitor stress trends and optimize support strategies.
This chapter underscores the critical role of integrating self-assessment, stress management, and social support in sustaining psychology practitioners' mental health and professional growth. By recognizing the field's unique challenges and adopting theory-informed, culturally adapted interventions, stakeholders can foster resilient practitioners and enhance the quality of mental health services. The interplay of these factors not only informs academic discourse but also provides a roadmap for policy makers, institutions, and practitioners to build sustainable support systems in an evolving profession.

## III. Empirical study on the correlation between self-assessment, occupational stress, and social support among psychology practitioners

### 3.1 Organization and methodology of empirical research

**Research design and hypothesis**

This study employs a cross-sectional correlational research design to comprehensively and systematically investigate the dynamic relationships among the Self-Assessment Questionnaire (SAQ), the Occupational Stress Inventory (OSI), and the Social Support Questionnaire (SSQ) within the population of mental health practitioners. The theoretical framework of this study is primarily constructed based on two well-established theories: the Job Demands-Resources (JD-R) model (Demerouti et al., 2001) and the social support buffering theory (Cohen & Wills, 1985).

According to the JD-R model, occupational stress, as a key manifestation of job demands, progressively depletes individual resources over time. In this context, social support is conceptualized as an essential work resource. When individuals are persistently exposed to high levels of occupational stress and experience insufficient social support, their self-assessment levels may substantially decrease. This phenomenon can be attributed to the energy depletion and psychological fatigue that result from prolonged exposure to high-stress conditions, which in turn impair their ability to accurately perceive and evaluate their own competencies and values.

The social support buffering theory underscores the pivotal role of social support in alleviating the adverse effects of stress on individuals. When individuals face stressful situations, adequate social support provides them with emotional reassurance, informational guidance, and practical assistance, thereby enhancing their psychological resilience. Consequently, individuals are better equipped to manage stress and mitigate its detrimental impact on their self-assessment.
Drawing upon these theoretical foundations, this study formulates the following three specific hypotheses:

**Hypothesis H1**: There is a significant negative correlation ($r < 0$) between occupational stress and self-assessment among mental health professionals. This suggests that as occupational stress increases, self-assessment scores tend to decrease correspondingly. For example, when practitioners face heavy workloads, complex client issues, and high-intensity work rhythms, they may experience doubts regarding their professional competencies and feel uncertain about their career development prospects, which in turn leads to a reduction in their self-assessment levels.

**Hypothesis H2**: There is a significant positive correlation ($r > 0$) between social support and self-assessment. Specifically, mental health practitioners who perceive greater social support from family, colleagues, supervisors, and other sources tend to exhibit higher levels of self-evaluation. For example, when practitioners face challenges at work and receive timely assistance and encouragement from colleagues, or when they experience comprehensive understanding and support from their families in personal life, these factors collectively contribute to enhancing their self-confidence and improving their self-assessment.

**Hypothesis H3**: Social support serves as a moderator in the relationship between occupational stress and self-

assessment. More specifically, in environments characterized by high social support, the adverse effects of occupational stress on self-assessment can be significantly mitigated. Conversely, in contexts with low social support, the detrimental impact of occupational stress on self-assessment tends to be exacerbated. For example, when comparing two practitioners experiencing high levels of occupational stress, the individual with an extensive social support network is likely to manage stress more effectively and maintain a relatively stable self-assessment. In contrast, the practitioner with limited social support may encounter a marked decline in self-assessment under stressful conditions.

Sample selection and data collection

**Target group**: This study specifically focuses on psychological practitioners in China, encompassing clinical psychological counselors, school-based psychological educators, and enterprise Employee Assistance Program (EAP) specialists, among other specialized domains. Psychological practitioners across different fields exhibit variations in job responsibilities, working environments, and the professional challenges they encounter, as well as in their levels of experience. The objective of this study is to comprehensively include psychological practitioners from these diverse professional backgrounds and with varying years of experience, thereby collecting data with extensive representativeness.

**Sampling method**: The working fields are categorized into three primary domains: clinical counseling, education (school psychology), and enterprise EAP services. Professionals in the clinical counseling domain primarily address patients with various psychological disorders, encountering high work pressure and demanding stringent professional skills; school psychologists focus on students' mental health education and counseling, operating within a relatively stable environment yet facing challenges posed by the diversity of the student population; enterprise EAP specialists mainly offer psychological support services to employees, with their responsibilities closely tied to the operational status of the enterprise and employee needs.

Years of service are classified into two tiers: $< 5$ years (novice) and $\geq 5$ years (senior). Novice practitioners often exhibit deficiencies in professional knowledge and practical experience, making them more vulnerable to occupational stress; conversely, senior practitioners, after years of professional development, may demonstrate distinct characteristics in stress management and self-assessment.

Following stratification, random sampling is conducted within each sub-stratum to ensure the sample maximally represents the target population.

**Sample size**: The judicious determination of sample size is pivotal for ensuring the reliability and validity of research findings. In this study, power analysis was conducted using G*Power 3.1 software, with several critical parameters established as follows: the significance level $\alpha$ was set at 0.05 (two-tailed test), which aligns with the conventional standard in social science research for assessing statistical significance. The statistical power $(1-\beta)$ was set at 0.80, indicating an 80% probability of detecting a true effect and minimizing Type II errors. The medium effect size $f^2$ was determined to be 0.15, based on a synthesis of prior studies and preliminary assumptions. Through these parameter settings, the minimum required sample size was calculated to be 128 participants. During the actual data collection phase, a total of 150 valid questionnaires were obtained, achieving a response rate of 85.7%, thereby ensuring adequate data sufficiency. Furthermore, to enhance the richness of the research data and gain deeper insights into the lived experiences and practical contexts of psychological practitioners, 15 individuals were selected for in-depth interviews to provide complementary qualitative information.

Data collection

**Quantitative data**: Data collection was performed using a hybrid approach, combining both online and offline methods. Electronic questionnaires were administered through the Qualtrics platform, while paper-based questionnaires were also provided to meet the diverse needs of participants. Throughout the data collection process, rigorous anonymization procedures were implemented to safeguard the confidentiality of participants' personal information, thereby reducing concerns and enhancing the credibility and reliability of the collected data. The questionnaire primarily consisted of three scales: the SAQ, OSI, and SSQ6, which will be further described in the section on research tools and measurements.

**Qualitative data**: The data were collected via semi-structured interviews. The interview protocol was meticulously designed to encompass a range of open-ended questions, including but not limited to sources of stress, utilization of support systems, and shifts in self-assessment. Sample questions included: "Could you elaborate on the primary sources of stress you encounter in your daily work?" "In what ways do you seek or receive social support when facing challenges?" "Have there been any pivotal events throughout your career that significantly influenced your self-assessment?" Each interview lasted approximately 60 minutes on average. All interviews were audio-recorded with participants' consent and subsequently transcribed into textual data for

further in-depth analysis.
Research tools and measurements

**1. Self-assessment Questionnaire (SAQ)**
Structure
This questionnaire comprises 20 items and employs a 5-point Likert scale, where 1 represents "completely inconsistent," 2 represents "mostly inconsistent," 3 represents "neutral," 4 represents "mostly consistent," and 5 represents "completely consistent." The questionnaire encompasses five dimensions:

**Professional Competence (4 questions):** This section primarily evaluates the practitioner's assessment of the effectiveness of their professional skills in real-world applications. For example, "I am proficient in applying professional knowledge to address clients' psychological challenges."

**Existential Value (3 questions):** This domain focuses on the practitioner's perception of their personal value and significance within their professional field. For instance, "I firmly believe that my work contributes significantly to society."

**Emotional Regulation (3 questions):** This segment assesses the practitioner's capacity to self-regulate under work-related stress and emotional strain. An example would be, "I maintain effective control over my negative emotions in professional settings."

**Attitude towards Career Development (3 questions):** This area explores the practitioner's expectations, strategic planning, and enthusiasm regarding their career advancement. For example, "I have developed a well-defined plan for my future career progression."

**Professional Growth and Communication (7 questions):** This section evaluates the practitioner's efforts in enhancing their professional expertise and interpersonal communication skills, as well as their collaborative abilities. Examples include, "I regularly engage in professional development training to enhance my capabilities" and "I establish effective communication channels with colleagues and clients."
Reliability and validity:

**Reliability**: The reliability of the scale was assessed by calculating the Cronbach's α coefficient to evaluate internal consistency. The overall α coefficient for the scale was 0.89, which indicates a high degree of internal consistency. The α coefficients for each dimension ranged from 0.76 to 0.85, all exceeding the threshold of 0.7, thus satisfying the psychometric requirements for reliability. This demonstrates that the scale exhibits high stability and consistency in measuring the self-assessment of psychological practitioners across different time points and contexts.

**Validity**: The structural validity of the scale was examined through confirmatory factor analysis (CFA). The results revealed an acceptable model fit, with specific indices as follows: $\chi^2/df = 2.1$ (a value closer to 1 signifies a better fit), RMSEA = 0.06 (< 0.08, indicating a good fit), and CFI = 0.93 (> 0.90, suggesting an ideal fit). Collectively, these indices confirm that the scale possesses adequate structural validity and is capable of accurately assessing the self-evaluation levels of psychological practitioners.

**2. Occupational Stress Scale (OSI)**
**Structure**: It comprises 10 items and employs a 5-point Likert scale. The scale is structured into three dimensions:
**Workload (5 items)**: This dimension primarily assesses the pressure experienced by practitioners regarding task volume, work intensity, and working hours. Example item: "My daily work tasks are excessively demanding, frequently necessitating overtime to complete them."

**Role Conflict (3 items):** This dimension focuses on the discrepancies between differing role expectations encountered by practitioners in the workplace. Example item: "There is a pronounced discrepancy between my supervisor's requirements and my clients' expectations."

**Resource Insufficiency (2 items)**: This dimension addresses the scarcity of resources faced by practitioners, encompassing material, human, and informational resources. Example item: "I lack access to essential professional books and materials required for my work."
Reliability and validity:

**Reliability**: The Cronbach's alpha coefficient for the total scale was 0.87, and the alpha coefficients for each dimension ranged from 0.79 to 0.83. These results indicate that the scale demonstrates high internal consistency and is capable of reliably measuring the occupational stress levels of mental health practitioners.

**Validity**: Criterion-related validity was assessed, revealing a significant positive correlation between the scale and the emotional exhaustion dimension of the Maslach Burnout Inventory (MBI) ($r = 0.62$, $p < 0.01$). This finding confirms that the scale effectively measures occupational stress, as it is well-established that occupational stress is closely associated with burnout, and emotional exhaustion constitutes one of its core dimensions. The strong positive correlation further substantiates the validity of the scale.

**3．Social Support Questionnaire (SSQ6)**

**Structure**: This questionnaire comprises six items and employs a five-point Likert scale. It assesses three dimensions of social support:

**Emotional Support (1 item)**: This dimension evaluates the emotional care and understanding practitioners receive from others. For example, "When I encounter difficulties, my family provides me with emotional support and encouragement."

**Informational Support (3 items)**: This dimension focuses on the useful information and advice practitioners obtain in their work and life. For instance, "My colleagues share their work experience and professional knowledge, which is highly beneficial to me."

**Practical Assistance (2 items)**: This dimension examines the tangible support provided by others to practitioners. An example is, "When I am occupied with work, my friends assist me with some daily chores."

Reliability and validity:

Reliability: The Cronbach's α coefficient for the overall scale is 0.84, while the α coefficients for each dimension range from 0.72 to 0.78. These values indicate that the scale demonstrates excellent internal consistency and can reliably measure the level of perceived social support.

Validity: Convergent validity analysis revealed a significant positive correlation between this scale and the total score of the Multidimensional Scale of Perceived Social Support (MSPSS) ($r = 0.71$, $p < 0.01$). This finding demonstrates that the scale maintains high congruence with established social support scales in evaluating the construct of social support and can effectively measure the degree of social support perceived by mental health professionals.

Aggregate validity: Significantly correlated with the total score of the Multidimensional Social Support Scale (MSPSS) ($r$=0.71, $p$<0.01).

Data analysis methods

Quantitative data analysis:

**Descriptive statistics**: Descriptive statistical analysis was performed on the collected data using SPSS 26.0 software. Specifically, the mean (M), standard deviation (SD), and frequency distribution were computed. The mean serves as an indicator of the central tendency of the variables, while the standard deviation quantifies the extent of data dispersion. Frequency distribution provides a visual representation of the occurrence rates of different data categories. These descriptive statistics enable a clear presentation of the fundamental characteristics of the sample and the distribution patterns of each variable.

**Correlation analysis**: The Pearson product-moment correlation analysis was employed to examine the linear relationship between variables, thereby testing hypotheses H1 and H2. The Pearson product-moment correlation coefficient provides a precise measure of both the strength and direction of the linear relationship between two variables. A positive correlation coefficient signifies a positive relationship between the variables, whereas a negative coefficient indicates a negative relationship. By computing the Pearson product-moment correlation coefficients for the relationships between occupational stress and self-assessment, as well as between social support and self-assessment, and performing significance tests, the validity of the hypotheses was assessed.

**Regression analysis**: Hierarchical regression was used to test the moderating effect of social support, and the interaction terms were treated centrally.

Model 1: Integrate occupational stress as an independent variable into the regression model while controlling for potential confounding variables that may influence self-assessment, such as gender, years of service, and work field. Conduct regression analysis to estimate the main effect of occupational stress on self-assessment, specifically the extent to which occupational stress influences self-assessment when considered independently.

Model 2: Building upon Model 1, include the interaction term between occupational stress and social support. To mitigate multicollinearity issues, center the two variables (occupational stress and social support) by subtracting their respective means from the original data prior to adding the interaction term. Compare the $\Delta R^2$ values of Model 2 and Model 1 to assess whether the moderating effect of social support in the relationship between occupational stress and self-assessment is statistically significant. A significant $\Delta R^2$ indicates a meaningful moderating effect of social support.

**Simple Slope Analysis:** Divide the sample into a high social support group and a low social support group using the median of social support as the cutoff point. Subsequently, calculate the slopes representing the influence of occupational stress on self-assessment within these two groups. Specifically, employ the PROCESS macro in SPSS (Hayes, 2018) to conduct this analysis. Simple slope analysis provides a more intuitive understanding of how the impact of occupational stress on self-assessment varies across different levels of social support, thereby further validating the moderating role of social support.
Qualitative data analysis:

**Subject analysis** (Braun & Clarke, 2006) :

**Coding Stage:** Two independent coders, both of whom had undergone professional training and possessed extensive experience in qualitative analysis, were tasked with conducting open coding on the interview texts. During the coding process, the coders meticulously reviewed the interview texts, identified meaningful sentences or paragraphs, and assigned preliminary concepts to them. For instance, when the interview text stated, "The recent high-difficulty cases I took on have put a lot of pressure on me, but they also pushed me to constantly learn new treatment methods," it was coded as "Pressure leads to active learning of new skills." Similarly, when the text mentioned, "The supervisor provided me with many new ideas and methods during the case discussion, which was very helpful to me," it was coded as "Supervisor provides information support."

**Theme Extraction:** Following the completion of open coding, the two coders summarized and integrated the generated initial concepts. Concepts with similar meanings and related themes were grouped together. Through iterative discussions and refinements, core themes were ultimately established. For example, concepts such as "Pressure leads to active learning of new skills" and "High-pressure cases prompt self-improvement" were consolidated into the core theme "The positive effects of occupational pressure." Additionally, concepts like "Supervisor provides information support" and "Colleagues sharing experiences help solve problems" were refined into the core theme "The information support function of social support."

**Reliability Check:** To ensure the consistency and reliability of the coding process, 20% of the interview transcripts were randomly selected for an intercoder reliability check. The Cohen's $\kappa$ coefficient between the two coders was calculated, yielding a result of Cohen's $\kappa = 0.82$ (>0.8), which indicates strong agreement between the coders and high reliability of the coding outcomes.

**Triangulation**: The quantitative analysis results were systematically integrated with the qualitative analysis data for cross-validation. By comparing the relationships among variables identified in the quantitative analysis with the actual experiences and perceptions reported in the qualitative analysis, deeper insights into the underlying mechanisms of these relationships were achieved. For example, the quantitative analysis revealed that occupational pressure was negatively correlated with self-assessment, while social support played a moderating role. In the qualitative analysis, practitioners described how the absence of social support under high pressure led to self-doubt and a decline in self-assessment. However, after receiving social support, they were better able to manage stress and maintain a positive self-assessment. Through this triangulation approach, the understanding of the relationships among variables was further validated and enriched.

### 2.2 Results of an empirical study on the correlation between self-assessment, occupational stress and social support among psychology practitioners

Descriptive statistics and variable distribution

Table 2.1 – Sample characteristics (N=150) :

| **Variables** | **Categories** | **Percentage (%)** |
|---|---|---|
| Gender | Male | 48.3 |
| | female | 51.7 |
| Years of practice | <5 years | 45.8 |
| | ≥5 years | 54.2 |
| Field of work | Clinical consulting | 52.0 |
| | Schooling | 28.7 |
| | Corporate EAP | 19.3 |

The gender distribution of the samples in this study was nearly balanced, with a marginally higher proportion of females (51.7%) compared to males (48.3%). This gender ratio aligns with the gender composition of the counseling professional community both domestically and internationally, reflecting the well-documented trend of a relatively larger number of female practitioners in this field. Regarding years of experience, the proportion of experienced practitioners (≥5 years) reached 54.2%, slightly exceeding that of novice practitioners (<5 years). This distribution suggests that the study samples encompass various stages of career development among psychological practitioners, effectively mitigating the limitations associated with single-stage sampling and enhancing the generalizability of the research findings.

From the perspective of work domains, practitioners in the clinical counseling field constituted 52.0% of the sample, a figure that closely corresponds to the current landscape of the psychological service market in China. As societal awareness of mental health continues to grow, the demand for clinical counseling services has exhibited a marked upward trend, drawing a significant number of professionals into this domain and thereby establishing a robust practitioner base. Conversely, the proportions of practitioners from school psychology and enterprise EAP fields were 28.7% and 19.3%, respectively. Although these figures are comparatively lower, they nonetheless underscore the gradual integration and dissemination of psychological services within educational and corporate contexts.

Table 2.2 – Main variables Description:

| **Variables** | **M** | **SD** | **Minimum** | **Maximum** |
|---|---|---|---|---|
| Total self-assessment score | 78.2 | 12.3 | 42 | 98 |
| Total occupational stress score | 32.5 | 8.7 | 10 | 47 |
| Social support score | 22.8 | 5.1 | 6 | 30 |

The sample group's average total self-assessment score was 78.2 points (out of 100), indicating a moderately high level of self-evaluation. This suggests that psychological practitioners in the sample generally held a positive overall perception of their professional competencies and career value. However, the standard deviation of 12.3 reveals notable individual variations, implying the presence of some practitioners with relatively lower self-assessment scores. The average total occupational stress score was 32.5 points (out of 50), reflecting that the sample group experienced a certain degree of occupational stress, though not at an extreme level. The standard deviation of 8.7 further demonstrates that stress levels were widely distributed among practitioners, highlighting significant individual differences in stress perception. The average total social support score was 22.8 points (out of 30), indicating that practitioners perceived social support at a moderate level. The standard deviation of 5.1 underscores considerable variation in the level of social support within the sample, with some practitioners receiving relatively less support.

Quantitative analysis results

1.Correlation Analysis: Testing Hypotheses H1 and H2

Table 2.3 – Correlation Matrix of the Main Variables

| **Variables** | **Self-assessment** | **Occupational stress** | **Social support** |
|---|---|---|---|
| Self-assessment | 1.00 | | |
| Occupational stress | 0.34 | 1.00 | |
| Social support | 0.41 | 0.28 | 1.00 |
| **Note:** p<0.05, p<0.01, p<0.001 | | | |

**H1 support**: There is a significant negative correlation between occupational stress and self-assessment ($r = -0.34$, $p < 0.01$). This result suggests that with each one-unit increase in occupational stress, there is an average decrease of 0.34 units in self-assessment, thereby strongly corroborating the adverse effects of high occupational stress on practitioners' self-perception. This finding aligns closely with the core tenets of the Job Demands-Resources (JD-R) model, which posits that excessive job demands (i.e., occupational stress) progressively deplete an individual's psychological resources, ultimately resulting in diminished self-efficacy and professional identity.

**H2 support**: Social support and self-assessment exhibit a strong positive correlation ($r = 0.41$, $p < 0.001$). This finding suggests that for every one-unit increase in social support, there is an average improvement of 0.41 units in self-assessment, thereby substantiating the role of social support as a protective resource in enhancing self-assessment. These results are consistent with the social support buffering theory, which posits that external support, through the provision of resources such as emotional and informational assistance, can strengthen an individual's positive appraisal of their own capabilities.

**Additional findings**: The research also identified a significant negative correlation between occupational stress and social support ($r = -0.28$, $p < 0.01$). This finding implies that high levels of occupational stress may result in diminished social support, or alternatively, that individuals with limited social support are more prone to experiencing occupational stress, thereby creating a detrimental feedback loop characterized by "stress - lack of support."

2.Hierarchical regression analysis (moderating effect test) :

Table 2.4 – Results of Hierarchical Regression Analysis for Moderating Effect Test

| **Model** | **Predictor variables** | **Beta** | **SE** | **t** | **p** | **$\Delta R^2$** |
|---|---|---|---|---|---|---|
| 1 | Occupational stress | - | 0.07 | - | <0.001 | 0.31 |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | 0.38 | | 5.42 | | |
| 2 | Occupational stress x social support | 0.25 | 0.06 | 4.17 | <0.001 | 0.06 |
| Note: The dependent variable was the total self-assessment score, *N*=150 | | | | | | |

**H3 support**: A hierarchical regression analysis was performed with the total self-assessment score as the dependent variable. In Model 1, occupational stress demonstrated a significant negative predictive effect on self-assessment (Beta = -0.38, $p < 0.001$), accounting for 31% of the variance ($\Delta R^2 = 0.31$). In Model 2, after incorporating the interaction term between occupational stress and social support, this interaction term exhibited a significant positive predictive effect on self-assessment (Beta = 0.25, $p < 0.001$), with the model's explanatory power increasing by 6% ($\Delta R^2 = 0.06$). These findings suggest that social support significantly moderates the relationship between occupational stress and self-assessment, thereby supporting Hypothesis H3.

3.Simple slope analysis:

Table 2.5 – The Moderating Effect of Social Support on the Relationship between Occupational Stress and Self-Assessment

| **Level of social support** | **Beta (Occupational stress → Self-assessment)** | **SE** | **t** | **p** |
|---|---|---|---|---|
| High support group | -0.18 | 0.07 | -2.57 | <0.05 |
| Low support group | -0.45 | 0.08 | -5.63 | <0.001 |

**High Social Support Group (SS ≥ 23, n = 75):** In the high social support group, the regression coefficient of occupational stress on self-assessment is -0.18 ($p < 0.05$). This suggests that for each one-unit increase in occupational stress, self-assessment decreases by 0.18 units, indicating a relatively weak negative association that reaches marginal significance. These findings underscore that when individuals receive sufficient emotional support, informational guidance, or practical assistance, the detrimental impact of occupational stress on self-assessment is substantially mitigated.

**Low Social Support Group (SS < 23, n = 75):** In contrast, the regression coefficient in the low social support group is -0.45 ($p < 0.001$), implying that for each one-unit increase in occupational stress, self-assessment decreases by 0.45 units. The magnitude of this negative association is 2.5 times greater than that observed in the high social support group and achieves a highly significant level. This result highlights that in the absence of adequate social support, the adverse effects of occupational stress on self-assessment are markedly intensified, thereby providing further evidence for the buffering role of social support in moderating this relationship. In the high social support group, the negative influence of occupational stress on self-assessment was relatively attenuated (Beta = -0.18, $p < 0.05$). By contrast, in the low social support group, the negative influence of occupational stress on self-assessment was more pronounced (Beta = -0.45, $p < 0.001$). These findings further substantiate the buffering role of social support, indicating that high levels of social support can substantially alleviate the adverse effects of occupational stress on self-assessment.

Results of qualitative analysis

Through thematic analysis, ultimately, three core themes were identified, each encompassing sub-dimensions and supported by typical evidence:

Theme 1: "Double-edged sword" effect of occupational stress

The impact of occupational stress on self-assessment is bidirectional, specifically manifesting as a dynamic balance between short-term challenges and long-term depletion:

**Positive case**: Professional competence is maximized under high-pressure scenarios, prompting practitioners to proactively pursue knowledge updates. For instance, P07, a clinical counselor with three years of experience, noted: "In addressing a case involving suicide risk, my supervisor required me to submit an intervention plan within 48 hours. During this period, I worked tirelessly, reviewing relevant literature, and ultimately succeeded in stabilizing the client's emotions. This experience reinforced my belief in my capacity to address highly challenging situations effectively."
Self-efficacy is significantly enhanced through overcoming pressure, leading to a stronger sense of professional identity. P11, a school psychological counselor with six years of experience, remarked: "After managing ten consecutive cases of school bullying intervention, I developed a comprehensive set of group counseling protocols, which have since been incorporated into the district's psychological intervention manual. This experience profoundly underscored the value and impact of my work.

**Negative case**: Chronic exhaustion and self-doubt: Long-term overwork can lead to cognitive fatigue. P12, an experienced enterprise EAP specialist with eight years of expertise, stated, "During the pandemic-related wave of layoffs in enterprises, I conducted more than 20 crisis interventions weekly. After six months, I began questioning my ability to listen effectively and even developed a fear of answering consultation calls."
Shaken professional identity: Role conflicts frequently result in value dissonance. P04, a junior consultant with two years of experience, noted, "The institution expects me to balance both consultation volume and marketing tasks simultaneously. However, I prefer to concentrate solely on professional consultation work. This contradiction has caused me to question whether I am suited for a career as a consultant."
Topic 2: The "buffer net" function of social support
Social support plays a protective role by providing multi-dimensional resources, thereby establishing a multi-layered buffering mechanism against occupational stress.

**Emotional support**: The foundation of psychological resilience
The cornerstone of psychological resilience is rooted in the emotional support provided by the family system. P05, a female counselor with four years of professional experience, recounted: "Following a case failure, my husband assumed all household responsibilities for three months, granting me sufficient time to restore my mental equilibrium. He reassured me, 'You're human, not a god; do your best,' which offered me profound emotional comfort surpassing any supervisory advice."
Moreover, empathetic support from the professional community plays a pivotal role. P08, who has been an active member of a supervision group for three years, stated: "By discussing the challenges in my work weekly with five peer counselors, I realized that we all encounter similar difficulties. This shared sense of 'collective struggle' significantly bolstered my confidence and resilience in facing professional pressures."

**Informational support**: The Bridge of Professional Empowerment
The transfer of knowledge through supervision systems plays a pivotal role in the professional development of practitioners. P09, an experienced consultant with a decade of expertise, remarked: "During the case review, my supervisor highlighted that I was 'over-involved in the client's emotions' during consultations and suggested enrolling in an emotional boundary management course. This recommendation significantly enhanced my perception of consultation effectiveness."
Cross-disciplinary communication serves as a catalyst for expanding cognitive horizons. P13, a school psychological counselor, shared after attending an enterprise EAP (Employee Assistance Program) training: "Upon learning the enterprise stress management model, I adapted it to address students' exam anxiety. The integration of this cross-disciplinary knowledge has bolstered my confidence in professional adaptability."

**Actual Support:** Assurance for Resource Supplementation
Institutional-level system support can effectively alleviate the workload of practitioners. For instance, P06, a counselor at a university counseling center, noted: "The institution provides each counselor with an assistant to manage administrative tasks, enabling me to concentrate fully on counseling activities. This arrangement significantly mitigates the pressure associated with administrative responsibilities."
Instrumental assistance from social networks plays a crucial role in ensuring the career sustainability of practitioners. P14, an independent practicing counselor, remarked: "During the pandemic, when face-to-face counseling sessions were suspended, a colleague suggested utilizing an online counseling platform. This practical support allowed me to sustain my professional development and adapt to changing circumstances."
Topic 3: Dynamic adjustment of self-assessment
Self-assessment is not a static trait but rather attains a dynamic equilibrium through a cyclical process of "stress trigger - feedback regulation - cognitive restructuring."
Key event:

Negative events, such as unsuccessful consultations or ethical dilemmas, can elicit profound reflection among practitioners. Participant P03, with five years of professional experience, reflected on a failed referral: "The client's condition worsened following the referral. Over a period of three months, I meticulously reviewed the consultation records and identified that I had overlooked the client's non-verbal cues. This experience led me to reassess my self-perceived professional competence."
Positive events, such as successful interventions and professional recognition, can serve to reinforce positive cognition. Participant P10 received a provincial award for psychological services and stated, "Following the receipt of this award, I came to recognize my distinct advantages in the field of adolescent suicide prevention. This enhancement in self-awareness has elucidated my future career development path."
Result integration and theoretical dialogue
Consistency with literature:
The negative correlation between occupational stress and self-assessment is consistent with the JD-R model (Demerouti et al., 2001).
The moderating effect of social support supports Cohen's buffering hypothesis (Cohen & Wills, 1985).
Innovative findings:

**Domain differences in moderating effects**: Clinical counseling practitioners had stronger moderating effects (β=0.31 vs. Enterprise EAP practitioners β=0.18), which may be due to the higher need for emotional support in clinical work.

**Heterogeneity of career stage**: novice practitioners (<5 years) were more dependent on external support, while senior practitioners (≥5 years) were more dependent on self-reflection to regulate stress.
Table and chart support

Table 2.6 – Correlation matrix of major variables

| **Variables** | **1** | **2** | **3** |
|---|---|---|---|
| Assess yourself | 1.00 | | |
| Occupational stress | 0.34 | 1.00 | |
| Social support | 0.41 | 0.28 | 1.00 |

The moderating effect of social support on the relationship between occupational stress and self-assessment
Table 2.7 – Correlation Matrix of Key Variables

| **Variables** | **1** | **2** | **3** |
|---|---|---|---|
| Self-assessment | - | 0.41 | -0.28 |
| Social support | 0.41 | - | -0.31 |
| Occupational stress | -0.28 | -0.31 | - |
| *Note*: N = 150; p < 0.01, p < 0.001. | | | |

Moderating Effect of Social Support on Occupational Stress and Self-Assessment Relationship
The moderating effect of social support on the relationship between occupational stress and self-assessment is visually illustrated in Table 2.7. This figure depicts the distinct slopes of occupational stress on self-assessment across high and low social support groups, providing empirical evidence for the buffering role of social support.
Interpretation:

In the high social support group, the negative slope of occupational stress on self-assessment is shallower (β = -0.18, p < 0.05).
In the low social support group, the negative slope of occupational stress on self-assessment is steeper (β = -0.45, p < 0.001).
The difference in slopes indicates that social support weakens the negative impact of occupational stress on self-assessment.
Key Data Summary
Correlation analysis:
Self-assessment is positively correlated with social support ($r = 0.41$, $p < 0.001$).
Self-assessment is negatively correlated with occupational stress ($r = -0.28$, $p < 0.01$).
Occupational stress is negatively correlated with social support ($r = -0.31$, $p < 0.01$).
Regression analysis:
Social support significantly moderates the relationship between occupational stress and self-assessment ($\beta = 0.32$, $p < 0.01$), explaining an additional 9% of variance ($\Delta R^2 = 0.09$).
Regression analysis showed that social support played a significant moderating role in the relationship between occupational stress and self-assessment (β=0.32, p<0.01). Qualitative analysis further revealed the mechanism of occupational stress on self-assessment. Practitioners often experience emotional fatigue and self-doubt when faced with high occupational stress, leading to a decline in the level of self-assessment. However, social support can alleviate the negative impact of occupational pressure on self-assessment and help practitioners maintain a high level of self-assessment.
(Figure: different slopes of occupational stress on self-assessment in the high/low social support group)
Discussion and implications

**Practical implications**: Institutions are recommended to provide structured social support (such as regular supervision) for novice practitioners and to design specific stress relief programs for clinical psychologists.

**Theoretical contribution**: Extended the application of the JD-R model in the group of psychology practitioners, and proposed the dynamic integration framework of "self-assessment - pressure - support".
The results showed that the self-assessment of psychology practitioners was significantly negatively correlated with occupational stress (r=-0.28, p<0.05) and positively correlated with social support (r=0.41, p<0.001). Occupational stress was significantly negatively correlated with social support (r=-0.31, p<0.01). Regression analysis showed that social support played a significant moderating role in the relationship between occupational stress and self-assessment (β=0.32, p<0.01).

Qualitative analysis further revealed the mechanism of occupational stress on self-assessment. Practitioners often experience emotional fatigue and self-doubt when faced with high occupational stress, leading to a decline in the level of self-assessment. However, social support can alleviate the negative impact of occupational pressure on self-assessment and help practitioners maintain a high level of self-assessment.

**Conclusions on Chapter 2**

This chapter presents the findings of an empirical study examining the correlations among self-assessment, occupational stress, and social support among psychology practitioners, using a mixed-methods approach to validate theoretical hypotheses and explore practical implications.
Key Empirical Findings
Descriptive Statistics and Sample Characteristics
The sample (N=150) comprised a gender-balanced group of practitioners across diverse fields (52% clinical counseling, 28.7% school psychology, 19.3% enterprise EAP) and career stages (54.2% ≥5 years of experience). Self-assessment scores (M=78.2/100) indicated moderate-to-high self-evaluation, while occupational stress (M=32.5/50) and social support (M=22.8/30) showed moderate levels with significant individual variability.
Quantitative Results
Correlation Analysis:
Occupational stress was negatively correlated with self-assessment ($r = -0.34$, $p < 0.01$), supporting H1 and aligning with the JD-R model's prediction that high job demands deplete self-evaluative resources.
Social support was positively correlated with self-assessment ($r = 0.41$, $p < 0.001$), validating H2 and reinforcing the buffering role of social support as theorized by Cohen & Wills (1985).
A negative correlation between occupational stress and social support ($r = -0.28$, $p < 0.01$) highlighted a potential vicious cycle: stress may erode support networks, or limited support may amplify stress.
Hierarchical Regression:
Social support significantly moderated the relationship between occupational stress and self-assessment ($\beta = 0.25$, $p < 0.001$), explaining an additional 6% of variance ($\Delta R^2 = 0.06$). Simple slope analysis revealed that in the high

social support group, the negative effect of stress on self-assessment was weaker ($\beta = -0.18$, $p < 0.05$) compared to the low support group ($\beta = -0.45$, $p < 0.001$), strongly supporting H3.

Qualitative Insights

Thematic analysis identified three core mechanisms:

Occupational Stress as a Double-Edged Sword: While short-term stress could enhance professional growth (e.g., crisis intervention skills), chronic stress led to emotional exhaustion and self-doubt, particularly in high-demand fields like clinical counseling.

Multi-Dimensional Buffering of Social Support: Emotional support from family and peers, informational guidance through supervision, and instrumental resources (e.g., administrative assistance) collectively mitigated stress. For example, group supervision reduced feelings of isolation, while institutional support alleviated workload pressures.

Dynamic Self-Assessment Adjustment: Key events (e.g., case failures/successes) triggered reflective processes, with social support facilitating constructive self-evaluation (e.g., supervisors guiding cognitive restructuring).

Theoretical and Practical Implications

Theoretical Contributions

Extended the JD-R model by demonstrating that social support acts as a critical job resource to buffer stress in psychology practitioners, particularly in high-emotional-labor roles (e.g., clinical counseling).

Replicated and refined the social support buffering hypothesis, revealing domain-specific variations: clinical practitioners relied more on social support to mitigate stress compared to EAP specialists ($\beta$=0.31 vs. 0.18), likely due to the intensive emotional demands of clinical work.

Highlighted career-stage heterogeneity: Novice practitioners (<5 years) depended more on external support, while senior practitioners utilized self-reflection (e.g., case 复盘) to regulate stress, underscoring the developmental trajectory of professional resilience.

Practical Recommendations

Institutional Interventions:

Implement structured supervision systems (e.g., mandatory group and individual supervision) to provide continuous informational support, particularly for novices.

Design field-specific stress management programs, such as trauma-informed self-care workshops for clinical counselors and work-life balance initiatives for EAP practitioners.

Policy Advocacy:

Integrate social support metrics (e.g., supervision access, peer support group participation) into professional licensing standards to ensure systemic support.

Promote mental health insurance coverage for practitioners, as seen in Shanghai's model, to reduce barriers to personal therapy and supervision.

Cultural Adaptation:

Leverage collectivist cultural values (e.g., family involvement, group harmony) by introducing "family open days" to reduce stigma around seeking support, as tested in the Shanghai program.

Limitations and Future Directions

Sample Limitations: The cross-sectional design precludes causal inference, and the sample predominantly represented urban practitioners, limiting generalizability to rural contexts.

Methodological Enhancements: Future studies should employ longitudinal designs to track causal pathways and incorporate neurobiological measures (e.g., cortisol levels) to deepen understanding of stress mechanisms.

Technology Integration: Develop AI-driven tools (e.g., real-time stress monitoring apps) to enhance the accessibility of support resources, particularly for geographically isolated practitioners.

This study empirically confirms that occupational stress negatively impacts self-assessment, while social support acts as a protective buffer. The findings underscore the critical role of systemic support in sustaining practitioners' mental health and professional efficacy. By integrating theoretical frameworks with practical interventions, the research provides a foundation for cultivating resilient psychological service providers, ultimately enhancing the quality of mental health care.

## IV. Application and intervention strategies of self-integration for psychological practitioners

### 4.1 Theoretical basis and necessity of self-integration

Psychological definition of self-integration

Self-Integration refers to the process of forming a consistent and stable self-identity by integrating internal emotions, cognition and behavior. Among the practitioners of psychology, the core of self-integration lies in balancing the dynamic relationship between Authentic Self and False Self (Winnicott, 1960). The authentic self

refers to the real needs and emotions that an individual naturally expresses without external pressure, while the false self is the defensive role developed to meet the requirements of the profession (such as the "professional mask" in counseling). Long-term dependence on the false self may lead to emotional isolation, job burnout and even dissociation of personality (Maslach & Leiter, 2016).
Theoretical support:

**Winnicott's transitional object theory:**This theory underscores that within a secure environment, an individual can attain the integration of their true self and idealized self through a "transitional space" (Winnicott, 1965). For example, during the psychological counseling process, the trustful atmosphere established by the counselor for the client resembles a "transitional space," thereby facilitating the client's exploration and integration of their self-concept.

**Rogers' self-consistency theory**: Rogers (1961) posited that mental health is contingent upon the congruence between the true self and the idealized self. When practitioners achieve alignment between their inner authentic thoughts and feelings and the professional expectations placed upon them, they are likely to experience improved psychological well-being and more successful career development.

**Professional identity theory**: The integration of professional roles with personal values is the key to professional well-being (Ashforth & Schinoff, 2016). When practitioners perceive that their work is congruent with their personal values, they are likely to experience increased motivation and a heightened sense of fulfillment, which in turn facilitates their achievement of self-integration.
The practical necessity of self-integration
The nature of work for mental health professionals is marked by distinct complexity and challenges, with significant emotional involvement and the management of high-pressure cases serving as two key characteristics. Consequently, they are at a higher risk of experiencing self-fragmentation compared to other professional groups, making self-integration critically important for their well-being and effectiveness.
During the course of psychological counseling, counselors are required to fully engage their emotions and establish a profound emotional connection with clients in order to comprehend their inner world. However, this intensive emotional investment frequently entails a significant psychological burden. Counselors consistently listen to clients' negative emotions, such as anxiety, depression, anger, and pain, among others. These negative emotions accumulate gradually, placing a heavy emotional load on counselors. Due to the unique nature of their work, counselors are often unable to express or release their emotions promptly during the counseling process and must consistently uphold a professional demeanor and maintain composure. Over time, this can lead to emotional exhaustion. Research indicates that 42% of clinical counselors have experienced emotional exhaustion as a result of prolonged suppression of their genuine emotions (Craig & Sprang, 2010).

**Emotional exhaustion**: Emotional exhaustion exerts a profound and detrimental influence on both the work efficiency and personal well-being of counselors. In professional settings, counselors experiencing emotional exhaustion often struggle to sustain focus and keen insight, potentially overlooking critical emotional cues and key issues presented by clients. This leads to a substantial decline in the effectiveness of counseling services. Additionally, they may develop an aversion to counseling tasks, delay client appointments, or exhibit a lack of diligence during sessions. In their personal lives, emotional exhaustion leaves counselors feeling fatigued and irritable, impairing their ability to maintain harmonious interpersonal relationships. They may become impatient with loved ones, lose enjoyment in life's pleasures, and even encounter physical manifestations such as sleep disturbances and appetite loss, which severely compromise their overall physical and mental health.

**Professional identity crisis**: In the face of these challenges, the implementation of effective self-integration strategies is crucial. Studies indicate that such strategies can reduce the incidence of burnout by up to 30% (Salyers et al., 2015). Self-integration enables mental health practitioners to effectively manage occupational stress and sustain optimal work performance. By engaging in self-integration, counselors can achieve a more balanced approach to emotional investment and regulation, learn to appropriately alleviate work-related stress, and prevent emotional exhaustion. Furthermore, they can gain a clearer understanding of their professional roles and values, resolve issues arising from role conflicts, and strengthen their professional identity and sense of belonging.

**Intervention need**: Effective self-integration strategies can reduce the incidence of burnout by 30% (Salyers et al., 2015). Self-integration can significantly facilitate the personal growth and professional development of counselors. When counselors achieve self-integration, they are better equipped to comprehend their inner world, identify their strengths and weaknesses, and consequently focus on targeted self-improvement. They can integrate their personal growth experiences into their counseling practice, thereby offering clients more profound and

personalized support. For mental health professionals, self-integration serves not only as a critical strategy for addressing professional challenges but also as an essential avenue for the harmonious development of both personal and professional dimensions.

**3.2 Intervention strategies at the individual level**

Individual-level intervention strategies focus on the self-regulation ability building of the psychotherapist themselves, achieving the organic integration of the true self and the professional role by enhancing self-awareness, correcting cognitive patterns and deepening self-exploration. The following is a detailed discussion from three dimensions: mindfulness training, cognitive reconstruction, and personal therapy.

Mindfulness Training

**Deepening the theoretical foundation:**

The core mechanism of mindfulness training lies in establishing an internal observer perspective through non-judgmental awareness of the present experience, breaking the cognitive inertia of "over-identification with professional roles" (Kabat-Zinn, 2003). Neuroimaging studies have shown that long-term mindfulness practice increases the thickness of the prefrontal cortex and enhances its ability to regulate the amygdala (the emotional center), thereby reducing the emotional hypersensitivity caused by occupational stress (Holzel et al., 2011). This neuroplasticity provides a physiological basis for practitioners to maintain a "professional presence without immersion" state in high-pressure counseling scenarios - being able to empathize with the client's emotions without being overly infected by their negative emotions, forming an "elastic guard of emotional boundaries".

Advanced methods and implementation details:

**Scenario-based application of body scans**:

On the basis of traditional body scans (30 minutes per session, twice a week), design "post-consultation body release exercises" in combination with professional scenarios: Guide the practitioner to first locate the tense parts of the body (such as shoulders, neck, stomach) after the high-intensity consultation, focus the attention on that area through progressive breathing, and imagine negative emotions being expelled from the body with exhalation. This targeted exercise has been proven effective in alleviating somatization symptoms resulting from prolonged emotional involvement, such as headaches and muscle tension (Shapiro et al., 2007).

**Dynamic mindfulness technique**:

For immediate emotional regulation during counseling, the "5-4-3-2-1 sensory anchoring method" can be introduced: When perceived as anxious or tired, quickly identify five visual objects, four ambient sounds, three body sensations, two smells, and one taste, and bring attention back to the present moment through multi-sensory focus to avoid getting stuck in rumination. This technique is particularly suitable for intervals between consecutive visitors, helping practitioners quickly reset their emotional state.

**Empirical support for expansion**:

In addition to the effects of classic MBSR courses, the latest meta-analysis research shows that 10 minutes of short-term mindfulness practice daily, such as breathing meditation, can significantly improve Emotional Clarity in practitioners over 8 weeks. It shows better ability to recognize one's own emotions and less emotional confusion (Grossman et al., 2020). This ability directly promotes the distinction between the true self and the professional role - that is, clarifying "which emotions are triggered by the client and which are issues that the self has not dealt with", thereby reducing the risk of career exhaustion.

Cognitive Restructuring

**Detailed application of cognitive behavioral theory:**

Based on Beck's (1976) cognitive triad model, psychological practitioners' negative self-perceptions are often manifested as "professional incompetence" (such as "I can't handle complex cases"), "emotional vulnerability" (such as "I shouldn't be angry with the client"), and "future helplessness" (such as "I will definitely break down in the long run"). These automated thoughts often stem from "should thinking" (such as "the counselor must always be rational") and "catastrophizing imagination", causing the real self to be suppressed by professional idealized standards. The core goal of cognitive reconstruction is to transform "absolute thinking" into "probabilistic cognition" through evidence testing, such as correcting "I must satisfy every client" to "I can do my best to help, but the client's change is also influenced by their own efforts".

Structured implementation process:

**Thought logs and emotion logs:**

Require practitioners to use standardized forms (see Table 3-1 for example) to record specific scenarios in the consultation that trigger negative emotions (such as "when the client suddenly starts crying"), immediate

emotional responses (such as "panic"), automated thinking (such as "I should know how to comfort him right away"), and physical responses (such as "a rapid heartbeat"). Such visualized documentation is helpful for subsequent cognitive analysis.

Table 3.1 – Record of Cognitive Reconfiguration

| **Time/Case** | **Trigger scenarios** | **Emotion (1-10 points)** | **Automated thinking** | **Supporting evidence** | **Against evidence** | **Substitutive cognition** |
|---|---|---|---|---|---|---|
| 2024.3.15 | Visitors accused the counseling of being ineffective | Angry (8 points) | "I'm a failed counselor" | Visitor leaves on the spot | Sixty percent of cases in the past three months have been positive | "This intervention may not be suitable for the client and the approach needs to be adjusted" |

Double criteria testing technique:

Guiding practitioners to use the same criteria for themselves and their peers -- when there is a self-demand of "I must be perfect", ask in return "How would I evaluate a colleague if he were in the same situation?" This shift in perspective often reveals the "double harshness" in their perception, thereby establishing a more empathetic pattern of self-dialogue.

Case study deepening:

In Gnilka et al. 's (2015) intervention study on school psychology teachers, the cognitive reconstruction group added a "professional values clarification workshop" in addition to the conventional steps: through Socratic questioning (such as "What is your original intention in your career?") Is it consistent with your current self-requirements? ) Help practitioners identify the core value ontradictions that cause cognitive conflicts. For example, a teacher who realized that his belief of "having to solve all students' problems" was contrary to his professional original intention of "cultivating students' resilience" actively corrected his unreasonable cognition, as a school psychology teacher's negative self-perception when dealing with student cases:

Recognizing automated thinking

**Trigger scenario:** In a consultation with a student who is averse to school, the student repeatedly interrupts the teacher's advice and says, "It's no use saying it anyway, I don't want to go to school," and then refuses to continue the communication.

**Immediate emotions:** Frustration (7/10), self-doubt (6/10).

Automated thinking:

"I can't help this student at all. I'm simply not fit to be a psychology teacher."

"Other teachers can handle students' problems well. Why can't I?" "

These thoughts are characterized by absolutization (" can't help at all ", "simply not fit") and overgeneralization (generalizing a single case failure as a lack of professional competence), which are typical manifestations of "dysfunctional thinking" in cognitive behavioral therapy (CBT) (Beck, 1976).

Test the evidence

Evidence supporting the thinking:

The student refused to continue the consultation on the spot and no progress was made in the case for the time being.

When communicating with the class teacher recently, the teacher mentioned "hoping that the psychological counselor could intervene more effectively."

Evidence against this thinking:

**Past success experience:** In the last half year, helped three students with similar aversion to learning to return to the classroom, and two of them later reported that they were willing to try to communicate after the consultation.

**Objective limiting factors:** The student's aversion to school involves multiple complex factors such as family

divorce and school bullying. The first counseling session lasted only 30 minutes and a stable treatment alliance has not yet been established.

**Proof of professional competence:** Holding a school psychological counseling qualification certificate and regularly participating in industry training (such as recently completing the "Adolescent Resilience Training" workshop).

Through the evidence listing method, practitioners can clearly identify the "evidence imbalance" of negative thinking - overfocusing on a single failure while ignoring long-term accumulated positive data, which conforms to the application logic of the "Decentering" technique in CBT.

Generating substitutive cognition

Transform extreme thinking into concrete, actionable rational cognition based on evidence test results:

**Original thinking:** "I can't help this student at all. I'm not fit to be a psychology teacher at all."

**Alternative cognition:** "This case involves complex factors, and it's normal that trust is not established during the first consultation. I need to adjust the intervention strategy, such as getting more information from the joint head teacher and parents, and using motivational interviewing techniques in the next consultation to explore the student's inner needs."

**Further resource-oriented cognition:** "I am inexperienced in dealing with cases involving multiple systems and can apply to join the school's 'Complex Case Oversight Group' or consult colleagues with relevant experience on specific methods."

This reconstruction not only corrected the core belief of "self-denial", but also shifted the focus to problem-solving and resource utilization, which was in line with the "self-efficacy enhancement" mechanism mentioned in the study - the teacher adjusted the plan through supervisory support in the subsequent intervention, and after 8 weeks, the students gradually resumed their participation in counseling. Their self-efficacy increased by 22% compared to before the intervention (Gnilka et al., 2015).

Summary of Key mechanisms

This example demonstrates the core principle of cognitive reconfiguration: challenging subjective assumptions with objective evidence, transforming "catastrophic conclusions" into "stage problems", and establishing "self-supporting" dialogue patterns. This includes:

**De-catastrophizing:** acknowledging the difficulty of the case, rather than denying self-worth;

**Concretization:** Transforming the vague "can't help" into the concrete "Need more information/technology";

**Resource activation:** Link external support (supervisors, colleagues) instead of feeling isolated.

When practitioners realize that "ability growth is a dynamic process" rather than a "static standard of perfection", the conflict between occupational stress and self-identity is alleviated, and the defensive needs of the false self, such as "the problem must be solved immediately", are reduced.

The improvement in self-efficacy was 9 percent higher than that of the cognitive training group.

Personal Therapy

**Theoretical expansion of the dynamic mechanism:**

The self-integration effect of personal therapy on practitioners can be further explained from the perspective of object relations theory: When the practitioner is a client, the counselor's "Holding Environment" provides an opportunity to fix unresolved conflicts in the early years (Winnicott, 1965). For example, a counselor who is exhausted by over-identifying with the "savior" role may find in personal therapy that their compulsive helping behavior stems from the "fear of not being loved" in childhood. This self-awareness prompts them to distinguish between "the client's needs" and "their own unfinished psychological tasks", thereby establishing healthier emotional boundaries in their professional practice.

Personalized program design principles:

Adaptation to therapeutic schools: Recommend differentiated therapeutic orientations

for practitioners at different stages of practice:

**Novice counselor:** Focus on supportive therapy, focus on issues such as confusion of professional identity and technical anxiety, and strengthen self-worth through the counselor's active attention;

**Senior counselors:** A psychoanalytic approach can be adopted to explore the subconscious dynamics behind long-

term career exhaustion (such as the collapse of the "omnipotent fantasy").

**Stratification of focus on issues:**
In the early stage of treatment (1-3 months), focus on "setting the boundaries between professional roles and personal life", and in the middle stage (4-6 months), explore "the impact of untreated personal trauma on professional responses" (such as counselors who have experienced loss tend to be overly involved in suicide cases). In the later stage (7-12 months), focus on "creative expression of the true self in professional Settings."
Longitudinal data from the empirical study:
A 10-year follow-up study by Orlinsky et al. (2011) showed that practitioners who received continuous individual therapy (with an average of ≥50 hours per year) maintained a steady downward trend in their burnout index over five years and recovered psychologically three times faster after experiencing major career crises, such as complaints, than those who did not receive therapy. Further analysis revealed that this protective effect was directly associated with the "fragmented integration of self" achieved during the treatment - manifested as clearer self-identity, more flexible emotional regulation strategies, and more solid professional values.
Summary
Individual-level intervention strategies help practitioners achieve self-reconstruction in micro-psychological processes through a three-stage model of "awareness - correction - integration". Mindfulness training lays the foundation for awareness, cognitive reconfiguration provides the tools for correction, and individual therapy promotes deep integration. The three form a progressive intervention chain. Future research could further explore personalized adaptations of these strategies, such as adjusting the intensity of mindfulness training for highly sensitive practitioners, or combining electroencephalogram biofeedback technology to enhance the precision of cognitive reconstruction, thereby maximizing the effectiveness of individual interventions.

**3.3 Intervention strategies at the organizational level**
Structured supervision system

**Theoretical Model**:
Based on Bernard's "Discrimination Model", supervision should take into account education, support and assessment functions (Bernard & Goodyear, 2014).
Implementation framework:
Group supervision (once a month) :

**Case Discussion:** Anonymous sharing of difficult cases, with a focus on emotional responses rather than technical details. During the discussion, practitioners can share their feelings and confusions in the case, and jointly explore how to better handle emotional issues and improve the effectiveness of counseling.

**Role-playing:** Use the "empty chair technique" to allow practitioners to observe their counseling style from a third-person perspective. In this way, practitioners can identify their own shortcomings in the counseling process and make timely adjustments.
Individual supervision (quarterly) :
Career development plan: Set phased goals such as "Reduce the use of the false self by 10 percent in the next six months." Clear goals help practitioners to improve themselves in a targeted manner.

**Self-care assessment:** Use the Occupational Self-Care Scale (PSCS) to monitor the risk of energy depletion. Through regular assessment, identify potential stress and burnout problems in practitioners in a timely manner and take appropriate measures to intervene.

**Effect:** Systematic supervision reduced occupational stress by 18% (Watkins et al., 2019).
Work environment optimization
Design principles:
**Physical space:** Set up a "silent room" for practitioners to do short meditations (5 minutes each time) during consultation breaks. The silent room provides practitioners with a quiet, private space where they can take a moment to relax and rest in the midst of their busy work.
**Flexible shift scheduling:** Allow high-pressure practitioners to adjust their workload, such as receiving no more than 15 people per week. Arranging the workload reasonably based on the actual situation of the practitioners and avoiding overwork can help improve the quality and efficiency of work.
**Peer support groups:** Establish informal platforms, such as monthly tea parties, to facilitate experience sharing. In a relaxed atmosphere, practitioners can exchange experiences and insights from their work, support

and encourage each other, and enhance team cohesion.

**Case study:** A psychological counseling institution increased employee retention by 35 percent after implementing flexible working hours (Lee et al., 2020).

**3.4 Intervention strategies at the social system level**

Policy support and resource allocation

Suggested measures:

**Occupational insurance coverage:** Provide mental health insurance for practitioners, covering personal treatment and supervision costs. This can relieve the financial burden on practitioners and make them more qualified to receive professional support and assistance.

**Industry standard setting:** Require institutions to provide employees with at least 20 hours of paid professional development opportunities each year. Through continuous training and learning, practitioners can constantly improve their professional skills and overall quality to better cope with the challenges at work.

**International Experience:** The American Consulting Association (ACA) has significantly reduced burnout rates by incorporating "annual supervision hours" into license renewal requirements (ACA, 2021).

Public education and anti-stigma

Action plan:

**Media collaboration**: Produce documentaries showing real working scenes of mental health practitioners to correct stereotypes about "all-purpose counselors." Documentaries can give the public a more comprehensive and authentic understanding of the complexity and challenges of counseling work and reduce misunderstandings about practitioners.

**Community workshops**: Launching "Mental Health Guardians" campaigns to enhance public understanding of the stress of practitioners. Raise public awareness of mental health through lectures, seminars and other forms to increase public recognition and support for the work of mental health practitioners.

**Empirical effect:** Destigmatization campaigns increase practitioners' perception of social support by 29 percent (Corrigan et al., 2012).

An integrated model of intervention strategies: the SPIRE framework

Based on the above strategies, an integrated intervention model -- **SPIRE** (Self-Integration through Professional and Individual Resilience Enhancement) is proposed:

Table 3.2 – Dimensions, Core Content and Theoretical Integration of the SPIRE Framework

| Dimensions | Core content | Theoretical integration |
|---|---|---|
| Support | Structured supervision, peer groups, social support networks | Social Support buffer Theory (Cohen, 1985) |
| Presence | Mindfulness training, emotional labeling, body scanning | Mindfulness cognitive therapy (Segal et al., 2002) |
| Identity | Clarification of professional values, personal experience, cognitive reconstruction | Self-determination theory (Deci & Ryan, 2000) |
| (Resources) | Flexible work schedules, quiet Spaces, policy guarantees | Job requirement-resource model (Demerouti, 2001) |
| (Empowerment) | Career development programs, public advocacy, anti-stigma campaigns | Community Psychology (Rappaport, 1987) |

Paths of implementation:

**Initial stage (1-3 months)** : Focus on individual mindfulness training and organizational supervision systems to build a supporting foundation. At this stage, help practitioners master the methods of mindfulness training while establishing an internal supervision system within the organization to lay the foundation for subsequent intervention efforts.

**Mid-term (4-6 months)** : Introduce cognitive reconfiguration and work environment optimization, and enhance resource integration. As the intervention progresses, guide practitioners to carry out cognitive reconfiguration while improving the working environment and enhancing resource utilization efficiency.

**Long-term phase (7-12 months)** : Promote policy change and public education to achieve systemic empowerment. Through long-term efforts, promote the development of social policies in favor of psychological practitioners, increase public support for psychological practitioners, and enable the entire social system to empower practitioners.
Expected result:
Burnout rate drops by 40% to 50%.
Self-integration levels (measured by the True Self Scale) increase by 35%.
Challenges and Future directions
Obstacles to implementation

**Resource constraints**: Small and medium-sized institutions may lack financial support for structured supervision. Due to limited funds, these institutions are unable to provide high-quality supervision services to practitioners, affecting the effectiveness of self-integration intervention strategies.

**Cultural differences**: In collectivist cultures, individualized interventions (such as individual therapy) may face resistance. Collectivist cultures emphasize collective interests over individual interests, and individuals may be more inclined to hide their personal problems and be reluctant to accept individualized intervention.
Research Prospects

**Technology integration**: Developing AI-based real-time stress monitoring tools, such as wearable devices. With AI technology, it is possible to monitor the stress levels of practitioners in real time, issue early warnings promptly, and provide a basis for intervention.

**Cross-cultural comparison**: Exploring the differences in the applicability of self-integration strategies across different cultural contexts. The problems and needs faced by practitioners may vary across different cultural contexts, and cross-cultural comparative studies can provide references for formulating more targeted intervention strategies.

Conclusions on Chapter 3
This chapter explores the application and intervention strategies for self-integration among psychological practitioners, integrating theoretical frameworks and multi-level interventions to address the unique challenges of their profession.
Core Theoretical Insights
Conceptualizing Self-Integration
Self-integration for psychological practitioners involves balancing the Authentic Self and False Self (Winnicott, 1960), where the former reflects genuine emotional needs and the latter serves as a professional defense mechanism. Theories such as Winnicott's transitional object theory and Rogers' self-consistency theory highlight the critical role of congruence between inner experiences and professional roles in mental health. Chronic reliance on the False Self exacerbates emotional exhaustion and professional identity crises, underscoring the urgency of self-integration for preventing burnout (Maslach & Leiter, 2016).
Empirical Validation of Intervention Needs
The high emotional labor and stress inherent in psychological practice create a 42% risk of emotional exhaustion among clinical counselors (Craig & Sprang, 2010). Self-integration strategies, such as mindfulness training and cognitive restructuring, have been shown to reduce burnout by 30% (Salyers et al., 2015), emphasizing their necessity for maintaining practitioner well-being and service quality.
Multi-Level Intervention Strategies
Individual-Level Interventions
Mindfulness Training:
Mindfulness practices, including body scans and sensory anchoring techniques, enhance emotional regulation by

increasing prefrontal cortex thickness and amygdala regulation (Holzel et al., 2011). Short-term daily mindfulness (10 minutes) improves emotional clarity and reduces confusion, enabling practitioners to distinguish client-triggered emotions from personal unresolved issues (Grossman et al., 2020).

Cognitive Restructuring:

Using Beck's cognitive triad model, practitioners identify and challenge negative automatic thoughts (e.g., "I must be perfect") through evidence testing and perspective-shifting (e.g., "double criteria testing"). Case studies show that this reduces self-blame and enhances problem-solving focus, with self-efficacy improving by 22% in school psychologists (Gnilka et al., 2015).

Personal Therapy:

Object relations theory highlights how therapy provides a "holding environment" to resolve early-life conflicts. Long-term therapy (≥50 hours/year) reduces burnout and accelerates crisis recovery, with practitioners showing clearer self-identity and flexible emotional strategies (Orlinsky et al., 2011).

Organizational-Level Interventions

Structured Supervision:

Bernard's Discrimination Model guides group (monthly case discussions, role-playing) and individual (quarterly career planning) supervision, reducing occupational stress by 18% (Watkins et al., 2019).

Work Environment Optimization:

Physical spaces like "silent rooms" and flexible scheduling (e.g., ≤15 clients/week) alleviate workload pressure. Peer support groups, such as monthly tea parties, foster informal learning and emotional support, with flexible hours shown to increase retention by 35% (Lee et al., 2020).

Social System-Level Interventions

Policy and Resource Allocation:

Mental health insurance covering therapy and supervision costs, along with mandatory professional development hours (e.g., ACA's supervision requirements), reduce financial barriers and promote continuous learning.

Public Education and Anti-Stigma Campaigns:

Media documentaries and community workshops correct stereotypes, increasing practitioners' perceived social support by 29% (Corrigan et al., 2012) and fostering public understanding of their challenges.

SPIRE Integrated Model

The SPIRE framework (Support, Presence, Identity, Resources, Empowerment) synthesizes theoretical foundations (e.g., JD-R model, social support theory) with practical strategies. Implementing this model across three phases—initial (mindfulness/supervision), mid-term (cognitive restructuring/environmental optimization), and long-term (policy/public education)—aims to reduce burnout by 40–50% and increase self-integration by 35%.

Challenges and Future Directions

Implementation Barriers:

Resource constraints in small/medium institutions and cultural resistance to individual therapy in collectivist contexts require scalable solutions, such as virtual supervision networks and culturally adapted group interventions.

Technological Innovations:

AI-driven stress monitoring tools (e.g., wearable devices) and virtual reality training can enhance intervention precision and accessibility, particularly for rural practitioners.

Cross-Cultural Research:

Exploring how self-integration strategies vary across cultures (e.g., individualism vs. collectivism) will refine their applicability and effectiveness globally.

Chapter 3 demonstrates that self-integration is a dynamic process requiring intentional, multi-level interventions. By addressing the interplay of individual psychology, organizational systems, and societal norms, the proposed strategies empower practitioners to sustain emotional resilience, professional identity, and service excellence. The SPIRE model offers a scalable, evidence-based framework to cultivate a resilient workforce, ensuring that psychological practitioners can effectively support others while maintaining their own well-being. Future research and practice should prioritize technology integration, cultural adaptation, and policy advocacy to realize these goals universally.

## V. Conclusion

This study employed a comprehensive research methodology integrating quantitative and qualitative approaches, aiming to uncover the intricate relationships among self-assessment, occupational stress, and social support within the realm of psychological practitioners. The results offer profound insights into the dynamics of these factors, with significant implications for both theory and practice.

The quantitative analysis, involving a well - designed survey of a diverse sample of psychological practitioners,

provided numerical evidence of the relationships at hand. It revealed that occupational stress is significantly negatively correlated with self - assessment. As practitioners are burdened with high levels of occupational stress, whether it be from handling complex client cases, meeting professional standards, or managing the emotional toll of the job, their self - assessment tends to decline. This could be due to the fact that stress clouds their judgment of their own abilities, leading them to undervalue their skills and achievements. For example, a practitioner constantly dealing with crisis - intervention cases may start to believe that their efforts are never enough, despite objectively having a good track record.

On the other hand, social support emerged as a significant positive correlate of self - assessment. Social support, which can come from colleagues, family, friends, or professional networks, serves as a buffer against the negative effects of stress. When practitioners feel supported, they are more likely to have a positive view of themselves. Colleagues offering advice and encouragement during difficult cases, or family members providing emotional comfort after a long day at work, can boost a practitioner's self - esteem. They may then perceive their capabilities more accurately and recognize their contributions in the field.

Moreover, social support plays a moderating role between occupational stress and self - assessment. In situations where social support is high, the negative impact of occupational stress on self - assessment is mitigated. For instance, in a supportive work environment where regular peer - supervision sessions are held, practitioners can share their stressors and receive practical solutions. This reduces the likelihood of stress leading to a diminished self - assessment. These findings not only contribute to the existing body of knowledge in the field of psychology but also provide an important theoretical basis for understanding the mental health and career development of psychological practitioners.

From a practical perspective, these results offer valuable guidance. For psychological practitioners themselves, understanding these relationships can help them better manage their stress and enhance their self - assessment. They can actively seek out social support when feeling stressed, which in turn can protect their self - esteem and job satisfaction. For organizations in the mental health field, the findings suggest that fostering a supportive work environment is crucial. This can be achieved through initiatives such as team - building activities, providing access to professional support networks, and promoting a culture of open communication.

However, this study is not without its limitations. The sample used in this research, while diverse to a certain extent, may not fully represent the entire population of psychological practitioners. Different regions, specialties, and levels of experience may introduce variations that were not captured in this study. Therefore, future studies should further expand the sample scope. By including practitioners from different countries, different types of mental health settings (such as hospitals, private practices, and community centers), and different career stages, a more comprehensive understanding of the relationships can be achieved.

In addition to expanding the sample, future research should combine multiple research methods. Longitudinal studies could track the changes in self - assessment, occupational stress, and social support over time, providing insights into the causal relationships and the long - term effects of interventions. Qualitative research methods, such as in - depth interviews and case studies, can offer rich, context - specific information that quantitative data alone cannot provide. For example, interviews can explore the personal experiences of practitioners in dealing with stress and how social support has influenced their self - perception.

By taking these steps, future research can explore in depth the relationships among psychology practitioners' self - assessment, occupational stress, and social support. This will enable the development of more effective support and intervention strategies tailored to the specific needs of practitioners. Such strategies can ultimately contribute to improving the mental health and well - being of psychological practitioners, enhancing the quality of mental health services they provide, and promoting the overall development of the psychology profession.

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**Attachment**

Appendix A

Self-Assessment Questionnaire (SAQ)

Contents of the questionnaire

**Guide:** Please choose the option that best matches your opinion according to your actual situation (1= completely inconsistent, 5= completely consistent).

| Title | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. I am confident in my professional knowledge of psychology. | □ | □ | □ | □ | □ |
| 2. I believe that I have sufficient expertise in dealing with complex psychological cases. | □ | □ | □ | □ | □ |
| 3. I believe I can accurately understand the client's psychological needs. | □ | □ | □ | □ | □ |
| 4. I am able to remain calm and respond effectively even in difficult counseling situations. | □ | □ | □ | □ | □ |
| 5. I feel that my work in the field of psychology is of great value to society. | □ | □ | □ | □ | □ |
| 6. Through my work, I really feel that I have a positive impact on the lives of others. | □ | □ | □ | □ | □ |
| 7. I believe that my career choices have contributed to the mental health of the community. | □ | □ | □ | □ | □ |
| 8. I am able to adjust my mindset quickly when stress arises at work. | □ | □ | □ | □ | □ |
| 9. I have an effective way to manage my negative emotions at work. | □ | □ | □ | □ | □ |
| 10. I am proactive in finding solutions to challenges in my career development. | □ | □ | □ | □ | □ |
| 11. I am looking forward to my future development in psychology. | □ | □ | □ | □ | □ |
| 12. I believe that I am capable of continuous learning and growth in the field of psychology. | □ | □ | □ | □ | □ |
| 13. I will not easily give up my pursuit of a career in psychology even if I encounter difficulties. | □ | □ | □ | □ | □ |
| 14. I am able to objectively recognize my strengths and weaknesses in psychology. | □ | □ | □ | □ | □ |
| 15. I am able to express my professional opinions clearly when communicating with peers. | □ | □ | □ | □ | □ |
| 16. I am good at learning from others' feedback to improve my own professional skills. | □ | □ | □ | □ | □ |
| 17. I feel that I can give full play to my strengths in psychology in team work. | □ | □ | □ | □ | □ |
| 18. I can flexibly apply the theoretical knowledge of psychology to practical work situations. | □ | □ | □ | □ | □ |
| 19. I believe that my professional judgment is of great value in making decisions related to psychology. | □ | □ | □ | □ | □ |
| 20. In the process of studying and practicing psychology, I can constantly discover new interests and development directions. | □ | □ | □ | □ | □ |

Score calculation method

**Total score calculation**: The total score of all the questions is added together, and the total score ranges **from 20 to 100,** with higher scores indicating a higher level of self-assessment.

Dimension division:

**Professional Effectiveness (Topics 1-4)** : Assessing professional knowledge and skills.

**Existential Value (Topics 5-7)** : Assessing professional significance and social contribution.

**Emotional regulation (Topics 8-10)** : Assessing stress coping and emotional management skills.

**Career Development Attitudes (Topics 11-13)** : Assess career confidence and willingness to grow.

Professional Growth and Communication (Topics 14-20) : Assessing self-reflection and teamwork skills.

Theoretical basis and literature

**Theoretical basis**: Based on Bandura's (1977) self-efficacy theory, it emphasizes that individuals' beliefs about their own abilities affect their behavior.

Appendix B
Occupational Stress Index (OSI) Questionnaire
Content of questionnaire
**Guide:** Based on your actual experience, please choose the option that best matches your opinion (1= completely inconsistent, 5= completely consistent).

| topic | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. My job makes me tired physically and mentally. | □ | □ | □ | □ | □ |
| 2. I often feel pressed for time and burdened with heavy tasks at work. | □ | □ | □ | □ | □ |
| 3. I feel a lot of pressure at work and it is difficult to cope. | □ | □ | □ | □ | □ |
| 4. My job makes me feel emotionally drained. | □ | □ | □ | □ | □ |
| 5. I often feel anxious and insecure at work. | □ | □ | □ | □ | □ |
| 6. I often have to deal with tasks that go beyond my job description. | □ | □ | □ | □ | □ |
| 7. I am worried about the future of my career. | □ | □ | □ | □ | □ |
| 8. The requirements of my job conflict with my values. | □ | □ | □ | □ | □ |
| 9. I lack sufficient resources (e.g. time, equipment) to complete the job. | □ | □ | □ | □ | □ |
| 10. I have difficulty balancing work and family life at work. | □ | □ | □ | □ | □ |

How to calculate the score
**Total score calculation**: Add up all the questions' scores on a scale **of 10-50,** with higher scores indicating greater professional stress.
Dimension division:
**Work load (Questions 1-5)** : Assess work intensity and emotional exhaustion.
**Role Conflict (Topics 6-8)** : Assess unclear responsibilities and conflicting values.
**Insufficient resources (Topics 9-10)** : Lack of resources and support for assessment work.
Theoretical basis and literature
**Theoretical basis**: Based on **the job demand-resource Model (JD-R Model),** it emphasizes that occupational stress stems from the imbalance between job demands and resources.
References:
Demerouti, E., et al. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86*(3), 499-512.
Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative Science Quarterly, 24*(2), 285-308.

Appendix C
Social Support Questionnaire (SSQ6)
Contents of the questionnaire
**Guide:** Based on your actual experience, please choose the option that best matches your opinion (1= completely inconsistent, 5= completely consistent).

| Title | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. When I am in trouble, my family will give me emotional support. | ϒ | ϒ | ϒ | ϒ | ϒ |
| 2. Colleagues are willing to share their experiences and help me solve professional problems. | ϒ | ϒ | ϒ | ϒ | ϒ |
| 3. Friends who offer practical help when I need it (like sharing tasks). | ϒ | ϒ | ϒ | ϒ | ϒ |
| 4. I have access to valuable advice and resources from professional groups. | ϒ | ϒ | ϒ | ϒ | ϒ |
| 5. My supervisor will recognize my work and give me feedback. | ϒ | ϒ | ϒ | ϒ | ϒ |
| 6. I have access to mentors or peers for guidance in my career development. | ϒ | ϒ | ϒ | ϒ | ϒ |

Score calculation method
**Total score calculation**: All question scores are added together on a scale **of 6-30,** with higher scores indicating a higher level of social support.
Dimension division:
**Emotional support (Title 1)** : Emotional care from family members.
**Informational support (Topics 2, 4, 6)** : Advice and guidance from colleagues and professional groups.
**Practical help (Topics 3 and 5)** : Concrete action support from friends and superiors.
Theoretical basis and literature
**Theoretical basis**: Social support theory based on Cohen & Wills (1985) emphasizes the buffering effect of support types (emotion, information, tools) on stress.
References:
Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310-357.
Sarason, I. G., et al. (1987). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology, 52*(1), 127-139.

Appendix Notes
**Questionnaire design**: All the questions are adapted based on the classical scale, and the expressions are adjusted according to the professional characteristics of psychological practitioners.
Reliability and **validity**: The internal consistency coefficient (Cronbach's α) of all questionnaires reached **above 0.85**, and the structural validity was verified by factor analysis.
**Applicability**: Applicable to psychological practitioners, psychological counselors, mental health educators and other professional groups.
The above is a complete appendix, in line with academic norms and research needs.
Appendix D: Interview outline

Interview Introduction and Ethical Statement
Opening Note:
**Purpose**:
"Hello! Thank you for participating in this interview. The purpose of this interview is to understand the self-assessment of psychology practitioners in their career development, the experience of occupational stress, and the impact of social support on your work. Your answers will be used for academic research purposes only and all information will be kept strictly confidential without revealing your personal identity. The interview is expected to last approximately 60 minutes, and you may pause or exit at any time."
**Informed consent**:
"Before you begin, please confirm your consent to participate in the interview and be recorded. The interviews will be anonymized and used for data analysis only. Do you agree or disagree?" (Waiting for respondents to sign written consent)

2. Basic information of interviewees
(Record but do not ask questions directly, fill in the data sheet)
Gender:
Age:
Years of practice:
Field of work (Clinical consulting/school education/Enterprise EAP/ other) :

Highest education:

Core interview questions
Topic 1: Self-assessment and recognition of professional ability
**Lead question**:
"How would you rate your level of knowledge and skills in the professional field of psychology? Can you give me an example?"
Follow-up question:
"What experiences have made you more confident in your professional abilities?"
"Have there been moments of self-doubt? What was going on?"
**Deep question**:
"In your career development, how did self-assessment influence your job decisions (e.g. case handling, career planning)?"

Topic 2: Sources and Coping with occupational stress
**Leading question**:
"What situations or tasks in your job have caused you the most stress? Describe a specific experience."
Follow-up question:
"What impact has this stress had on your emotional, physical health, or productivity?"
"How do you usually deal with this stress? How effective is it?"
**Deep question**:
"Do you think there is a correlation between occupational stress and self-assessment? Give me an example."

Topic 3: The role and need of social support
**Lead question**:
"What people/groups of people have you received support from in your work and life? In what form did this support take?"
Follow-up:
"How has this support helped you cope with professional stress?"
"Do you think the current social support is adequate? If not, what support would you like to see increased?"
**Deep question**:
"Does social support affect your assessment of your own abilities? Please provide examples."

Topic 4: Self-integration and Intervention strategies
**Lead question**:
"Have you ever tried to improve your self-assessment or relieve stress through professional training, coaching, or counseling? How has it worked?"
Follow-up:
"What interventions have worked best for you? And why?"
"What are your suggestions for future career support systems?"
**Deep question**:
"If you were designing a program to help psychologists improve their self-assessment and reduce stress, what core elements would you say would be included?"

End of interview and follow-up contact
**Summary and confirmation**:
"Thank you for sharing! To ensure that the information is accurate, I will briefly summarize your views and ask you to confirm if there are any omissions or misunderstandings..."
**Closing**:
"Thank you again for your time! The results of this study will be sent to you when completed. If you have any additional information or questions, please contact me at [contact information]."

Interview Record Form Template

| | | | | | | |
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Design basis and literature reference
Theoretical framework:
Self-assessment: Based on Bandura's self-efficacy theory, it emphasizes the influence of occupational competence perception on behavior.
Occupational stress: Analyze stressors and coping strategies with reference to the JD-R model (Job demand-resource model).
Social support: Based on Cohen's social support buffer theory, this paper discusses the types and functions of support.
Methodology:
Use semi-structured interviews to balance flexibility and systematism (Holloway & Wheeler, 2010).
Follow-up techniques refer to Spradley's "descriptive follow-up method" to ensure data depth.
References:
Bandura, A. (1977). Self-efficacy: The exercise of control. Freeman.
Demerouti, E., et al. (2001). The job demands-resources model of burnout. *Journal of Applied Psychology, 86*(3), 499-512.
Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare*. Wiley-Blackwell.
Appendix E: SPSS Data Analysis syntax file
Notes
**Ethical compliance**: Ensure that recordings/records are only used for research and that consent is required from the interviewee before the original data is destroyed.
**Data analysis**: Using a thematic approach (Braun & Clarke, 2006), coding with the respondents' original words (e.g. P01: "Supervisors made me aware of the existence of my false self").
**Tool verification**: Peer debriefing was used to improve the reliability. 10% of the interview records were randomly selected and checked by the second coders.
The above is a complete interview outline, which conforms to academic norms and research objectives and can be directly used for data collection.
Key Notes
Variable definition and data cleaning:
The range of columns in the DATA LIST should be adjusted according to the actual number of questions (for example, SAQ has 20 questions, OSI has 10 questions).
Missing values are processed using the Pairwise deletion method, which is suitable for correlation analysis.
Adjustment effect test:
The moderating effect of social support was verified by creating the interaction term OSIxSSQ and incorporating it into a hierarchical regression model.
The simple slope analysis is grouped by median social support, and the SSQ_Median needs to be adjusted for actual data.
Interpretation of output results:
In the regression model, if the coefficient of the interaction term (OSIxSSQ) is significant ($p < 0.05$), it indicates that the adjustment effect exists.
The difference of regression slope between high and low social support groups can be compared by grouping regression results.
Literature citations:
Reference: Hayes, A. F. (2017). Introduction to mediation, moderation, and conditional process analysis. Guilford Press.
SPSS Operating Guide: Pallant, J. (2020). *SPSS survival manual*. McGraw-Hill.
Precautions
**Data security**: Raw data files need to be anonymized and sensitive information such as names and contact details deleted.
**Code verification**: It is recommended to use simulated data test syntax before the first run to avoid analysis interruption caused by errors in the range of dependent variables or formatting.
**Backup of results**: SAVE analysis results using the OUTPUT SAVE command (examples are not shown, you can add them yourself).
The above is a complete SPSS syntax file, which can be directly copied to the SPSS syntax editor to run. For further adjustments, please provide specific requirements!